APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **A Helping Hand**

Program(s) **Senior Companion Care**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: A Helping Hand

Applicant Organization's Physical Address:
1502 West NC Highway 54, Suite 405 Durham, NC 27707

Applicant Organization's Mailing Address:
1502 West NC Highway 54, Suite 405 Durham, NC 27707

Applicant Organization's Web Address: www.ahelpinghandnc.org

Executive Director: Jennifer Ashley

Telephone Number: 919-403-5555 E-Mail: jennifer.ashley@ahelpinghandnc.org

DUNS Number: _____
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Senior Companion Care Program

Project/Program Primary Contact and Title: Jennifer Ashley, Executive Director

Telephone Number: 919-403-5555 E-Mail: jennifer.ashley@ahelpinghandnc.org

c) Funding Request Identification

Total Project/Program Cost: $ Total Amount of Funds Requested: $ 16,000

Proposed Use of Funds Requested (2-3 Line Maximum): Provide non-medical independent living services for senior citizens and adults with disabilities, regardless of their ability to pay.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $4,000 ☒ Chapel Hill $4,000 ☒ Orange County $8,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1/25/16
Executive Director Date

Signature: Carol Kelly
Board Chairperson

1/25/16
Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

A Helping Hand has been in operation for 20 years. We were incorporated in June of 1995.

b) Agency's Purpose/Mission

A Helping Hand (AHH) improves quality of life, decreases health disparities, and reduces barriers to human services by providing independent living assistance to senior citizens (60+) and disabled individuals (18+), regardless of an individual's ability to pay.

Cathy Ahrendsen founded A Helping Hand (AHH) in 1995 in response to an unmet community need for high caliber senior support services. We are honored to have grown from serving 21 individuals in 1995 to now providing support to nearly 420 individuals annually. A Helping Hand's success remains rooted in our vision of excellence for all people. Many seniors are unable to pay market rates for services; however, by utilizing volunteers and grant funding A Helping Hand is able to provide vital assistance to people of all income levels.

c) Types of Services the Agency Provides

AHH offers an innovative response to age-related limitations by providing a person-centered approach to care that meets the varying needs of seniors. AHH provides companionship services, in-home assistance, door-through-door transportation, and respite care. Services enhance quality of life, promote self-sufficiency, and prevent premature transitions to higher levels of care. Assistance affords individuals the opportunity to remain active and to safely "age in place." Key needs addressed by A Helping Hand include: a) Improving accessibility to health care; b) mental stimulation and socialization; c) promoting exercise and mobility; d) encouraging proper nutrition; e) maintaining a safe home environment; f) respite for caregivers; and g) patient advocacy

d) Agency's Experience with Similar Programs as the Funding Request

A Helping Hand is the only nonprofit companion care agency in Orange and surrounding counties. We currently contract with Orange County Department on Aging in our provision of companion care services, as they do not fill this role in the community. We also strive to work closely with other senior services in order to create seamless transitions for our clients.

e) Other Pertinent Agency Information

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: A Helping Hand / Senior Companion Care

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition			X		
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation			X		
Housing					
Other: Please specify					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Provide non-medical independent living services for senior citizens and adults with disabilities, regardless of their ability to pay. Services include escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, companionship, and respite care.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

As the population of seniors (65+) increases exponentially, an expansion of services is required to meet the special needs of this at-risk demographic. In 2013, one in 5 North Carolina residents were 60 and over in the state. In 2033, one in four will be over 60 and over. According to the US Census Bureau, there are approximately 13,962 individuals aged 65+ in Orange County; nearly 10% of these individuals are living at or below poverty level and are unable to afford independent living services. This augmented population of seniors is resulting in an increased demand for services on an already heavily burdened human services system. In order to reduce the public cost of caring for these individuals, it is necessary to provide services that allow a person to "age in place" with minimal barriers to service. A Helping Hand (AHH) is the only non-profit in Orange County that provides in-home assistance regardless of an individual's ability to pay.

Transportation is frequently identified as the number one unmet need for seniors. In fact, the latest Orange County Health Assessment identified the lack of transportation services as a primary barrier to healthcare access. Fortunately, AHH is able to increase access to healthcare and other valuable services by filling gaps in current transportation models. As current community transportation exists, assistance is limited to "door-to-door" and is subject to geographical and scheduling restrictions. AHH's escorted "door-through-door" transportation is critical to ensuring physically-disabled or cognitively-impaired seniors are able to travel safely to doctor's appointments and have access to other vital needs, regardless of time and location in the County. Moreover, the discrepancy between life expectancy and driving expectancy creates a pragmatic need for senior transportation services. On average, men and women experience respectively, seven and ten non-driving years. Ironically, as the ability to drive decreases, the frequency of medical appointments and the need for health services increases.

The natural aging process often brings about physical and cognitive limitations that require assistance in the home. The DHHS Administration on Aging reports 37% of older people are limited by a disability. Moreover, in the future, the percentage of disabled individuals is also expected to grow. A report published in JAMA Internal Medicine, showed that the proportion of baby boomers who are disabled is substantially higher relative to people from two decades ago in the same age bracket. Without assistance, these individuals will experience premature transitions to higher, more expensive levels of care and are at increased risk for injury and illness. Providing independent living services will enable these individuals to maintain self-sufficient lives and will reduce the likelihood of injury from performing unmanageable household tasks.

Social isolation among the elderly is a silent and often overlooked pandemic threatening the health and quality of life of our community's older adults. According to the American Community Survey, over 3,300 Orange County seniors over age 65 live alone. Many of these individuals are geographically isolated from their families and lack necessary support networks. A report in the Archives of Internal Medicine found 43% of older adults reported feelings of loneliness which can lead to depression, other negative psychological impacts, loss of physical functioning, and even premature death. Lonely adults in the study were 45% more likely to die than seniors who felt meaningful connections with others. AHH's companionship services provide an increased opportunity for socialization and mental

stimulation.

As reported in the Recommendations from the Governor's Advisory Council on Aging, failure to sustain, if not increase, funding for senior services could have serious adverse effects on the well-being of the elderly and the public cost of caring for them. Funding from the Town of Chapel Hill, the Town of Carrboro and Orange County is essential to ensuring A Helping Hand is able to respond to the growing needs of Orange County senior citizens.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

See above related to population information.

A Helping Hand, having been in operation for 20 years and with a reputation for high quality care and community involvement, solicits referrals from its community partners. These include Charles House, Orange County Department on Aging, Carolina Villages and many others. Our sliding scale fee model allows for us to meet any senior where they are in terms of financial need and provide services.

e) Who specifically will carry out the activities and in what location will they be carried out?

A Helping Hand provides services through a combination of paid companions, pre-health interns, and volunteers. We work in the community where there exists a need. A Helping Hand currently has the ability to serve seniors in the whole of Orange County. We assist individuals in their homes as well as in facilities and hospitals.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

A Helping Hand serves individuals in Orange county throughout the year on a 24/7 basis. Frequency of services depends on client need and availability of staff members. As we are an existing service, there is no implementation timeline. These are the services that we provide.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

Community collaborations and partnerships are instrumental to meeting the needs of our community's seniors. A Helping Hand is actively engaged in collaborative efforts to make Orange County the premier place to grow older and participates in a number of partnerships, committees and initiatives, including:

- Orange County Department on Aging – AHH participates in meetings and sponsored initiatives by Orange County Dept. on Aging. This includes community information initiatives. In addition, we hold a contract with OCDOA to provide subsidized companion care for their clients.

- Orange County Long-Term Care Learning Collaborative – AHH has participated in the Long-Term Care Learning Collaborative's projects, most recently receiving our certification in Music & Memory.

- Chatham-Orange Community Resource Connections for Aging and Disabilities Committee – AHH is a member of this group and participates in its initiatives.

AHH regularly refers clients to, and receives referrals from:

- The Orange County Department on Aging
- Carolina Villages, Charles House
- Orange County Health Department
- UNC Hospitals
- Veteran's Administration
- Meals on Wheels
- Local physicians, social workers, and clinics

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

A Helping Hand is committed to its mission and will continue to provide services regardless of funding fluctuations. A reduced allocation will impact the number of seniors in the area that we are able to serve. We will also work to raise funds from other sources.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Senior Companion Care

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	51	60	65
Female	180	200	205
Total	231	260	270

Of the females, how many are single-female Head of Households (Omit for Human Services)			

Ethnicity

African-American	35	40	45
American Indian or Alaska Native	0	0	0
Asian	3	3	5
Caucasian	190	214	215
Native Hawaiian or other Pacific Islander	0	0	0
Other	3	3	5
Total	231	260	270

Of the above, how many Hispanic/Latino	0	0	0
Of the above, how many non-Hispanic/Latino			
Total	231	260	270

Age

0-5 years			
6-18 years			
19-50 years	12	20	10
51-61 years	67	57	60
62+ years	152	183	200
Total	231	260	270

Geographic Location

Durham City	83	90	90
Durham County	0	0	0
Carrboro	34	60	65
Chapel Hill	97	89	90
Chapel Hill Public Housing Residents	?	?	?
Orange County	12	18	20
Raleigh	0	0	0
Wake County	5	3	5
Total	231	260	270

Income Level – See following chart (Omit for HS)

< 30% Area Median Income	200	230	240
31-50% Area Median Income	31	30	30
51-80% Area Median Income			
> 80% Area Median Income			
Total	231	260	270

Special Needs (Omit for HS)

Elderly (Over 62)			
Disabled (not elderly)			
Homeless			

MAIN APPLICATION

People with HIV/Aids			
Total	0	0	0

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1.00	90(1) 10 (2)	38,065	55,000	55,000	9%	N/A
Program Director	1.00	90 (1) 10 (2)	37,548	38,065	38,065	6%	N/A
Finance Director	1.00	90 (1) 10 (2)	30,239	36,500	36,500	6%	N/A
Client Services Director	.875	90(1) 10(2)	23,705	28,510	28,510	5%	N/A
Program Assistant	1.00	100 (1)	38,052	29,110	29,110	5%	N/A
Companions	12	100 (1)	221,154	235,000	240,000	42%	N/A
Volunteers	2.24	100 (1)	0	0	0	0%	N/A
Field Supervisor	1.00	100 (1)	0	27,040	27,040	4%	N/A

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director 1/25/16 Date

Signature: Carol Kelly Board Chairperson _____ Date

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care
Program Goal	A minimum of 30 Orange County residents will receive subsidized assistance	A minimum of 50 Orange County residents will receive subsidized assistance	A minimum of 50 Orange County residents will receive subsidized assistance
Performance Measures	Regular recording and tracking of service delivery.	Regular recording and tracking of service delivery.	Regular recording and tracking of service delivery.
Program Results	Requested funding allowed AHH to provide 38 Orange County residents with services that help individuals maintain quality of life and independence; increase access to health and human services; reduce social isolation; and, promote physical and mental wellbeing.	Requested funding will allowAHH to provide 50 Orange County residents with services that help individuals maintain quality of life and independence; increase access to health and human services; reduce social isolation; and, promote physical and mental wellbeing.	Requested funding allowed AHH to provide 60 Orange County residents with services that help individuals maintain quality of life and independence; increase access to health and human services; reduce social isolation; and, promote physical and mental wellbeing.
Program Activity 2	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care.	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care.	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care.
Program Goal	A minimum of 550 hours of subsidized assistance will be provided to Orange County residents.	A minimum of 850 hours of subsidized assistance will be provided to Orange County residents.	A minimum of 950 hours of subsidized assistance will be provided to Orange County residents.
Performance Measures	Regular recording and tracking of service delivery.	Regular recording and tracking of service delivery.	Regular recording and tracking of service delivery.
Program Results	Requested funding allowed AHH to provide 830 hours of service to Orange County residents with services that help individuals maintain quality of life and independence; increase access to health and human services; reduce social isolation; and, promote physical and mental wellbeing.	Requested funding will allow AHH to provide 850 hours of service to Orange County residents with services that help individuals maintain quality of life and independence; increase access to health and human services; reduce social isolation; and, promote physical and mental wellbeing.	Requested funding will allow AHH to provide 950 hours of service to Orange County residents with services that help individuals maintain quality of life and independence; increase access to health and human services; reduce social isolation; and, promote physical and mental wellbeing.

Program Activity 3	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care.	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care.	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care.
Program Goal	80% of program participants will remain in their homes or active in assisted living.	80% of program participants will remain in their homes or active in assisted living.	80% of program participants will remain in their homes or active in assisted living.
Performance Measures	Regular recording and tracking of service delivery.	Regular recording and tracking of service delivery.	Regular recording and tracking of service delivery.
Program Results	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care.	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care.	Provide companionship, escorted "door-through-door" transportation, in-home assistance including light housekeeping and meal preparation, and respite care.
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Program Activity 5			
Program Goal			
Performance Measures			
Program Results			

MAIN APPLICATION

Program Budget

Agency/Program: **A Helping Hand / Senior Companion Care**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 38,711	$ 40,600	$ 45,000	11%
Agency Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ 3,100	$ 3,100	$ 3,100	0%
Town of Chapel Hill	$ 4,000	$ 4,000	$ 4,000	0%
Town of Carrboro	$ 2,000	$ 2,000	$ 2,000	0%
Other Local: Durham County	$ 12,000	$ 12,000	$ 12,000	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 160	$ 160	$ 160	0%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 22,000	$ 24,000	$ 30,000	25%
Please list 3 largest Miscellanous sources:				
Mary Goddard Pickens $ 12,000.00				
Faile Foundation $ 10,000.00				
$ -				
Total Agency Revenue	**$ 81,971**	**$ 85,860**	**$ 96,260**	**12%**
AGENCY EXPENSES				
Compensation	$ 52,371	$ 56,260	$ 66,660	18%
Rent & Utilities	$ 8,000	$ 8,000	$ 8,000	0%
Supplies & Equipment	$ 1,200	$ 1,200	$ 1,200	0%
Travel & Training	$ 400	$ 400	$ 400	0%
Other Expenses:	$ 20,000	$ 20,000	$ 20,000	0%
Please list 3 largest "Other Expenses":				
Insurance $ 15,000.00				
Mileage Reimbursement $ 3,000.00				
Payroll Taxes $ 2,000.00				
Total Agency Expenses	**$ 81,971**	**$ 85,860**	**$ 96,260**	**12%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Senior Companion Care

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Partial Salary For Program Assistant	$14,555	50% of role-scheduling, etc.	$14,555
Advertising and recruitment of companions	$ 500	Using both pay and free ads	$ 500
Training of companions	$165	Materials and staff time	$165
Background checks	$780	$26 per background check	$780
		Total	**16,000**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**523,365**	**535,260**	**551,260**
Total # of Units	**26,168**	**26,763**	**27,563**
Cost Per Unit	**20.00**	**20.00**	**20.00**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

Program Budget **Agency Budget**

Agency: **A Helping Hand / Senior Companion Care**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 38,000	$ 40,000	$ 45,000	13%
Agency Generated Revenue (fees)	$ 442,105	$ 450,000	$ 455,000	1%
Local Government Grants:				
Orange County	$ 3,100	$ 3,100	$ 3,100	0%
Town of Chapel Hill	$ 4,000	$ 4,000	$ 4,000	0%
Town of Carrboro	$ 2,000	$ 2,000	$ 2,000	0%
Other Local: Durham County	$ 12,000	$ 12,000	$ 12,000	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 160	$ 160	$ 160	0%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 22,000	$ 24,000	$ 30,000	25%
Please list 3 largest Miscellanous sources:				
Mary Goddard Pickens $ 12,000.00				
Faile Foundation $ 10,000.00				
$ -				
Total Agency Revenue	**$ 523,365**	**$ 535,260**	**$ 551,260**	**3%**
AGENCY EXPENSES				
Compensation	$ 419,201	$ 429,202	$ 440,202	3%
Rent & Utilities	$ 25,058	$ 25,058	$ 25,058	0%
Supplies & Equipment	$ 12,083	$ 12,000	$ 15,000	25%
Travel & Training	$ 883	$ 1,000	$ 1,000	0%
Other Expenses:	$ 66,140	$ 68,000	$ 70,000	3%
Please list 3 largest "Other Expenses":				
Insurance $ 20,000.00				
Mileage Reimbursement $ 16,000.00				
Payroll Taxes $ 37,195.00				
Total Agency Expenses	**$ 523,365**	**$ 535,260**	**$ 551,260**	**3%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **Behavioral Insights, Inc.**_____

Program(s) _**Batterer's Intervention & Anger managemen**
and Sentencing Plan Service

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. X☐ *Applicant Contact Information* b. X☐ *Project/Program Contact Information* c. X☐ *Funding Requests Identified* d. X☐ *Signed Application Cover Page*	
2. Agency Information -	a. X☐ *Agency's Years in operation* b. X☐ *Agency's Purpose/Mission* c. X☐ *Agency's Types of Services Provided* d. X☐ *Agency's Experience* e. X☐ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. X☐ *Type of Application and Program Identified* b. X☐ *Summary of Program* c. X☐ *Description of Identified Need* d. X☐ *Description of Population to be Served* e. X☐ *Activity Manager and Location Description* f. X☐ *Activity Implementation Timeline* g. X☐ *Agency Collaboration* h. X☐ *Describe Impact of Reduced/No Allocation* i. X☐ *Other Pertinent Information* j. X☐ *Complete Target Population/Beneficiary Chart* k. X☐ *Complete Schedule of Positions* l. X☐ *Signed Conflict of Interest Disclosure* m. X☐ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a. X☐ *Program Budget Worksheet*** **b. X☐ *Program Budget Detail*** **c. X☐ *Cost Per Unit*** **d. X☐ *Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A. ☐ Part A: *CDBG & HOME*** **B. ☐ Part B: *Construction/Rehab***	
6. Attachments	**a. ☐ *Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b. X☐ *IRS Federal Form 990*** **c. X☐ *NC Solicitation License*** **d. X☐ *IRS Federal Tax-Exemption Letter*** **e. X☐ *Certificate of Insurance*** **f. X☐ *List of Board of Directors*** **g. X☐ *Articles of Incorporation/Bylaws*** **h. X☐ *Authorization to Request Funds*** **i. X☐ *Authorized official designation*** **j. X☐ *Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Behavioral Insights, Inc.

Applicant Organization's Physical Address: 100 N. Churton Street, Ste. 207, Hillsborough, NC 27278

Applicant Organization's Mailing Address: Same

Applicant Organization's Web Address: www.DVclassesorangenc.org (in development at submission)

Executive Director: Joyce Kuhn

Telephone Number: (919) 245-3310 E-Mail: kuhnjoyce@gmail.com

DUNS Number: 07-871-8903
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Batterer Intervention (DV psycho-ed.) & Anger Management (psycho-ed.)

Project/Program Primary Contact and Title: Joyce Kuhn,

Telephone Number: (919) 245-3310 E-Mail: kuhnjoyce@gmail.com

c) Funding Request Identification

Total Project/Program Cost: $154,760 Total Amount of Funds Requested: $150,760

Proposed Use of Funds Requested (2-3 Line Maximum): Provide NC certified Batterer Intervention Program (26 weeks) and Anger Management curriculum (12 weeks) with case management referrals targeting the specific populations of Orange County with services delivery in southern and northern locations in the county.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

X☐ Human Services: X☐ Carrboro $5,000 X☐ Chapel Hill $7,000 x☐ Orange County $138,760

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Joyce Kuhn — 1/19/16
Executive Director-Joyce Kuhn — Date

Signature: Mani Dexter — 1/19/16
Board Chairperson-Mani Dexter — Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) **Years in Operation, Date of Incorporation (Month/Year)**
October 1993

b) **Agency's Purpose/Mission:** Behavioral Insights, Inc. provides classes to meet the needs of those required by a North Carolina mandate to participate in domestic violence treatment programs. Additionally, Behavioral Insights intends to provide other services to identify client needs and link clients to needed services.

c) **Types of Services the Agency Provides: The agency provides Batterer Intervention and Anger Management classes mandated for those convicted or referred in North Carolina courts; also expert sentencing report plans are prepared.**

d) **Agency's Experience with Similar Programs as the Funding Request: The agency has decades of excellent services delivery with adults in the court system. The agency is adept in performing assessments, case management involving guiding this population through court compliance by providing knowledge and new referrals to address underlying risk factors, also known as criminogenic factors. The agency has excellent interfaces with all criminal justice related entities as part of a service matrix.**

e) **Other Pertinent Agency Information: The staff will have been trained in those curriculum allowed for state certification for batterer intervention when services begin in April 2016 (post certification). The agency board is comprised of members that interface with the services provided, providing oversight.**
The agency changed its name (formerly Pretrial Services) to aptly reflect the new mission.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Behavioral Insights, Inc.-Batterer Intervention and Anger Management Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

X☐ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education		X		X	
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify: Case mgmt. & court interface-Mandated service		X		X	X

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority? This program directly improves the social safety net by providing classes to offer tools and knowledge to address domestic violence and make accessible mandated courses (state certification pending) to reduce the likelihood of continued violence. For those not court ordered, the classes may prevent these crimes by offering a recommended curriculum. Outreach is also offered to those of special groups or other

cultures.

Program description: Behavioral Insights provides two different tracks of classes in Orange County. They include: a twelve week anger management course to address mandate by the NC Courts. Batterer Intervention (Domestic Violence) classes are also held for 26 weeks of consecutive classes for completion with rolling enrollment. The program has applied for certification by the state of North Carolina. Each track of these two different classes will be made available in Northern Orange County (Hillsborough) and Chapel Hill as well. The program is required to report quarterly statistics to the state regarding participant outcomes as well as responsible actions toward victim safety.

The program helps participants understand what domestic abuse is and how this abuse negatively affects the victim as well as the perpetrator. The goal is to help the defendant accept responsibility for their actions, to understand the negative self-talk that led to choosing violence, to learn about and practice other behavioral choices and to do so in a respectful atmosphere that relies on guidance of the facilitators as well as feedback from other participants. This work will occur in an atmosphere of respect and acceptance of the participant as someone capable of positive change.

The group co-facilitator will also provide limited case management services to the participants. Using our assessment tool, the case manager will work with each individual around issues that might present impediments to their successful completion of the program. These might include housing, employment, child custody, health, transportation, financial concerns, and more. Together they will develop a plan to improve the life pathways of each participant.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.
According to agencies working with victims in the county, the mandated need for readily accessible Batterer Intervention and Anger Management with case management is much needed. Statistics from the Orange County Sheriff's Office indicate that Protective Orders issued by victims of domestic violence last year numbered in the hundreds. Domestic violence makes a multifaceted damaging effect on the community including for the offspring who may witness these acts and potentially perpetuate such behavioral patterns. Further, education in this area for youth, as part of the Youth Initiative plan for Chapel Hill would be addressed by staff available to make presentations at the middle school level to increase awareness of how peaceful choices develop, and related topics suitable for this level.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries. This agency has a strong history of courtroom advocacy. Referrals will be fluid with excellent case management, which includes problem solving, referrals and holding the participant responsible while encouraging her or him.
The North Carolina State mandate requires adult offenders convicted of domestic violence related offenses to complete 26 weeks of consecutive certified class curriculum; the courts in Orange often refer defendants to complete this or anger management. Broad awareness of the program availability and courthouse early connection for intake will capture the program beneficiaries.

e) Who specifically will carry out the activities and in what location will they be carried out? The activities will be carried out by Behavioral Insight's staff trained in curriculum certified by the state of North Carolina. Classes will be facilitated in Northern and Southern Orange Counties at or near community centers operated by the County. The group facilitators have special training in working with this type of curriculum.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline. Beginning in Spring 2016, the classes will be facilitated weekly for 26 weeks (Batterer Intervention) and 12 weeks (DHHS curriculum) for anger management. Youth Education in Batterer Issues will be available for class lecture quarterly at the middle school or high school level. There will be rolling enrollment to accommodate participants for the 26 consecutive weekly sessions for Batterer Intervention.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.
-Department of Social Services: court-room relationship: referral information available to families for anger management and domestic violence curriculum; food bank vouchers. Also, for related compliance with state reporting requirements.
-Community Corrections (probation): updates for participation-includes TASC case mgmt. interface for verification when the participant is on probation.
-Freedom House Recovery Center-substance abuse & mental health treatment to remove barriers to understanding and address underlying issues.
-Cardinal Innovations, -same as above
-ADATC-when active substance abuse is evidenced, a medical oversight for detox referral will be made when warranted.
-The Compass Center-collaboration for victim safety with Memo of Understanding
-El Futuro, for referrals supporting Hispanic program participants.
-Cardinal Behavioral Health for mental health assessments and treatment.
-SHEC: Student Health Clinic-a free clinic at UNC for providing care at no cost.
-Linkages will be made during intake appointments for DV class set-up with these other community agencies so that the certified curriculum has a better chance of ending violence long term. The linkages are to reduce and remove barriers such as lack of food, by referring for emergency food bank (voucher) and substance abuse or mental health so that learning new skills has the least interference possible.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended. The board would meet with stake-holders to determine the most effective use of funding available. No funding would again mean services only available for any projects remaining with existing limited fund balance as determined by the board of directors.

i) Include any other pertinent information. Victim safety actions:all confidentiality and notifications to them (victim safety is paramount) enhancing social safety by creating more opportunities for education and notification to add to the service mapping for domestic violence. Also, the agency will address sensitive concerns of the individuals of varied backgrounds seeking services, e.g. serving those who are Burmese due to a significant refugee settlement and address special cultural issues by contracting with a Burmese culturist or linguist in order to impact domestic violence effectively. A community interface between the Burmese community and Behavioral Insights is important for addressing community safety. People identifying as gay, lesbian, bi-sexual or transgendered will be considered for groups that allow special concerns and sensitivity to facilitate embracing the materials and sessions provided. Women using violence will have separate sessions when there are three or more for group session without undue wait for accumulation of those participants for a functional psycho-educational group.

Batterer Intervention is a mandated 26 consecutive week program to be completed when the defendant is convicted of a domestic violence crime or a deferral occurs and it is required that the defendant complete treatment in order to be considered for a prayer for judgment status to dispose of the case. Domestic violence psycho. ed. group for batterers or anger management requires not only an effective state certified curriculum and appropriately trained staff but interfaces with courtroom entities which are well developed by the staff of this agency. The confidence in this well-established interface is relevant to the integrity conveyed to participants. The domestic violence cases are largely disposed of in Domestic Violence Court and for more serious cases in the Superior Court in Orange County. This agency staff will take make the most of a referral meeting just outside the courtroom which translates into powerful case management beginning immediately. This enhances effectiveness by elevating the importance of the urgency to the end of violence. This agency is has a remarkable fluidity in providing referrals and guidance to related barriers to positive change, especially including the value of courtroom presence.

This agency has available staff to speak with civic groups or high school student to present and clarify the concepts of ending violence by partners and other home violence.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: X☐ **Persons** ☐ **Households** ☐ **Units**

Program: Batterer Intervention and Anger Management Classes

***These estimates are based on figures from domestic violence court calendars and statistics kept by the crisis unit of the Orange County Sheriff's Office.**

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male			134
Female			26
Total	0	0	160

Of the females, how many are single-female Head of Households (Omit for Human Services)			15
Ethnicity			
African-American			55
American Indian or Alaska Native			2
Asian			10
Caucasian			61
Native Hawaiian or other Pacific Islander			1
Other			31
Total	0	0	160
Of the above, how many Hispanic/Latino			31
Of the above, how many non-Hispanic/Latino			
Total	0	0	129
Age			
0-5 years			
6-18 years			10
19-50 years			126
51-61 years			21
62+ years			3
Total	0	0	160
Geographic Location			
Durham City			11
Durham County			2
Carrboro			24
Chapel Hill			48
Chapel Hill Public Housing Residents			(38)
Orange County			30
Raleigh			2
Wake County	Alamance		5
Total	0	0	160
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			105
31-50% Area Median Income			49
51-80% Area Median Income			4
> 80% Area Median Income			2
Total	0	0	160
Special Needs (Omit for HS)			
Elderly (Over 62)			10
Disabled (not elderly)			5
Homeless			39

People with HIV/Aids			2
Total	0	0	56

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Exec. Director-Psycho-ed. facilitator-case mgmt & intakes-	1	1	-	-	New Program $62,000		(H) (R)
Psycho-ed. facilitator-case mgmt & intakes	1	1	-	-	$35,000		(H) (R)
Database, Psycho-ed. Facilitator, case mgmt.	.5	1	-	-	$17,500		-
UNC volunteer to assist with courthouse referrals	.5	1		Hours=	980		

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ X☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ X ☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ X☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ X☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Joyce Kuhn — **January 20, 2016**
Joyce Kuhn Executive Director — Date

Signature: — 1/19/16
Mani Dexter Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

Program Activity 1			complete lethality assessmt.
Program Goal			Meet NC standards-victim safety
Performance Measures			see attached victim safety-NC qtr. Report
Program Results			NC req. criteria met
Program Activity 2			facilitate approved curriculum for Batterer Intervention 26 consecutive weeks
Program Goal			complete 26 of 26 weeks of Batterer Intervention sessions.
Performance Measures			26 weeks are completed by 95% of enrollees
Program Results			152 exit interviews; Participant is aware of power and control issues, names negotiation skills, has cool down action plan
Program Activity 3			limited case mgmt.
Program Goal			address related interfering to resolve barriers
Performance Measures			100 referral to needed treatment
Program Results			recidivism recorded per state mandate
Program Activity 4			anger mgmt. class sessions
Program Goal			anger mgmt. class sessions completion outcome reported to court-ADA/def. atty./victim
Performance Measures			100% of part. Reported to court re: completion
Program Results			exit: awareness of cues and cool down plan
Program Activity 5			
Program Goal			
Performance Measures			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Agency Generated Revenue (fees)			$ 4,000	0
Local Government Grants:				
Orange County			$ 138,760	0
Town of Chapel Hill			$ 7,000	0
Town of Carrboro			$ 5,000	0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ -	$ -	$ 154,760	0
AGENCY EXPENSES				
Compensation			$ 143,260	0
Rent & Utilities			in kind space	0
Supplies & Equipment			$ 1,700	0
Travel & Training			$ 1,200	0
Other Expenses:			$ 8,600	0
contractual: fin. review, bookkeeper, insurance				
$ -				
$ -				
$ -				
Total Agency Expenses	$ -	$ -	$ 154,760	0
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Batterer Intervention and Anger Management Classes

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
E.D.+Court advocate, facilitator	$30/hr.	2040 hours (170/mo.x12 mos.)	$62,000
Case management, intake assess.,safety	Same staff	As above—one person –E.D.	-
Session facilitator,case mgmt.+stats+intake	$17/hr.	2040 hours (170/mo.x12 mos.)	$35,000
½ time facilitator, case mgr.+database	$17/hr.	1020 hours (85 x 12 mos.)	$17,500
Fiscal-bookkeep/fin. review-insurances		+travel & training	$9,800
Equip-scanner-lease, course materials		Client workbook, office-materials	$1,700
FICA, worker's comp, (hospital +retirement)		For 2.5 full time staff	$28,760
UNC-volunteer for court referral assist.	-	**Total$154,760**	

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program			**$154,760**
Total # of Units			**160**
Cost Per Unit			**$967**

***Cost per unit fees per class@15 scholarships/year with $4,000 set aside for temporary hardship scholarship-classes fees at two waived per verified hardship (emergency-health issue, etc.)**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Agency Generated Revenue (fees)			$ 4,000	0
Local Government Grants:				
Orange County			$ 142,760	0
Town of Chapel Hill	$ 7,500	$ 7,500	$ 15,000	100%
Town of Carrboro	$ 5,500	$ 5,600	$ 11,000	96%
Other Local:				0
Other Local: Hillsborough	$ 320	$ 320		-100%
Other Local: IDS pays plans: most paid to co	$ 4,680	$ 4,580		-100%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
) reimburse/per sentencing plan $ -				
$ -				
$ -				
Total Agency Revenue	$ 18,000	$ 18,000	$ 172,760	860%
AGENCY EXPENSES				
Compensation	$ 16,800	$ 13,800	$ 160,060	1060%
Rent & Utilities		$ 4,200	in kind	#VALUE!
Supplies & Equipment	$ 1,200		$ 2,900	0
Travel & Training			$ 1,200	0
Other Expenses:			$ 8,600	0
Please list 3 largest "Other Expenses":				
tual: fin.review,insurances, book $ -				
$ -				
$ -				
Total Agency Expenses	$ 18,000	$ 18,000	$ 172,760	860%
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency _____**Behavioral Insights, Inc.** ____

Program(s) __**DV classes and Sentencing Plan Service**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. x☐ ***Applicant Contact Information*** b. x☐ ***Project/Program Contact Information*** c. x☐ ***Funding Requests Identified*** d. x☐ ***Signed Application Cover Page***	
2. Agency Information -	a. x☐ ***Agency's Years in operation*** b. x☐ ***Agency's Purpose/Mission*** c. x☐ ***Agency's Types of Services Provided*** d. x☐ ***Agency's Experience*** e. x☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. X☐ ***Type of Application and Program Identified*** b. X☐ ***Summary of Program*** c. X☐ ***Description of Identified Need*** d. X☐ ***Description of Population to be Served*** e. X☐ ***Activity Manager and Location Description*** f. X☐ ***Activity Implementation Timeline*** g. X☐ ***Agency Collaboration*** h. X☐ ***Describe Impact of Reduced/No Allocation*** i. X☐ ***Other Pertinent Information*** j. X☐ ***Complete Target Population/Beneficiary Chart*** k. X☐ ***Complete Schedule of Positions*** l. X☐ ***Signed Conflict of Interest Disclosure*** m. X☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a. X☐ *Program Budget Worksheet*** **b. X☐ *Program Budget Detail*** **c. X☐ *Cost Per Unit*** **d. X☐ *Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A. ☐ Part A: *CDBG & HOME*** **B. ☐ Part B*: Construction/Rehab***	
6. Attachments	**a. ☐ *Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b. x☐ *IRS Federal Form 990*** **c. x☐ *NC Solicitation License*** **d. x☐ *IRS Federal Tax-Exemption Letter*** **e. x☐ *Certificate of Insurance*** **f. x☐ *List of Board of Directors*** **g. x☐ *Articles of Incorporation/Bylaws*** **h. x☐ *Authorization to Request Funds*** **i. x☐ *Authorized official designation*** **j. x☐ *Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Behavioral Insights, Inc.

Applicant Organization's Physical Address: 100 N. Churton Street, Ste. 207, Hillsborough, NC 27278

Applicant Organization's Mailing Address: 100 N. Churton Street, Ste. 207, Hillsborough, NC 27278

Applicant Organization's Web Address: www. DVclassesorangenc.org (under development)

Executive Director: Joyce Kuhn

Telephone Number: 919 245-3310 E-Mail: kuhnjoyce@gmail.com

DUNS Number: 07-871-8903
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Sentencing Plan Service

Project/Program Primary Contact and Title: Joyce Kuhn Executive Director

Telephone Number: (919) 245-3310 E-Mail: kuhnjoyce@gmail.com

c) Funding Request Identification

Total Project/Program Cost: $18,000 Total Amount of Funds Requested: $$18,000

Proposed Use of Funds Requested (2-3 Line Maximum): to continue to provide sentencing expert services (written bio-psycho-social plans with links to program referrals to match risk (for recidivism) areas of that individual offender. The cost of preparing these plans is reimbursed in part by the AOC –state funding, @ $500 per plan. To accommodate fluctuations in referrals staff and contractors prepare them.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

X☐ Human Services: X☐ Carrboro $6,000 X☐ Chapel Hill $$8,000 ☐ Orange County $4,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Joyce Kuhn — 1/19/16

Executive Director-Joyce Kuhn — Date

Signature: Mani Dexter — 1/19/16

Board Chairperson-Mani Dexter — Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

a) Years in Operation: Years in Operation: Twenty six: Originally operating under the auspices of the Dispute Settlement Center since 1987 providing sentencing proposals for those adults facing incarceration. Pretrial Services (inmate release and supervision) began in 1994 and was initially funded by the North Carolina's Criminal Justice Partnership. In September of 2015, Pretrial Services was moved to Orange County government. The new mission was decided by the board of directors on December 8, 2015. Date of Incorporation: June 1993. The name of the agency was changed from Pretrial Services to Behavioral Insights in December 2015.

b) Mission Statement: Behavioral Insights, Inc. provides classes to meet the needs of those required by a North Carolina mandate to participate in domestic violence treatment programs. Additionally, Behavioral Insights intends to provide other services to identify client needs and link clients to services to address risk areas related to potential recidivism. Services. Written sentencing plans resulting from an ex parte order submitted for a particular defendant continued to be prepared by a sentencing expert.

c) Brief History of Agency: The agency has a history of over two decades (since 1994) becoming an integral part of assisting the county, and the courts directly working with those in the county detention center by increasing the social safety net as a 'first response' to the issues confronting detainees and monitoring court order pretrial conditions. Sentencing plans to provide options to address identified risk areas and detail the background of the defendant continue to be provided when a sentencing expert is ordered. These projects excel due to a strong relationship with judicial officials and history of linking detainees to community resources. Case management and other best practices assured community safety. Mental health and substance abuse treatment referrals were ongoing.
Sentencing plans are prepared by experts: are written plans providing analysis and options for treatment placements for individuals facing criminal charges. The plans outline background of the defendant and are presented to the sentencing judge. These plans benefit the defendant and the community by matching resources with underlying issues related to criminal behavior and other needs for stabilization that are determined to be criminogenic.

The agency is long established in making links for defendants to services with local and statewide agencies to address the risk areas of each defendant related to potential recidivism. Motivational Interviewing and cognitive behavioral skills make the most of potential engagement and enrollment in programs the defendant needs. The agency has successfully prepared sentencing plans in Orange County contributing to the

community's safety net. Probation officers receive the plan after sentencing which provides some background on treatment recommended and client history.

e) d)Domestic violence treatment is being added to sentencing expert work. This is a close match for existing functions of addressing factors related to recidivism. The social safety and community safety nets are fortified by these services. Courtroom presence and justice system interfaces are well established.

f) e)Behavioral Insights is the new agency name, formerly Pretrial Services

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Behavioral Insights, Inc., Sentencing Plan Service

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

X☐ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X	X	X	
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify---linkage to programs to address instability; and underlying issues with information and referral	X	X	X	X	

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

a)

b) Sentencing plans are dynamic tools which launch the defendant toward services to address the risk areas related to criminal activity. These reports provide detailed options and analysis useful to the court and after court to the probation officer assigned. These reports occur at a critical juncture. The defendants are a group that can tax the community in property crimes and therefore this work makes a significant impact in the community safety net..

c)Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served. Youth are served by this effort at a critical point in criminal court. This is an opportunity at sentencing to divert those in criminal court to resources to address needs related to recidivism. This process guides the defendant to engage with a resource to add stability thereby reducing damage to the community caused in property and drug crimes.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries: The beneficiaries are identified when an ex parte order is signed by a judge to order an expert in sentencing to prepare a plan. They benefit by an analysis of risk areas and level of insight, motivation and an analysis of barriers to this. Recommendations are made for a specific resource to address the underlying issues to reduce the likelihood of recidivism and increase success with probation.

g) Who specifically will carry out the activities and in what location will they be carried out?
A trained sentencing expert prepares the plan by meeting with the defendant in a public place realistically accessible to him such as a public meeting room or in a jail conference area.

h) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline. The sentencing plan is carried out in weeks leading up to the sentencing hearing; records are requested, contacts with family and health care professionals occur. The plan is developed to match a level of engagement that may consider mental illness, cognitive ability, substance addiction and other barriers to avoiding criminal activity such as employment issues.

i) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

When links are made to agencies during sentencing plan development, case management efforts prompt the defendant and resolves barriers as much as possible with problem solving and encouragement.

- Cardinal Innovations Healthcare Solutions for assessments and counseling
- FIRST at Blue Ridge, as well as other residential and outpatient facilities such as Tarheel Challenge, New Life Launch Pad and Freedom House Recovery Center. Southlight in Raleigh or Horizons for women are some placements linked to defendants in individual plans.
- Alamance Homes is an example of a group home. Such a facilitated application can be offered as an option for a disabled defendant.

- Vocational Rehabilitation Services can increase employability if the defendant qualifies.
- The Compass Center is recommended for victims of domestic violence.
- CTI of UNC is a program for those with comprehensive needs such as housing.
- Alliance Behavioral Health and the Criminal Justice Resource Center are resources considered for substance abuse issues and employment coaching for defendants who may live in Durham County.

j) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended. The board would consider continuing the effort until funding is exhausted.

b) Include any other pertinent information. Orange County indicates that possible in kind support for this effort would include office space for the next fiscal year.

Program/Project Information

c) Complete the Target Population and Program Beneficiary Demographics Chart
d) Complete the Schedule of Positions Chart for Program Staff
e) Disclosure of Potential Conflicts of Interested must be signed
f) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: X☐ **Persons** ☐ **Households** ☐ **Units**

Program: Sentencing Plan Services

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender	45	42	40
Male	41	39	37
Female	4	3	3
Total	45	42	40
Of the females, how many are single-female Head of Households (Omit for Human Services)	2	2	2
Ethnicity			
African-American	22	21	20
American Indian or Alaska Native			
Asian			

Caucasian	21	19	18
Native Hawaiian or other Pacific Islander			
Other	2	2	2
Total	45	42	40

Of the above, how many Hispanic/Latino	2	2	2
Of the above, how many non-Hispanic/Latino	43	40	38
Total	45	42	40
Age			
0-5 years			
6-18 years	1	2	2
19-50 years	43	39	37
51-61 years	1	1	1
62+ years			
Total	45	42	40
Geographic Location			
Durham City	4	3	3
Durham County			
Carrboro	15	12	10
Chapel Hill	10	10	11
Chapel Hill Public Housing Residents	1	2	3
Orange County	15	15	13
Raleigh			
Wake County			
Total	45	42	40
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	42	40	39
31-50% Area Median Income	3	2	1
51-80% Area Median Income			
> 80% Area Median Income			
Total	45	42	40
Special Needs (Omit for HS)			
Elderly (Over 62)	0	1	1
Disabled (not elderly)	1	2	1
Homeless	2	2	2
People with HIV/Aids			
Total	3	5	4

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
E.D. sentencing expert	.10	16,800	16,800	16,800	16,800	.93	
IDS reimbursement	.						-
Makes contractual work necessary & possible in times of peak workload							

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ X☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ X☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ X ☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ X☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Joyce Kuhn — Executive Director — Date: 1/20/16

Signature: [signature] — Board Chairperson — Date: 1/20/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	investigate background, analyze risk of re-offend areas, set up referrals	investigate background, analyze risk of re-offend areas, set up referrals	investigate background, analyze risk of re-offend areas, set up referrals
Program Goal	provide analyis and action plan	provide analyis and action plan	provide analyis and action plan
Performance Measures	written plan delivered to court officials	written plan delivered to court officials	written plan delivered to court officials
Program Results	the court has existing options to consider at sentencing.	the court has existing options to consider at sentencing.	the court has existing options to consider at sentencing.
Program Activity 2	plan shared with Comm. Corrections	plan shared with Comm. Corrections	plan shared with Comm. Corrections
Program Goal	orientation to client and treatment needs-referrals	orientation to client and treatment needs-referrals	orientation to client and treatment needs-referrals
Performance Measures	45 plans presented	42 plans presented	40 plans presented
Program Results	probation off. verifies receipt	probation off. verifies receipt	probation off. verifies receipt
Program Activity 3			
Program Goal			
Performance Measures			
Program Results			
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Program Activity 5			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Local Government Grants:				
Orange County	$ -	$ -	$ 4,000	0
Town of Chapel Hill	$ 7,500	$ 7,500	$ 8,000	7%
Town of Carrboro	$ 5,500	$ 5,600	$ 6,000	7%
Other Local:				0
Other Local:				0
Other Local:	$ 320	$ 320		-100%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants: IDS plan reimbursement	$ 4,680	$ 4,580		-100%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 18,000**	**$ 18,000**	**$ 18,000**	**0%**
AGENCY EXPENSES				
Compensation	$ 16,800	$ 13,800	$ 16,200	17%
Rent & Utilities		$ 4,200	in kind request	#VALUE!
Supplies & Equipment	$ 1,200		$ 1,200	0
Travel & Training			$ 600	0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 18,000**	**$ 18,000**	**$ 18,000**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Sentencing Plan Service

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Expert staff -case investigation/preparation	$30/hr.	7 hours X 40 cases	$8,400
Intake/request records, contacts-collateral	$30/hr.	3 hours X 40 cases	$3,600
Analyze criminogenic factors,review history	$30/hr.	2 hours X 40 cases	$2,400
Consult officials, deliver-Probation interface	$30/hr.	2 hours X 40 cases	$2,400
Materials- copy,scan, files, electronic	$30	Report material x 40 cases	$1,200
		Total	**$18,000**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$18,000**	**$18,000**	**$18,000**
Total # of Units	**45**	**42**	**40**
Cost Per Unit	**$400**	**$430**	**$450**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: Behavioral Insights, Inc.

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations				0
Agency Generated Revenue (fees)			$ 4,000	0
Local Government Grants:				
Orange County			$ 142,760	0
Town of Chapel Hill	$ 7,500	$ 7,500	$ 15,000	100%
Town of Carrboro	$ 5,500	$ 5,600	$ 11,000	96%
Other Local:				0
Other Local:	$ 320	$ 320		-100%
Other Local:	$ 4,680	$ 4,580		-100%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 18,000**	**$ 18,000**	**$ 172,760**	**860%**
AGENCY EXPENSES				
Compensation	$ 16,800	$ 13,800	$ 160,060	1060%
Rent & Utilities		$ 4,200	in kind	#VALUE!
Supplies & Equipment	$ 1,200		$ 2,900	0
Travel & Training			$ 1,200	0
Other Expenses:			$ 8,600	0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 18,000**	**$ 18,000**	**$ 172,760**	**860%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **Big Brothers Big Sisters of the Triangle**

Program(s) **Community and School-Based Mentoring**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☐ ***Applicant Contact Information*** **b.** ☐ ***Project/Program Contact Information*** **c.** ☐ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☐ ***Agency's Years in operation*** **b.** ☐ ***Agency's Purpose/Mission*** **c.** ☐ ***Agency's Types of Services Provided*** **d.** ☐ ***Agency's Experience*** **e.** ☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☐ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☐ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Big Brothers Big Sisters of the Triangle, Inc.

Applicant Organization's Physical Address: 808 Aviation Parkway, Suite 900, Morrisville, NC, 27560

Applicant Organization's Mailing Address: 808 Aviation Parkway, Suite 900, Morrisville, NC, 27560

Applicant Organization's Web Address: www.bbbstriangle.org

Executive Director: Kimberly Breeden

Telephone Number: 919-850-9772 E-Mail: Kbreeden@bbbstri.org

DUNS Number: 793500641
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Community and School-Based Mentoring

Project/Program Primary Contact and Title: Marian Larson, Grants Coordinator

Telephone Number: 919-850-9772 E-Mail: mlarson@bbbstri.org

c) Funding Request Identification

Total Project/Program Cost: $245,500 Total Amount of Funds Requested: $15,000

Proposed Use of Funds Requested (2-3 Line Maximum): These funds are requested to continue to support our Community and School-Based Mentoring Program in Chapel Hill, Carrboro, and all of Orange County for children ages six to 14.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

☒ Human Services: ☒ Carrboro $3,000 ☒ Chapel Hill $6,000 ☒ Orange County $6,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: **1/23/16**

Executive Director Date

Signature: **1/23/16**

Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

Years in Operation: A Big Brothers Big Sisters agency has operated here for 17 years. Big Brothers Big Sisters of the Triangle, which is the result of a merger of two BBBS agencies, has operated here for ten years.

Date of Incorporation: 10/26/1998

b) Agency's Purpose/Mission

Our mission is to provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better, forever.

c) Types of Services the Agency Provides

Community-based mentoring provides children from single parent homes or other children in need of adult role models with a one-to-one mentor relationship with a volunteer from the community. These volunteers receive extensive screening and training from our Enrollment Specialists and our Match Support Personnel. A careful process is followed to make a quality match between youth and the appropriate volunteer in order to promote long-term relationships. The Community-based "Bigs" routinely provide 8-10 hours a month of quality one-to-one time for each child. This particular program allows us to reach children throughout the county who may otherwise not have access to services. These "Bigs" play an integral role of the lives of their "Littles" by providing a stable adult role model to help guide these children in the right direction.

School-based mentoring provides mentors to children on their school campus during and after regular school hours. Our partnerships with many local schools allow school counselors and teachers to refer children who are struggling with class work or need extra attention to build better social skills and improve classroom behavior. Our school-based matches meet for one to two hours each week. They read together, do homework, or play educational games, among other activities. School-based Bigs work to improve their Littles school attendance and academic performance and help them understand the importance of staying in school, graduating, and achieving higher education. They also tend to have more

direct conversations about school performance and get access to more information on the Littles' homework and grades through interaction with their teachers.

BBBST also provides a variety of monthly enrichment activities for "Bigs" and "Littles". We work with corporate sponsors and local donors to provide opportunities for the matches to attend sporting events, movies, museums, field days, and many other activities.

d) Agency's Experience with Similar Programs as the Funding Request

After more than 100 years, Big Brothers Big Sisters of America remains true to its founders' vision of bringing caring role models into the lives of children. We are the oldest and most respected mentoring agency in the country. With that, our core program – Community and School-Based Mentoring – is the cornerstone of our agency.

We have the hard data to prove that our mentoring helps children increase self-esteem, overcome adversity, improve school behavior and academic performance, and avoid risky behaviors, like drug use and truancy. National research shows that after 18 months of spending time with their Bigs, Littles, when compared to those children not in our programs, were: 46% less likely to begin using illegal drugs; 27% less likely to begin using alcohol; 33% less likely to hit someone; and 52% less likely to skip school.

Since we offer our services free of charge to parents and their children, we must fundraise to cover all program costs. Throughout our 17-year history, BBBST has received consistent support from a number of government entities, foundations, corporations, and individuals to pay for these program costs. Our continued relationship with Orange County, Town of Carrboro, and Town of Chapel Hill has helped us continue our crucial work in making a difference in the lives of at-risk children in the Triangle area.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: **Big Brothers Big Sisters of the Triangle**

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	x				
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring	x				
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) **Summarize the program services proposed and how the program will address the chosen Town/County priority?**

Our Community-Based program allows us to reach children throughout Orange County, Chapel Hill, and Carrboro who need an adult role model in their lives. Community-Based Bigs routinely provide two hours a week of quality one-to-one time for each child for at least one year. These Bigs play an integral role in the lives of their Littles by being good listeners, by giving the Littles a stable adult role model to help guide them in the right direction, and by exposing the Littles to a variety of cultural, community, and sporting activities.

Our School-Based program allows school counselors and teachers to refer children who are struggling with class work or need extra attention to build better social skills and improve classroom behavior. Many of the children referred to our School-Based Mentoring Program are academically at risk – struggling with negative perceptions of school and teachers, time management, focusing, and test preparation. School-based mentors are trained to work with their Littles to offer a positive perspective on school, model productive study habits, and encourage improved relationships with teachers and other adults.

Fourteen percent of our Littles and 15% of our Bigs reside in Orange County. Results of our 2015 Youth Outcomes Survey show that social acceptance, risk attitudes, scholastic competency, and parental trust, among others, are all markedly improved in our Littles after only one year in our program. This is proof that our program helps to prevent young people from going down the wrong path, making your community safer and more successful.

c) **Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.**

The number of youth living in poverty in the Triangle has increased substantially, along with increases in juvenile crime, school dropout rates, childhood obesity and other related health and social problems. There are more than 94,000 children who quality for free and reduced lunch living in our area, and most are minorities from single-parent households. Children who live in our highest crime-ridden neighborhoods, attend our most struggling schools, who become victims of violence and abuse, and/or who have an incarcerated parent are exponentially move at risk for “falling through the cracks.” We operate in the belief that inherent in every child is the ability to succeed and thrive in life. These children need positive role models to show them hope for a brighter future, and our mentors help them achieve this.

d) **Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries?**

Fifty-nine percent of children in our program are male, while 41% are female. The majority (72%) are African-American; 10% are Caucasian; 6% are Hispanic; 11% are Multi-Race; and 1% are Asian. Seventy-three percent quality for free/reduced lunch, and 75% live in single-parent households. Twenty-three percent have at least one incarcerated parent.

Our programs target the children who need us most. Any child ages 6-14 with an identified need can be enrolled in our program. Parents/guardians recognize the potential of their children better than anyone. By starting a child in our program, parents are introducing a path that is brighter and more promising.

e) **Who specifically will carry out the activities and in what location will they be carried out?**

Our adult volunteers, or "Bigs," carry out our program activities. They receive extensive screening and training from our Enrollment Specialists and our Match Support Personnel. A careful process is followed to make a quality match between youth and the appropriate volunteer in order to promote long-term relationships. Community-Based Bigs routinely provide 8-10 hours a month of quality one-to-one time for each child. Spending time together out in the local community is primarily how Community-Based matches develop their relationship.

School-Based matches spend at least one hour each week at the Little's school campus. However, our School-Based Mentoring Program isn't limited to the classroom. Of course, some Littles do talk with their Bigs about class, do homework, or read together, but it's perfectly fine to shoot hoops in the gym or play on the playground. Our current School-Based programs in Orange County include Estes Hills Elementary School, Mary Scroggs Elementary School, Philips Middle School and Smith Middle School.

f) **Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.**

Our activities will continue to be carried out all throughout the year. Community-Based matches spend 8-10 hours per month together, while School-Based matches spend at least one hour a week together during the school year. Our Match Support Specialists provide on-going monthly support to each match. After the initial match process, volunteers, parents and children are contacted monthly to ensure the effectiveness of the service delivery model. Every day our Match Support Specialists are on the phone with our Bigs, Littles, and parents or guardians about their match experience, securing anecdotal evidence on the impact of the match.

g) **Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the**

Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- North Carolina Department of Public Instruction, which supports our efforts to help at-risk children – They endorse our programs every year.
- North Carolina Department of Juvenile Justice – We get referrals from them to mentor children.
- Durham Housing Authority and the Housing Authority of Wake Counties – We get referrals from them to mentor children they determine are in need of our services.
- JD Lewis Community Center in Raleigh
- Passage Home in Raleigh
- YMCA of the Triangle, including the Chapel Hill/Carrboro YMCA
- Area Boys & Girls Clubs - We get referrals from them to mentor children they determine are in need of our services. Through United Way, we are in a two-year collaboration with Boys & Girls Clubs and six other youth serving agencies.
- Communities in Schools - We get referrals from them to mentor children they determine are in need of our services. Through United Way, we are in a two-year collaboration with Boys & Girls Clubs and six other youth serving agencies.
- School Districts of Orange, Durham, and Wake Counties – We work directly with guidance counselors and social workers in schools where we have official mentoring sites, and we get referrals from schools to mentor children they determine are in need of our services.
- Leadership and staff of Orange, Durham, and Wake Counties
- Leadership, staff, and students at NCCU, Duke University, UNC-CH, and NCSU
- Numerous African-American and Multi-Ethnic Churches in the community
- National African-American fraternities: Kappa Alpha Psi, Alpha Phi Alpha, Omega Psi Phi
- Haven House in Raleigh - We get referrals from them to mentor children.
- StepUp Ministries - We get referrals from them to mentor children they determine are in need of our services. Through United Way, we are in a two-year collaboration with Boys & Girls Clubs and six other youth serving agencies

h) **Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.**

The funding we continue to receive from Orange County, Town of Chapel Hill, and Town of Carrboro is instrumental in helping cover our program costs. It costs about $1,500 to create and support a match, and that $1,500 is derived from: trained staff to enroll, interview, match and support mentoring relationships; trainings provided to parents and mentors; liability and property insurance; program activities; BBBSA affiliation dues; AIM fees; and criminal background checks for volunteers/mentors.

Without your generous support, we would not be able to support matches, which means that even more at-risk youth in our community would “fall through the cracks.” These children need positive role models to show them hope for a brighter future. Without grant funding, they simply will not have the opportunity to have a deep, meaningful relationship with one of our mentors. Our agency’s mere existence hinges on the support of entities like

yours. We deeply appreciate your continued support and look forward to working together for many years in the future.

Program/Project Information

i) Complete the Target Population and Program Beneficiary Demographics Chart
j) Complete the Schedule of Positions Chart for Program Staff
k) Disclosure of Potential Conflicts of Interested must be signed
l) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	578	554	580
Female	490	471	492
Total	1068	1030	1072
Of the females, how many are single-female Head of Households (Omit for Human Services)	42%	45%	47%
Ethnicity			
African-American	480	468	492
American Indian or Alaska Native	5	3	4
Asian	17	15	12
Caucasian	337	325	338
Native Hawaiian or other Pacific Islander	0	0	0
Other	229	219	225
Total	1068	1030	1072
Of the above, how many Hispanic/Latino	80	85	92
Of the above, how many non-Hispanic/Latino	149	134	225
Total	229	219	225

MAIN APPLICATION

Age			
0-5 years	0	0	0
6-18 years	1068	1030	1072
19-50 years	0	0	0
51-61 years	0	0	0
62+ years	0	0	0
Total	1068	1030	1072
Geographic Location			
Durham City	359	348	356
Durham County	5	3	7
Carrboro	31	28	32
Chapel Hill	103	101	105
Chapel Hill Public Housing Residents			
Orange County	15	12	16
Raleigh	364	358	368
Wake County	191	180	188
Total	1068	1030	1072
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
CEO	1.00	45%	$75,429	$75,429	$75,429	7%	H
Chief Development Officer	1.00	15%	$72,000	$72,000	$72,000	6.5%	H
VP of Programs	1.00	100%	$52,800	$52,800	$52,800	5%	H
VP of Partnerships	1.00	85%	$49,315	$49,315	$49,315	4.7%	H
Finance/HR Manager	.50	25%	$36,100	$36,100	$36,100	3%	H
Director of Special Initiatives	1.00	100%	$41,490	$41,490	$41,490	4%	H
Director of Site-Based Programs	1.00	100%	$41,671	$41,671	$41,671	4%	H
Grants Coordinator	.33	25%	$25,000	$6,630	$6,630		
Enrollment & Match Specialists	2.5	100%	$85,000	$85,000	$85,000	8%	H
Customer Relations Specialist	1.0	100%	$30,000	$30,000	$30,000	2%	H
Match Support Specialists	4.0	100%	$152,000	$152,000	$152,000	14%	H
VOLUNTEER HOURS	22	95%	$48,720	$50,280	$50,280	4.8%	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Kim Breeden **1/23/2016**
Executive Director Date

Signature: **1/26/2016**
Board Chairperson Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals. **(The results and progress of all our activities and match relationships are recorded on our proprietary AIM (Agency Information Management) system, as managed and required by our national office and following all its guidelines.)**
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	BBBST staff carefully screened, trained, matched and supported Bigs to ensure appropriate pairing of Bigs and Littles; established match goals based on self-reported information from the program participants and	BBBST staff continues to carefully screen, trained, matched and supported Bigs to ensure appropriate pairing of Bigs and Littles; established match goals based on self-reported information from the program participants and	BBBST staff will carefully screen, train, match and support Bigs to ensure appropriate pairing of Bigs and Littles; establish match goals based on self-reported information from the program participants and any relevant external
Program Goals	1) BBBST will serve 850 children in Wake, Durham, and Orange Counties ; 2) Average match length for Community-Based Mentoring will remain at or exceed 24 months; 3) Average match length for School-Based Mentoring will remain at or exceed 22 months; 4) 50% of children will report improvement in social acceptance; 5) 60% of children will report they improved or remained constant in their belief that missing school is a risky behavior to avoid.	1) BBBST will serve 1030 children in Wake, Durham & Orange; 2)Average Match Length will remain or exceed 28 months for Community-based; 3) 22 months for Site-based; 4) at least 50% of our children will report improved or maintained socially acceptance; 5) 60% of our children will report they improved or remained constant in their belief that skipping school is a risky behavior to avoid.	1) BBBST will serve 1060 children in Wake, Durham & Orange; 2)Average Match Length will remain or exceed 30 months for Community-based; 3) 25 months for Site-based; 4) at least 52% of our children will report improved or maintained socially acceptance; 5) 65% of our children will report they improved or remained constant in their belief that skipping school is a risky behavior to avoid.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Agency/Program **Big Brothers Big Sisters of the Triangle**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 128,650	$ 128,500	$ 130,500	2%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 2,000	$ 2,000	$ 6,000	200%
Town of Chapel Hill	$ 2,000	$ 2,000	$ 6,000	200%
Town of Carrboro	$ 1,350	$ 1,500	$ 3,000	100%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 10,000	$ 10,000	$ 10,000	0%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 90,000	$ 90,000	$ 90,000	0%
Please list 3 largest Miscellanous sources:				
ICAP Energy $ 30,000.00				
Anonymous Foundation $ 60,000.00				
$ -				
Total Agency Revenue	**$ 234,000**	**$ 234,000**	**$ 245,500**	**5%**
AGENCY EXPENSES				
Compensation	$ 213,500	$ 213,500	$ 225,000	5%
Rent & Utilities				0
Supplies & Equipment	$ 7,000	$ 7,000	$ 7,000	0%
Travel & Training	$ 6,000	$ 6,000	$ 6,000	0%
Other Expenses:	$ 7,500	$ 7,500	$ 7,500	0%
Please list 3 largest "Other Expenses":				
Background Checks $ 3,000.00				
Liability Insurance $ 4,500.00				
$ -				
Total Agency Expenses	**$ 234,000**	**$ 234,000**	**$ 245,500**	**5%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

b) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: __Community and School-Based Mentoring_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Enrollment Specialists	$20	384 hours (32 hrs/mth x 12 mos)	$7,680
Match Support Specialists	$20	366 hours (30.5 hrs/mth X 12 mos)	$7,320
		Total	**$15,000**

b.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	234,000	234,000	245,500
Total # of Units	149	141	153
Cost Per Unit	1,570	1,659	1,604

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format. **We operate on a calendar year, so January 1st through December 31st.**

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 258,235	$ 261,000	$ 285,000	9%
Agency Generated Revenue (fees)	$ 5,003	$ 6,000	$ 6,000	0%
Local Government Grants:				
Orange County	$ 2,000	$ 6,000	$ 6,000	0%
Town of Chapel Hill	$ 2,000	$ 6,000	$ 6,000	0%
Town of Carrboro	$ 1,500	$ 3,000	$ 3,000	0%
Other Local: Town of Cary	$ 3,000	$ 3,000	$ 3,000	0%
Other Local: Durham County	$ 15,000	$ 15,000	$ 15,000	0%
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 56,093	$ 68,000	$ 68,000	0%
State Government				0
Federal Government		$ 75,000	$ 75,000	0%
Other Grants: Private Foundations	$ 203,000	$ 218,000	$ 218,000	0%
Other Grants: BBBSA	$ 1,451	$ 1,500	$ 1,500	0%
Miscellaneous/Other Revenue	$ 253,397	$ 260,000	$ 260,000	0%
Please list 3 largest Miscellanous sources:				
BFKS $ 89,240.00				
Big Night Ball $ 144,903.00				
Golf Tournament $ 19,254.00				
Total Agency Revenue	**$ 800,678**	**$ 922,500**	**$ 946,500**	**3%**
AGENCY EXPENSES				
Compensation	$ 630,742	$ 669,413	$ 680,000	2%
Rent & Utilities	$ 77,515	$ 80,000	$ 85,000	6%
Supplies & Equipment	$ 14,409	$ 32,000	$ 32,000	0%
Travel & Training	$ 6,714	$ 8,000	$ 9,000	13%
Other Expenses:	$ 107,627	$ 120,000	$ 125,000	4%
Please list 3 largest "Other Expenses":				
Fundraising Expenses $ 47,379.00				
BBBSA dues $ 14,609.00				
Audit $ 11,715.00				
Total Agency Expenses	**$ 837,007**	**$ 909,413**	**$ 931,000**	**2%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (36,329)**	**$ 13,087**	**$ 15,500**	**18%**

APPLICATION SUBMITTAL CHECKLIST

Agency Boys & Girls Clubs of Eastern Piedmont

Program(s) Chapel Hill Community for Impact program

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
***2.* Agency Information -**	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
***3.* Program/ Project Information – (for each program/ project for which funding is requested)**	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. **Financial (for each program/ project for which funding is requested)**	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122; Treasury Circular 1075*
5. **Supplemental Sections (as applicable)**	***A.*** ☐ **Part A:** ***CDBG & HOME*** ***B.*** ☐ **Part B*: Construction/Rehab***	
6. **Attachments**	***a.*** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** ***b.*** ☒ ***IRS Federal Form 990*** ***c.*** ☒ ***NC Solicitation License*** ***d.*** ☒ ***IRS Federal Tax-Exemption Letter*** ***e.*** ☒ ***Certificate of Insurance*** ***f.*** ☒ ***List of Board of Directors*** ***g.*** ☒ ***Articles of Incorporation/Bylaws*** ***h.*** ☒ ***Authorization to Request Funds*** ***i.*** ☒ ***Authorized official designation*** ***j.*** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Boys & Girls Clubs of Eastern Piedmont (BGCEP)

Applicant Organization's Physical Address: 288 East Street, Suite 1008, Pittsboro, NC 27312

Applicant Organization's Mailing Address: PO Box 1788, Pittsboro, NC 27312

Applicant Organization's Web Address: bgcepnc.org

Executive Director: Sarah Marion, MPA

Telephone Number: 919-663-6159 E-Mail: smarion@bgcepnc.org

DUNS Number: 079238323

a) Project/Program Contact Information

Project/Program Name: BGCEP Community Impact Program in Chapel Hill
Project/Program Primary Contact and Title: Marywinne Sherwood, Board Member
Telephone Number: 919-967-4264
E-Mail: marywinne@yahoo.com

b) Funding Request Identification

Total Project/Program Cost: $127,360 Total Amount of Funds Requested: $30,000
Proposed Use of Funds Requested (2-3 Line Maximum):Funds will be used to help support salaries and benefits for the full time Program Manager and for two part time assistants, without whom it would be impossible to deliver services to the youth in the program.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $ ☐ Grant ☐ Loan
☐ HOME Other (OC) $ ☐ Grant ☐ Loan

☒ Human Services: ☒Carrboro $10,000 ☒Chapel Hill $10,000 ☒Orange County $10,000

c) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant

Signature: Sarah Marion 1/19/2016
Executive Director Date

Signature: John P. Greenlee 01/19/2016
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a. Years in Operation: Boys & Girls Clubs of America has been in operation in the United States for 105 years. The Boys & Girls Clubs of Eastern Piedmont (BGCEP) – Program for Impact in Chapel Hill has been open for one year+ with 36 children enrolled. The Boys and Girls Clubs of Eastern Piedmont opened a Club in Siler City 6 years ago and has successfully operated since then with over 100 children registered and with a waiting list.

Date of Incorporation (Month/Year): December 9, 2008

b. Agency's Purpose/Mission: The vision of the Boys & Girls Clubs of Eastern Piedmont (BGCEP) is to inspire and enable all young people, especially those who need us most, to achieve their full potential as productive, caring and responsible citizens. The Mission is to provide school age children and youth in the Chapel Hill-Carrboro area from challenging circumstances, with a professionally supervised, consistent environment where they are safe, equally accepted and able to participate in goal oriented programs that enhance their self-esteem and assist them to achieve their full potential. The purpose is to instill a sense of competence, a sense of belonging and a sense of having power and influence, especially over their own lives as well as in the community. We are chartered by the Boys & Girls Clubs of America to operate programs in Orange, Person and Chatham Counties of North Carolina. Our program in Chapel Hill employs the BGCA "Formula for Impact" which provides an outcome-driven club experience for youth who need us most, from Kindergarten through 12th grade with enumerated priority outcomes.

c. Types of Services the Agency Provides: Our Agency provides youth from Kindergarten through 12th grade with an after-school youth development program focused on three main goals or outcomes: Academic success, Good Character and Citizenship, and Healthy Lifestyles.

The PRIORITY OUTCOMES are:
1. Academic success in school with end-goal to graduate from high school ready for college, trade school, military or employment.
2. Good character and citizenship- to become an engaged citizen involved in the community, register to vote and model strong, positive character;
3. Healthy life style- to adopt a healthy diet, practice good lifestyle choices and make a lifelong commitment to fitness.

This Outcome-driven experience is carried out at all levels by providing
1. A Safe, Positive Environment,
2. Supportive Relationships,
3. Fun with a Purpose,
4. Opportunities and Expectations
5. Recognition for achievements.
6. High yield activities
7. Targeted Programs
8. Regular attendance

Programs are deliberately designed for members to achieve these priority outcomes. Average daily attendance, membership retention and academic and social success in school are tracked. While all

children are eligible to join, the Club focuses on the population who needs us most, those unable to access other Chapel Hill after-school programs, even on scholarship, which often have waiting lists.

The program opened in January 2015 at the Northside School in Chapel Hill with 17 children enrolled. With this new school year, we have expanded to serve 32 elementary age children four days a week in the Community Impact Program at the Northside Elementary School in Chapel Hill with an average of 27 children in daily attendance.

d. Agency's Experience with Similar Programs as the Funding Request: The BGCEP has opened a Boys & Girls Club in Siler City in Chatham County six years ago and it has grown to over 100 youth registered with a waiting list of 60 youth and from the high school graduating class this year, three of its members now are attending UNC and all went on to promising future plans, either more education or work and one into the armed services!

e. Other Pertinent Agency Information:

All Boys & Girls Clubs are unique in that it they are affordable and accessible. The charge for membership in the Chapel Hill Program for Impact is $20/year per child. Scholarship support is also available so that no child will be turned away because of lack of finances. The program is open four days a week during the school year, available to youth from kindergarten through 12th grade. This year we are exploring the possibility of a 6 week program for the summer of 2016 so that gains made during the year will not be lost over the summer..

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name :BGCEP; Community Impact Program (Program for Impact) in Chapel Hill, NC

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	0	0	0	0
Health and Nutrition	X	0	0	0	0
Job Training					
Sports and Arts Activities					
Pre-School Activities					

After-School Activities	X	0	0	0	0
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Indicate the type of program for which you are requesting funding:

Program/Project Description (Label your responses as outlined below not to exceed 3 pages).

Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority? **The Program addresses the Goal to ensure a community network of basic human services and infrastructure that maintains, protects and promotes the well-being of all county residents and Priority 4 which aims to review services to identify and protect 'safety net' programs and services.**

Our Agency provides youth from Kindergarten through 12th grade with an after-school youth development program focused on three main goals or outcomes: Academic success, Good Character and Citizenship, and Healthy Lifestyles

The PRIORITY OUTCOMES are:

1. Academic success in school with end-goal to graduate from high school ready for college, trade school, military or employment.
2. Good character and citizenship- to become an engaged citizen involved in the community, register to vote and model strong, positive character;
3. Healthy life style- to adopt a healthy diet, practice good lifestyle choices and make a lifelong commitment to fitness.

While all children are eligible to join, the Club focuses on the population who "needs us most," those unable to access other Chapel Hil-Carrboro after-school programs, even on scholarship, which often have waiting lists and which present transportation problems.

Providing after school academic enrichment and development to children who currently are poorly served or served not at all, centrally fills the stated Goal of maintaining, protecting and promoting the well-being of *all* of our county residents with this 'safety net' Program.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

A needs survey found that, although there are many activities for children in the Chapel Hill-Carrboro area, most of them have waiting lists, have costs that prohibit low income children from taking part and are not open long enough or often enough to be helpful to and useful for our target population goals.

According to the Chapel Hill City Schools web site, 35.38% of the student population at the Northside School currently is qualified for free or reduced lunch.

In addition, 600 families in Chapel Hill/Carrboro live on $15,000/year or less and children in these families cannot afford any of the programs or after school, even on scholarship. After-School programs have consistent waiting lists and also pose transportation difficulties..

These kids are left to wander the streets during the most dangerous hours for kids- when they

either commit crimes or crimes are committed against them.

Studies show that BGCs work to reduce drug, gang and early sexual involvement, and to increase the likelihood of graduating from High School. The Chapel Hill-Carrboro City Schools have been struggling for years to close the achievement gap between black and white students. A Boys & Girls Club, with its emphasis on school success, can be instrumental in helping to close that gap. In addition, because the club program continues through the summer months, children will not lose the gains they have made in the past year as they often do if they have no enrichment over the summer.

A father of twins who attend the program starting from January 2015 said that he saw a difference in his boys immediately and that they are now "interested in math! of all things!"

In addition, it has been widely reported that there is a racial divide in school disciplinary procedures. For example, African American students are 9 times more likely to be suspended from school as white students at Phillips Middle School. The trend was assumed for all the Chapel Hill-Carrboro Schools. Although African American students in the Chapel Hill-Carrboro City Schools comprise 11% of the population, they account for over 40% of the out of school suspensions. Boys & Girls Clubs act as a safety net (one of the Goals) since one of their three primary goals is to develop good character and leadership capabilities in the youth. We train students to listen, to follow directions and to improve their interactions with others. Boys & Girls Clubs are uniquely positioned to help with behavior problems and outcome studies show that school behavior improves for Club participants.

A teacher at the Northside School stated, "I am very impressed that one of my students has not been in trouble yet this [fall 2015] school year, when in the past, he was in the principal's office about once a week!"

Chapel Hill had to close its Apple Chill street festival, now, many years ago because of dangerous gang activity. Chapel Hill has a nascent gang presence (our older children talk about the Crips, openly) and BGCA studies show that, because kids want to belong, where there is a club, gang activity goes down, reducing the likelihood that Chapel Hill-Carrboro will develop a full blown gang presence. BGCs foster a sense of belonging.

As **District Court Judge Joe Buckner says**, regarding the Boys & Girls Club in Chapel Hill, **"There is no greater need."** He should know because he sees from the bench, the problems that kids are involved with and which impact our community, every day.

It is clear that the Impact of the BGC Program will greatly enhance the quality of life in Chapel Hill!

d. Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The population we will serve encompasses all children from K-12 in Orange County who wish to belong. The program at this time can only accommodate 32 children at any one time at the Northside Elementary School, from Kindergarten- 5th grade. We do not discriminate while at the same time our target population is youth "who need us most." At the present time, all of our Club members are from the Northside School and are referred into the program by the school Social Worker and teachers. Our future plans are to expand to other schools, especially Middle Schools, so that the children who graduate will not be deprived of continuing Club membership.

e.Who specifically will carry out the activities and in what location will they be carried out?

At present, the location for the Club is at the Northside Elementary School in Chapel Hill. The full time Program Director, Brittney Goldston, and two part time teachers, plus volunteers do and will carry out the program.

Our Program Director, Brittney Goldston, has five years' experience with leading Boys & Girls Clubs programs. Brittney spends a minimum of 40 hours per week, all on the Chapel Hill Community Impact Program. She is building relationships in the community, working closely with the staff of Northside and teachers, and she is responsible for developing and implementing the program which is based on the long-standing Boys & Girls Clubs of America basic programs which have been enhanced over the years in order to maximize the outcomes of Academic Success, Good Character and-Citizenship,andHealthyLifestyles.

We have two part-time employees, who are both teachers during the day at the Northside Elementary School. They become employees for the Chapel Hill Program as soon as the school day ends and work for our program from 2:30 - 5:30 on Monday - Thursday, the days the program is currently open. One of these part-time employees also has experience working with Boys & Girls Clubs programs through the Clubs in Raleigh. Prior experience is a bonus for the organization as well as for the members. Many of the youth we work with are high-maintenance and all the employees we have for all programs know and accept this, and in effect, thrive from the work they do because of the very nature of the clientele we serve.

Brittney has been able to secure several volunteers for the program during August - December. During this time, Brittney had a high school student, an APPLES intern, a Board member and a two UNC students volunteer to work with the youth. Beginning in this past January, the volunteers assisting each week have increased as relationships have grown to include two additional groups as noted in the affiliates section of the grant.

We do not lease the space at Northside. We do not have total access to the space, and are contracted to use the two classrooms we are currently in through the school and the Chapel Hill-Carrboro Schools Administration. In a recent meeting with Todd LoFrese, Assistant Superintendent of Schools, we were given permission to approach other schools, including middle schools, in the future, to expand our programs. The school administration as well as the Principal and Social Worker at Northside are excited about our program and the impact we are already having with the youth. They already would like to see us continue to expand as we have more youth wishing to be in the program than we can handle with the space being provided at Northside. We see no possibility that the need and the opportunities will decrease in the future, but instead, they will continue to grow.

The $20 per school year membership fee for each child mainly covers their registration. Some families cannot afford this and the fee is paid by either the Northside PTA or by scholarship. We do not turn away youth due to the inability to pay. This fee helps us to ensure that those youth who want to come to the program actually do come. We cannot have the impact we desire if a child only attends occasionally. They need to attend at least three days a week. If after several weeks, they do not attend the minimum amount of days and it is determined there is no reasonable explanation for the lack of attending, parents are given notice that the child will lose their place in the program unless they attend as expected. If a child then continues not to attend as expected, the spot is opened up for another child on the waiting list who will attend the required days that

will have the most favorable impact for that child..

f. Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The Program is currently being carried out after school (2:30- 5:30) M-Th during the school year. The program is already in action and has been open since January of 2015. A summer program is being explored and the school-time program is planned to continue permanently each school year.

g. Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

* We sought collaboration with the CHAPEL HILL-CARRBORO CITY SCHOOLS in late 2014 and secured space for one classroom to serve 17 youth beginning on January 5, 2015. The Northside School officials said they were "delighted" to have our program back in the Northside School in Fall 2015 in two large, sunny classrooms with 32 children enrolled (K-5) this year. Referrals by the school social worker and teachers.
* In January 2016, Ron Reeves of BRIDGE BUILDERS at UNC, which focuses on work with at risk children in grades 3-6, will start work with our program. This is a group of 20-30 African-American men who are employees of UNC in departments associated with athletics and in professions including graphic design, training, business, fund raising, ticket sales and coaching. They desire to serve as role models and build bridges to adulthood, provide field trips to the UNC campus to encourage kids to see themselves as future students on campus. They will tutor and help kids with their homework, as well.
* We are collaborating with the KIDZU MUSEUM to arrange field trips to their museum for low or no cost
- UNC APPLES PROGRAM. There are many other opportunities through the Apples program at UNC which provide volunteers and support to our Program.
* The UNC AUTOGRAPH BASKETBALL PROGRAM has granted our Program $5000 this year as well as in past years. They wish to support the youth from whom, they expect, some star athletes may arise and attend UNC.
* TWIG gift store in Chapel Hill supports us each year at Christmas time with 20% of purchases donated when the buyer requests the donation to go to the BGC.
* THE CHAPEL HILL-CARRBORO CHAMBER OF COMMERCE will feature our Program as the non-profit of the month May spotlight at their After-Hours Program. We are members and make use of the monthly non-profit roundtable program.

Other collaborations in the pipeline:

* THE WALKING CLASSROOM. We are in the process of exploring using the program, especially in the summer session, negotiating with Executive Director, Laura Fenn
* YMCA possible collaboration to build a teen program together.
* KAPPA ALPHA PSI, African American fraternity on campus talking about volunteering with homework/recreation as well as taking the Northside Program on as a service project.
* Y.O.G.A. FOR YOUTH to collaborate to provide yoga training.

KIDZNOTES orchestral training and music appreciation for underserved pre-K- high school youth.

h. Describe what would happen if requested funding is not awarded at all or if a reduced

allocation is recommended.
If Funding is not awarded, we would have to find additional sources for support because one thing that will ***not*** happen if we are not funded by this grant is that we would let this program close- because the youth are too important for that to happen. It is hard to understand, though, why the funds sought would not be provided for this program that is so central to goals and priorities and so important to the quality of life in the Chapel Hill-Carrboro area. And these funds are for children who, truly, need us most, who have not heretofore had access to afternoon programs in Chapel Hill-Carrboro.
The program is currently supported by ongoing individual donors, corporate donations, and grants. We expect to be chartered by BGCA during 2016 which will open up additional opportunities for funding assistance through Boys & Girls Clubs of America and state and national funding. All of this will assist us in being able to support the program.

Did you know that over 70% of adults who have attended BGCs in their youth said it SAVED THEIR LIVES? We are in the business of saving lives. Why would organizations not want to fund us fully?

Program/Project Information

d) Complete the Target Population and Program Beneficiary Demographics Chart
e) Complete the Schedule of Positions Chart for Program Staff
f) Disclosure of Potential Conflicts of Interested must be signed
g) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: BGCEP Program for Impact ___

Program Beneficiary Demographics

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender	Not open		
Male	Not open	22	40
Female	Not open	10	26
Total		32	66

Not open

Of the females, how many are single-female Head of Households (Omit for Human Services)	N/A	N/A	N/A

Ethnicity

African-American	Not open	25	44
American Indian or Alaska Native	“	0	0
Asian	“	2	6
Caucasian	“	3	11
Native Hawaiian or other Pacific Islander		0	
Other	“	2	5
Total	0	32	66

“

Of the above, how many Hispanic/Latino	“	3	10
Of the above, how many non-Hispanic/Latino	“	33	56
Total	0	32	66

Age

0-5 years	Not open	6	9
6-18 years	“	26	57
19-50 years	“	0	
51-61 years	“	0	
62+ years	“	0	
Total	0	32	66

Geographic Location

Durham City	Not open	0	
Durham County	“	0	
Carrboro	“	16	15
Chapel Hill	“		41
Chapel Hill Public Housing Residents	“	unk	10
Orange County	“	0	

Raleigh“		0	
Wake County“		0	
Total	0	32	66
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)

Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) ***Schedule of Positions***

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	**FTE** ***	**% Program Staff +**	**Actual 2014-15**	**Estimated 2015-16**	**Projected 2016-17**	**% Total Budget**	**If provided, indicate: (R) Retirement Plan (H) Health Plan**
Chief Professional officer	1	50.00%	$24,500.00	$25,000.00	$26,000.00	20.00%	
Program Director	1	92.00%	$0.00	$29,000.00	$33,000.00	26.00%	H
2-3 Program Assistants	..25	100.00%	$3,757.00	$12,000.00	$26,441.00	21.00%	
Total Volunteer hours	1920						

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☒ ☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.
The two part time staff are teachers employed by the Chapel Hill-Carrboro School district during the school day but are employees of the Boys & Girls Club during the Club after school hours.
We are applying for funds to help pay the salaries/benefits of the two part time employees as well as for the Program Director (who is not employed by the schools- is 100% employed by BGCEP).

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Laurie Marin — Executive Director — Date 1/19/2016

Signature: John P Zaremba — Board Chairperson — Date 01/19/2016

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	ACTUAL 2014-15	ESTIMATED 2015-16	PROJECTED 2016-17
Program Activity 1			
Program Goal			To provide academic & tutoring assistance for at-risk youth to improve grades.
Performance Measures			Report Cards
Program Results			To increase grades in Reading and/or Math by 1 point (on the scale of 1-4) for 20% of the youth members.
Program Activity 2			
Program Goal			To monitor personal & social skills of program members to increase development of positive behaviors
Program Measures			Report Cards – 4 categories: 1) Follows classroom rules 2) Takes responsibility for behavior & actions 3) Respects & cooperates with others 4) Follows directions
Program Results			75% of members will meet the standards set by schools in 4 of 14 categories.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

2014-15 was a transitional year for us. After strategic planning sessions, the decision was made to concentrate on opening and beginning a program in Chapel Hill. With funds already in the bank from past fund raising efforts which gave us a cushion, there was not another scaled effort to approach donors again that year. We focused on getting our programs up and running at the Northside Elementary School in Chapel Hill. We believed that we would have successful measurable outcomes to report along with many stories about the positive impact of the Boys & Girls Club program on Club members and that we would then be in a more favorable position to raise funds in the future to make the now-existing Program sustainable.

We began the Community Impact Program at the Northside School in January, 2015 with 17 youth enrolled and operated it until school ended in June, 2015. We had only one classroom to use and we still managed to have an impact on an array of students from grades K-5.

Beginning with the fiscal year 2015-16, we have begun fundraising efforts on a full scale as we have the program established with continued support from not only the Chapel Hill-Carrboro Schools Administration but also the staff and faculty at the Northside Elementary School.

Discussions have already been held with the Principal of the Northside School as well as with Todd LoFrese, Assistant Superintendent, regarding expansion for the next fiscal year and for a summer program in 2016. The partnership with the schools is strong.

PROGRAM BUDGET

	Actual 2014-15	Estimated 15-16	Projected	%change
Revenues				
Private donations	9901	41526	50,328	^^donations
Agency generated fees	218	249	928	more members
local gov't. grants				
Orange Co.	2610		10,000	
Town of Carrboro			10,000	
Town of CH			10,000	
Other local		830		
Non gov't grants				
Triangle UW	322	830	840	
State govt		4150	3000	Dhhs/nc alliance
Other grants		24,900	21,000	
Misc/other revenue				
Special events	127	16,500	21,000	
Other		4,765	264	
TOTAL REVENUE	**13,178**	**93,790**	**127,360**	

AGENCY EXPENSES

Compensation	3757	40,965	59,640	add 1 class/1 school
Rent/utilities	2649	1287	4620	potential Dir. office
Supplies/equip	1710	3632	11,500	summer program
travel/training		1550	2100	additional staff
other expenses-3 largest listed				
Office supplies/mail	707	1694	2100	
professional dues	425	415	880	
corporate support	41,000	44,247	46,520	
TOTAL AGENCY EXPENSES	50,248	93,790	127,360	
SURPLUS/DEFICIT FOR PERIOD	161,983	0	0	

3-R FEE VERIFICATION

NOT REQUIRED SINCE THIS PROGRAM IS OPERATED IN A SCHOOL AND NOT IN OUR OWN PREMISES.

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _____

Cost Elements	Cost ($)	Quantity/Unit of measure	S
Community Impact Program Director	$15.87	After-school pgm direct service 516 hrs (12 hrs/wk	5
Community Impact Program Director	$15.87	Summer session direct service-225 hrs (45hrs/wk	3
Community Impact Program Director	$15.87	Planning,prep,pgm.mtgs/780hrs(15hrs/wkX52 wks	2
Community Impact Program Director	$15.87	Volunteer training Comm. School outreach, etc.	2
Part time Program employee (3)	$12.00	After School Program 516 hrs.(12 hrs/wk X 43	3
Part time Program Employee (2)	$12.00	Summer session Program-200 hrs.(40hrs/wkX5wk	3
Employee Benefits	$666.00	FICA, unemplymt,health insur., (1 staff @80%	2
Rent & utilities	$385.00	**Office space for employees**	

Supplies & equipment	*$958.00*	*snacks, summer meals, supplies ,ipads, equipment*
Travel & training	*$2100.00*	*Workshops/Program training*
Office supplies/mailings	*$2100.00*	*office supplies, mailings to family/commumity*
Professional dues	*$880*	*for Program Directors/workshops/training*
Corporate support	*$46,520*	*Insurance,Marketing,%CEO time, keeping*
		Program reports/outreach/leading/students

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$50,248	$93790	$127,360
Total # of Units	$24	36	66
Cost Per Unit	$1689	$2605	$1930

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) **Agency Operating Budget**

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Fiscal Year July 1, 2016 through June 30, 2017

See agency budget on next page.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Boys & Girls Clubs of Eastern Piedmont - Chapel Hill Community Impact Program**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Balance Carried Forward	**$ 207,794**	**$ 161,983**	**$ 161,983**	
Private Donations	$ 11,380	$ 57,000	$ 60,000	5%
Agency Generated Revenue (fees)	$ 250	$ 300	$ 1,100	267%
Local Government Grants:				
Orange County	$ 3,000	$ -	$ 10,000	0
Town of Chapel Hill	$ -	$ -	$ 10,000	0
Town of Carrboro	$ -	$ -	$ 10,000	0
Other Local:		$ 1,000		-100%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way - Designations	$ 371	$ 1,000	$ 1,000	0%
State Government		$ 5,000	$ 9,200	84%
Federal Government	$ -	$ -	$ -	0%
Other Grants:		$ 30,000	$ 25,000	-17%
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
Special Events				
Other $ -				
$ -				
Total Agency Revenue	**$ 222,795**	**$ 256,283**	**$ 288,283**	**12%**
AGENCY EXPENSES				
Compensation	$ 3,757	$ 48,087	$ 71,000	48%
Rent & Utilities	$ 3,044	$ 1,431	$ 5,500	284%
Supplies & Equipment - Program	$ 1,710	$ 3,632	$ 11,500	217%
Travel & Training		$ 1,550	$ 2,500	61%
Office Supplies/Mailing	$ 812	$ 1,800	$ 2,500	39%
Professional Dues	$ 489	$ 500	$ 1,000	100%
Corporate Support	$ 51,000	$ 50,900	$ 53,000	4%
Fundraising Expense		$ 20,100	$ 4,600	-77%
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 60,812**	**$ 128,000**	**$ 151,600**	**18%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 161,983**	**$ 128,283**	**$ 136,683**	**7%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency __**Bridge II Sports**_____

Program(s) ___**Adapted Sports: Wheelchair Basketball, Boccia Ball, and Adapted Sports Day** _____

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Bridge II Sports

Applicant Organization's Physical Address: 4122 Bennett Memorial Rd Suite 105, Durham, NC 27705
Applicant Organization's Mailing Address: 4122 Bennett Memorial Rd Suite 105, Durham, NC 27705
Applicant Organization's Web Address: www.bridge2sports.org

Executive Director: Ashley Thomas

Telephone Number: 866-880-2742 E-Mail: ashley@bridge2sports.org

DUNS Number: 00-417-5108
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Adapted Sports: Wheelchair Basketball, Boccia Ball, and Adapted Sports Day
Project/Program Primary Contact and Title: Ashley Thomas

Telephone Number: 866-880-2742 E-Mail: ashley@bridge2sports.org

c) Funding Request Identification

Total Project/Program Cost: $~~39,300~~ 74,443 AT HCW Total Amount of Funds Requested: $24,000

Proposed Use of Funds Requested (2-3 Line Maximum): 1.Support for wheelchair basketball and boccia ball programs ($3000). 2. Funding to conduct adapted sports day in five Orange County Public Schools or Chapel Hill Carrboro City Schools ($5,000).

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $8,000 ☒ Chapel Hill $8,000 ☒ Orange County $8,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Ashley Thomas 1/21/2016
Executive Director Date

Signature: H C Goodwin 1/21/2016
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

- Years in Operation: In February 2016, Bridge II Sports will have been in operation for nine years.
- Date of Incorporation: Bridge II Sports began on February 23, 2007

b) Agency's Purpose/Mission

Bridge II Sports mission is to educate, develop, and implement opportunities for youth and adults with physical disabilities to play individual, team and recreational sports. Bridge II Sports provides equipment, develops sports, teams and coaching, thereby helping people with physical disabilities to discover tenacity, confidence, self-esteem, and the joy of finding the player within. Bridge II Sports vision is that by creating opportunities, Bridge II Sports develops a culture of empowerment that fosters respect for all abilities and has a life changing impact on all humanity.

c) Types of Services the Agency Provides

Bridge II Sports began with one event in 2007 and had 12 participants. In 2015, Bridge II Sports had 794 people participate in 14 programs. Current Bridge II Sports programs include wheelchair basketball teams, track and field, adaptive cycling (handcycling, recumbent, and tandem), goal ball, wheelchair and amputee tennis, boccia ball, fishing, kayaking, golf, Girls inspired Girls empowered (GiGe), and Paralympic experiences. Bridge II Sports also hosts the Valor Games Southeast, a three day competition for military and veterans with physical disabilities. Bridge II Sports also conducts adapted sports days in the public school system and teaches disability awareness and education. All of our programs are run through community partners to provide the coaching and play space. Bridge II Sports also does a lot of community outreach and in 2015 presented on adapted sports and disability awareness in the community 154 times. Bridge II Sports also hosts nationally sanctioned tournaments by the appropriate National Governing Body for the sport. In 2016, Bridge II Sports will host two National Wheelchair Basketball Association sanctioned youth tournaments.

d) Agency's Experience with Similar Programs as the Funding Request

Bridge II Sports has been running the programs for which we are requesting funding for the last nine years. Bridge II Sports is a Silver Medal US Paralympic Sports Club, a chapter of Disabled Sports USA, and a member of US Association of Blind Athletes.

e) Other Pertinent Agency Information

Bridge II Sports has s $3m child molestation insurance policy.
Bridge II Sports staff and coaches are:

- Those working with youth are background screened.
- 'Certified in Sport' [where applicable].
- Receive training and certification through the 'Positive Coaching Alliance', 'USOC Safe Sport', 'Darkness-to-Light' and 'Heads Up Concussion Awareness', Red Cross Training in First Aid/CPR.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Bridge II Sports Adapted Sports: Wheelchair Basketball, Boccia Ball, and Adapted Sports Day

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	x	x		x	
Health and Nutrition	x	x		x	
Job Training					
Sports and Arts Activities	x	x		x	
Pre-School Activities					
After-School Activities	x			x	
Mentoring	x	x		x	
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Adapted sports meet the need for people with physical disabilities by providing a healthy and safe way to exercise. The programs Bridge II Sports offers provide after school activities for youth with physical disabilities. There are not any other organizations in the Triangle providing after school sport programs for youth with physical disabilities. Bridge II Sports also provides mentors for participants with physical disabilities in our programs by hiring individuals who have disabilities to coach our programs.

Wheelchair basketball provides individuals with spinal cord injuries, amputees or able bodied individuals who want to play wheelchair basketball on a team to play weekly. The program provides a healthy and safe environment for athletes to socialize and collaborate together as they work toward healthier lifestyles. Bridge II Sports maintains and provides specialized wheelchairs for anyone interested in participating for a low program fee or offers scholarships to participants unable to afford program fees. Bridge II Sports currently has a wheelchair basketball team for youth until they graduate from high school. The team practices once a week and travels to tournaments throughout the season.

Boccia ball provides individuals with cerebral palsy or who have all four of their limbs affect to play a competitive or recreational sport. This is a population that is often over looked and boccia is an strategic game designed for this population of people. Bridge II Sports provides specialized boccia balls and ramps for anyone interested in participating for a low program fee or offers scholarships to participants unable to afford program fees. Bridge II Sports currently has a boccia ball team for youth and adults with significant physical disabilities. The team practices once a week and travels to tournaments throughout the season.

The adapted sports day in public schools will provide education and support to encourage and equip schools to include kids with physical disabilities into PE classes, extracurricular activities and sports teams within the schools. These presentations will provide education about adaptive sports and people with disabilities and promote tolerance and inclusion within our schools and communities.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The Bridge II Sports adapted sports programs align with the Council/Board Goals Priority Area #2 to fund education, mentorship, and afterschool programming for youth facing a variety of challenges. Youth served through our programs have challenges such as disability, low income, low self-confidence and self-esteem, obesity and secondary health concerns, and lack of access to programs designed for their specific challenges. The Centers for Disease Control and Prevention reports that children with physical disabilities are at a 38% higher risk of obesity and its associated health consequences than children without disabilities. Adapted community sports and physical activity programs are likely avenues for addressing the health and fitness needs of this population. However, sports are difficult for people with physical disabilities to access because of the specialized equipment required to play. Bridge II Sports provides mentors to athletes with physical disabilities, educates athletes with disabilities and their peers about the value of inclusion, tolerance, and acceptance, and provides after school programming for youth with physical disabilities.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The population served through our program is people with physical disabilities. The area to benefit includes Chapel Hill, Carrboro, and Orange County, as well as other surrounding Triangle communities. Beneficiaries are identified through the school system, rehabilitation and specialty medical clinics, and word of mouth.

e) Who specifically will carry out the activities and in what location will they be carried out?

Bridge II Sports certified coaches and staff will carry out the wheelchair basketball, boccia ball, and adapted sports day programs. Wheelchair basketball is offered in Durham and Raleigh. Boccia ball is offered in Cary, with the possibility of expansion to Chapel Hill in the 2016-2017 seasons. Adapted sports days are offered to any public school in the state of North Carolina, however funding requested in this funding application will go towards adapted sports days to be offered in Orange County Public Schools or Chapel Hill Carrboro Public Schools.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Wheelchair basketball: Bi-weekly August 2016-April 2017
Boccia ball: Weekly August-November 2016, January-April 2017
Adapted Sports Day: Offered during the school year

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- The following agencies provide donated play space for the wheelchair basketball and boccia ball programs:
  - Boccia Ball: Chapel Hill Parks and Recreation
  - Boccia Ball: Cary Parks and Recreation
  - Wheelchair Basketball: Raleigh Parks, Recreation, and Cultural Resources
  - Wheelchair Basketball: Braggtown Baptist Church
- Duke and UNC Students: Serve as volunteers to assist with wheelchair basketball and boccia ball programs
- City of Durham: Funding to help support wheelchair basketball, adaptive cycling, adaptive archery and adaptive air rifle programs and events.
- Disabled Sports USA – As a member, the cost of insurance is affordable for the level that we are required to carry due to our venues, athletes and funders.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Bridge II Sports would not be able to run our programs without the requested funding. Bridge II Sports is the only organization offering adapted sports for people with physical disabilities in the Triangle. Without this funding, there would be no opportunities people with physical disabilities to participate in adapted sports programs.

i) Include any other pertinent information.

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Adapted Sports: Wheelchair Basketball

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	168	175	200
Female	54	60	100
Total	222	235	300
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	44%	43%	40%
American Indian or Alaska Native	1%	1%	1%
Asian	0%	1%	1%
Caucasian	50%	50%	50%
Native Hawaiian or other Pacific Islander	0%	0%	1%
Other	5%	5%	5%
Total	100%	100%	100%
Of the above, how many Hispanic/Latino	0	0%	2%
Of the above, how many non-Hispanic/Latino	100%	97%	95%
Total	100%	100%	100%
Age			
0-5 years	0	0	0
6-18 years	75%	75%	75%

19-50 years	20%	20%	20%
51-61 years	5	5	5
62+ years	0	0	0
Total	100%	100%	100%
Geographic Location			
Durham City	20%	20%	20%
Durham County	5%	5%	5%
Carrboro	0%	5%	5%
Chapel Hill	10%	10%	5%
Chapel Hill Public Housing Residents			
Orange County	15%	15%	15%
Raleigh	25%	25%	25%
Wake County	15%	15%	15%
Total	90%	95%	95%
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)	0	0	0
Disabled (not elderly)	100%	100%	100%
Homeless	0	0	0
People with HIV/Aids	0	0	0
Total	100%	100%	100%

Program: Adapted Sports: Boccia Ball

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	19	30	60
Female	47	75	100
Total	66	105	160
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	36%	38%	37%
American Indian or Alaska Native	0%	0%	0%
Asian	0%	2%	3%
Caucasian	50%	50%	50%

Native Hawaiian or other Pacific Islander	0%	0%	1%
Other	10%	10%	10%
Total	100%	100%	100%

Of the above, how many Hispanic/Latino	0	3%	5%
Of the above, how many non-Hispanic/Latino	100%	97%	95%
Total	100%	100%	100%
Age			
0-5 years	0	0	0
6-18 years	25%	30%	35%
19-50 years	65%	60%	55%
51-61 years	10%	10%	10%
62+ years	0	0	0
Total	100%	100%	100%
Geographic Location			
Durham City	15%	15%	15%
Durham County	5%	5%	5%
Carrboro	0%	5%	5%
Chapel Hill	20%	20%	20%
Chapel Hill Public Housing Residents			
Orange County	15%	15%	15%
Raleigh	20%	20%	20%
Wake County	15%	15%	15%
Total	90%	95%	95%
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)	0	0	
Disabled (not elderly)	100%	100%	100%
Homeless	0	0	
People with HIV/Aids	0	0	
Total	100%	100%	100%

Program: Adapted Sports: Adapted Sports Day

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	500	1,000	7,500
Female	500	1,000	7,500
Total	1,000	2,000	15,000
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	22%	22%	35%
American Indian or Alaska Native	1%	1%	1%
Asian	3%	3%	3%
Caucasian	63%	63%	63%
Native Hawaiian or other Pacific Islander	0%	0%	1%
Other	11%	11%	11%
Total	100%	100%	100%
Of the above, how many Hispanic/Latino	9%	9%	9%
Of the above, how many non-Hispanic/Latino	91%	91%	91%
Total	100%	100%	100%
Age			
0-5 years	5%	5%	5%
6-18 years	95%	95%	95%
19-50 years	0	0	25%
51-61 years	0	0	0
62+ years	0	0	0
Total	100%	100%	100%
Geographic Location			
Durham City	25%		
Durham County			
Carrboro	0%	0%	33.33%
Chapel Hill	20%	25%	33.33%
Chapel Hill Public Housing Residents			
Orange County		25%	33.33%
Raleigh	30%		
Wake County	25%	25%	
Total	100%	75%	100%
Income Level – See following chart (Omit for HS)			

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)	0	0	
Disabled (not elderly)	10%	10%	10%
Homeless	0	0	
People with HIV/Aids	0	0	
Total	10%	10%	25%

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director		1	$50k	$65k	$70k	6%	No
Program Coordinator		2	$35k	$67k	$70k	6%	Insurance Stipend
Event Manager		1	$31k	$40k	$45k	4.5%	Insurance Stipend
Administrative Assistant		1	P.T $18k	F.T$30k	$32k	3.2%	Insurance Stipend
Accountant		.2	$15k	$20k	$22k	2.2%	Insurance Stipend
Grant Writer		.3	$12k	$18k	$20k	2%	Insurance Stipend
Assistant Director		1	*	$40k	$42k	4.2%	Insurance Stipend
Volunteers	4.3		8065	8100	8500		

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Stacey Thomas — Executive Director — Date: 1/21/16

Signature: H C Woodard — Board Chairperson — Date: 1/21/2016

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 1	Coaches build relationships with athletes and their families to provide resources and mentoring to students who are at risk as part of the regular practices and regular contact they have with athletes	Coaches build relationships with athletes and their families to provide resources and mentoring to students who are at risk as part of the regular practices and regular contact they have with athletes	Coaches build relationships with athletes and their families to provide resources and mentoring to students who are at risk as part of the regular practices and regular contact they have with athletes
Program Goal	100% of athletes enrolled in our programs will remain in school and graduate High School, when eligible	100% of athletes enrolled in our programs will remain in school and graduate High School, when eligible	100% of athletes enrolled in our programs will remain in school and graduate High School, when eligible
Performance Measures	Graduation statistics gathered through information from coaches and participants.	Graduation statistics gathered through information from coaches and participants.	Graduation statistics gathered through information from coaches and participants.
Program Results	100% of students enrolled in our programs who are eligible to graduate did so.	100% of students enrolled in our programs who are eligible to graduate will do so.	100% of students enrolled in our programs who are eligible to graduate will do so.
Program Activity 2	Practices will be organized and conducted by trained coaches. Equipment will be safe, clean, well maintained and provided for all participants.	Practices will be organized and conducted by trained coaches. Equipment will be safe, clean, well maintained and provided for all participants.	Practices will be organized and conducted by trained coaches. Equipment will be safe, clean, well maintained and provided for all participants.

Program Goal	Organize and conduct regular practices for Jr. Dragons (youth), Carolina Dragons (adults) and adapted cycling.	Organize and conduct regular practices for Jr. Dragons (youth), Carolina Dragons (adults) and adapted cycling.	Organize and conduct regular practices for wheelchair basketball and boccia ball. Bridge II Sports staff and coaches are trained through Positive Coaching Alliance to coach wheelchair basketball by striving to win, while also pursuing the even more important goal of teaching life lessons to people with disabilities through sports.
Performance Measures	Practices for Jr. Dragons – 35 practices Practices for Dragons – 35 practices Practices for Cycling - 14 practices	Practices for Jr. Dragons – 35 practices Practices for Dragons – 35 practices Practices for Cycling - 14 practices	Practices for Wheelchair Basketball – 105 practices were conducted (193 program hours with athletes) Practices for Boccia Ball – 24 practices were conducted (36 program hours with athletes)
Program Results	Metrics were gathered during the year to track practices and number of athletes attending.	Metrics were gathered during the year to track practices and number of athletes attending.	Metrics were gathered during the year to track practices and number of athletes attending.
Program Activity 3		Increase number of athletes participation in adaptive basketball and cycling by 10% in 2015-2016	Increase number of athletes participation in adaptive basketball and cycling by 10% in 2016-2017
Program Goal		Participation in adaptive basketball and cycling will increase by 10%.	Participation in wheelchair basketball and boccia will increase by 10%.
Performance Measures		Conduct adaptive sports awareness programs within 20 schools in Durham (5 schools) and Orange County (15 schools). Program 2 of this proposal is funding for the 15 schools in Orange County, CH/CCS.	Conduct adaptive sports awareness programs within 20 schools in Durham (5 schools) and Orange County (15 schools). Program 2 of this proposal is funding for the 15 schools in Orange County, CH/CCS.
Program Results		Metrics will be gathered during the year to track practices and number of athletes attending.	Metrics will be gathered during the year to track practices and number of athletes attending.

Program Activity 4		Conduct 2 adaptive sports days in identified Orange County Public Schools or Chapel Hill/City of Carrboro Schools	Conduct five adaptive sports days in identified Orange County Public Schools, Conduct 10 adaptive sports days in identified Chapel Hill/City of Carrboro Schools
Program Goal		Visit the identified school and present adaptive sports to students/faculty and staff within the school to promote awareness, inclusion and tolerance. We will also encourage any students with disabilities to join our adaptive sports teams to promote health and increase positive outcomes.	Visit the identified school and present adaptive sports to students/faculty and staff within the school to promote awareness, inclusion and tolerance. We will also encourage any students with disabilities to join our adaptive sports teams to promote health and increase positive outcomes.
Performance Measures		2 schools in Orange County Public Schools/Chapel Hill Carrboro City Schools will be visited producing increased awareness, inclusion and tolerance toward people with disabilities.	Fifteen schools in Orange County Public Schools/Chapel Hill Carrboro City Schools will be visited producing increased awareness, inclusion and tolerance toward people with disabilities.
Program Results		Metrics will be gathered for each visit to calculate number of schools visited as well as number of attendees to Bridge II Sports' presentations	Metrics will be gathered for each visit to calculate number of schools visited as well as number of attendees to Bridge II Sports' presentations
Program Activity 5	Raise awareness in the community of adaptive sports and the importance of inclusion and acceptance of people with disabilities.	Raise awareness in the community of adaptive sports and the importance of inclusion and acceptance of people with disabilities.	Raise awareness in the community of adaptive sports and the importance of inclusion and acceptance of people with disabilities.

Program Goal	Conduct practices in places where able bodied athletes compete and be deliberate about integrating able bodied athletes, their supporters and our athletes with disabilities to promote inclusion and acceptance	Conduct practices in places where able bodied athletes compete and be deliberate about integrating able bodied athletes, their supporters and our athletes with disabilities to promote inclusion and acceptance	Use adapted sports to educate our schools and communities on what people with disabilities can to, thus impact employment for those with disabilities and increase the social capital. Conduct practices in places where able bodied athletes compete and be deliberate about integrating able bodied athletes, their supporters and our athletes with disabilities to promote inclusion and acceptance
Performance Measures	Over 1300 people will be exposed to adaptive sports from these programs.	Over 1300 people will be exposed to adaptive sports from these programs.	15 schools in Chapel Hill Carrboro City Schools and Orange County Public Schools will experience an adapted sports day. Over 1300 people will be exposed to adaptive sports from wheelchair basketball and boccia ball practices.
Program Results	Metrics will be gathered during the year to track practices and number of athletes attending.	Metrics will be gathered during the year to track practices and number of athletes attending.	Metrics will be gathered for each visit to calculate number of schools visited as well as number of attendees to Bridge II Sports' presentations Metrics will be gathered during the year to track practices and number of spectators and volunteers attending.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program **Bridge II Sports: Wheelchair Basketball**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 14,592	$ 36,241	$ 30,265	-16%
Agency Generated Revenue (fees)	$ -	$ 2,100	$ 4,500	114%
Local Government Grants:				
Orange County	$ 1,250	$ 1,250	$ 1,500	20%
Town of Chapel Hill	$ 750	$ 750	$ 1,500	100%
Town of Carrboro	$ 2,500	$ 1,750	$ 1,500	-14%
Other Local: Durham County	$ 3,000	$ 3,000	$ 3,000	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 2,000	$ 1,500	$ 4,500	200%
Please list 3 largest Miscellanous sources:				
Team Fundraising $ 4,500.00				
$ -				
$ -				
Total Agency Revenue	**$ 24,092**	**$ 46,591**	**$ 46,765**	**0%**
AGENCY EXPENSES				
Compensation	$ 5,250	$ 8,800	$ 8,800	0%
Rent & Utilities	$ 3,342	$ 8,994	$ 8,994	0%
Supplies & Equipment	$ 15,000	$ 28,197	$ 28,197	0%
Travel & Training	$ 500	$ 600	$ 774	29%
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 24,092**	**$ 46,591**	**$ 46,765**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

Program Budget

Agency/Program **Bridge II Sports: Boccia Ball**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 2,250	$ 3,778	$ 2,878	-24%
Agency Generated Revenue (fees)	$ -	$ 150	$ 300	100%
Local Government Grants:				
Orange County	$ 1,250	$ 1,250	$ 1,500	20%
Town of Chapel Hill	$ 750	$ 750	$ 1,500	100%
Town of Carrboro	$ 2,500	$ 1,750	$ 1,500	-14%
Other Local: Town of Cary	$ 2,000	$ 3,000	$ 3,000	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue		$ 2,000	$ 2,000	0%
Please list 3 largest Miscellanous sources:				
Team Fundraising				
$ -				
$ -				
Total Agency Revenue	**$ 8,750**	**$ 12,678**	**$ 12,678**	**0%**
AGENCY EXPENSES				
Compensation	$ 2,000	$ 2,400	$ 2,400	0%
Rent & Utilities	$ 150	$ 150	$ 150	0%
Supplies & Equipment	$ 6,000	$ 9,399	$ 9,399	0%
Travel & Training	$ 600	$ 729	$ 729	0%
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 8,750**	**$ 12,678**	**$ 12,678**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

Program Budget

Agency/Program **Bridge II Sports Adapted Sports Day**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations				0
Agency Generated Revenue (fees)	$ -			0
Local Government Grants:				
Orange County			$ 5,000	0
Town of Chapel Hill			$ 5,000	0
Town of Carrboro			$ 5,000	0
Other Local: Durham County				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ -**	**$ -**	**$ 15,000**	**0**
AGENCY EXPENSES				
Compensation			$ 8,100	0
Rent & Utilities				0
Supplies & Equipment			$ 6,600	0
Travel & Training			$ 300	0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ -**	**$ -**	**$ 15,000**	**0**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: ____Adapted Sports: Wheelchair Basketball_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Program Coordinator (2)	$25	352hr x $25	$8,800
Equipment Storage Rent Cost	$2,998	Equipment x 3 programs	$8,994
Printing, equip. maintenance, admin, etc	$28,197	$9,399 x 3 programs	$28,197
Travel	$.575	1,344 miles x .575/mile	$774
		Total	**$46,765**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$24,092**	**$46,591**	**$46,765**
Total # of Units	**222**	**235**	**300**
Cost Per Unit	**$102.52**	**$198.26**	**$155.88**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

Program: ____Adapted Sports: Boccia Ball_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Program Coordinator	$25	Cost/Hour/$25 (96hrx$25)	$2,400
Equipment Storage Rent Cost	$150	Equipment x 1 programs	$150
Travel	$.575/mile	1,268 x .575/mile	$729
Printing, equip. maintenance, admin, etc	$9,399	$9,399 x 1 program	$9,399
		Total	**$12,678**

d.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$8,750**	**$12,678**	**$12,678**
Total # of Units	**66**	**105**	**160**
Cost Per Unit	**$132.58**	**$120.74**	**$79.24**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

Program: __Adapted Sports Day Public Schools_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Program Staff	$30	2 Staff x 9 hours x 15 schools	$8,100
Equipment	$10	11 equip. x $15 x 8hr x 15sch	$6,600
Travel	$20	$20 mileage x 15 schools	$300
		Total	**$15,000**

e.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program			**$15,000**
Total # of Units			**15,000**
Cost Per Unit			**$1**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

f.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

Bridge II Sports fiscal year is January 1-December 31.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Bridge II Sports**

AGENCY REVENUE	**Actual 2014-15**	**Estimated 2015-16**	**Projected 2016-17**	**Percent Change**
Private Donations	$ 38,100	$ 26,685	$ 30,000	12%
Agency Generated Revenue (fees)	$ 7,400	$ 24,793	$ 30,000	21%
Local Government Grants:				
Orange County	$ 2,500	$ 2,500	$ 8,000	220%
Town of Chapel Hill	$ 1,500	$ 1,500	$ 8,000	433%
Town of Carrboro	$ 5,000	$ 3,500	$ 8,000	129%
Other Local: Durham County	$ 6,000	$ 6,000	$ 6,000	0%
Other Local: Town of Cary	$ 3,000	$ 3,000	$ 3,000	0%
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:	$ 224,500	$ 228,907	$ 377,000	65%
Other Grants:				0
Miscellaneous/Other Revenue	$ 140,800	$ 67,896	$ 75,000	10%
Please list 3 largest Miscellanous sources:				
Bussiness Donations $ 62,440.00				
Event/Program Fundraising $ 5,456.00				
$ -				
Total Agency Revenue	**$ 428,800**	**$ 364,781**	**$ 545,000**	**49%**
AGENCY EXPENSES				
Compensation	$ 142,500	$ 105,257	$ 150,000	43%
Rent & Utilities	$ 51,815	$ 29,120	$ 75,000	158%
Supplies & Equipment	$ 15,400	$ 17,511	$ 30,000	71%
Travel & Training	$ 51,310	$ 32,576	$ 20,000	-39%
Other Expenses:	$ 167,775	$ 174,512	$ 270,000	55%
Please list 3 largest "Other Expenses":				
Consultants $ 51,949.07				
Bookkeeping $ 17,433.36				
Uniforms $ 14,171.56				
Total Agency Expenses	**$ 428,800**	**$ 358,976**	**$ 545,000**	**52%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ 5,804**	**$ -**	**-100%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Chapel Hill-Carrboro Meals on Wheels**

Program(s) Meals for the Homebound

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Chapel Hill-Carrboro Meals on Wheels

Applicant Organization's Physical Address: 1712 Willow Drive Chapel Hill NC 275104

Applicant Organization's Mailing Address: PO Box 2102 Chapel Hill NC 27515

Applicant Organization's Web Address: www.chcmow.org

Executive Director: Stacey Yusko

Telephone Number: 919-942-2948 E-Mail: stacey@chcmow.org

DUNS Number: na
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Meals for the Homebound

Project/Program Primary Contact and Title: Stacey Yusko Executive Director

Telephone Number: 919-942-2948 E-Mail: stacey@chcmow.org

c) Funding Request Identification

Total Project/Program Cost: $308,000 Total Amount of Funds Requested: $45,000

Proposed Use of Funds Requested (2-3 Line Maximum): To offset the subsidy we provide those who can't contribute to the cost of the meal we deliver

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $15,000 ☒ Chapel Hill $15,000 ☒ Orange County $15,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Stacey M Yusko — Executive Director — Date 1.21.16

Signature: [illegible] — Board Chairperson — Date 1/21/16

MAIN APPLICATION

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Stacy M Yuslco — Executive Director — Date: 1.21.16

Signature: [illegible] — Board Chairperson — Date: 1/21/16

I.

MEALS ON WHEELS
CHAPEL HILL / CARRBORO

Delivering more than meals since 1976

Board of Directors:

Patricia Bergey, Chair
Madeline Blobe
Sharon Bushnell
Alex Castro
Tina Cunningham
Lisa Finegan
Alyson Grine
Dennis Horstman
Amy McEntee
Jenna Meints
Yvette Missri
Lee Strange
Joyce Waterbury

Stacey Yusko,
Executive Director

www.chcmow.org

United Way
Partner Agency

MEALS ON WHEELS AMERICA
2015 MEMBER

To Whom it May Concern:

To be in compliance with the following condition of applying for Town Funding:

a) **Designation of Authorized Official**

Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

The following individuals are designated as authorized officials.

Stacey Yusko, Executive Director 2121 N Lakeshore Drive Chapel Hill NC 27514 919-942-2948

Patricia Bergey, Board Chair 1003 Gloucester Court Chapel Hill NC 27516 919-636-1360

Madeline Blobe, Treasurer 200 Manor Ridge Drive Carrboro NC 27517 919-932-4411

Sincerely,

Patricia Bergey, Board Chair
Chapel Hill-Carrboro Meals on Wheels

Chapel Hill-Carrboro Meals on Wheels is a 501(c)(3) non profit organization. Your contribution is tax deductible to the extent allowed by law. No goods or services were provided in exchange for your donation.

Financial information about this organization and a copy of its license are available from the Charitable Solicitation Licensing Section at 888-830-4989. This license is not an endorsement by the State.

Physical Address: Binkley Baptist Church 1712 Willow Drive Chapel Hill NC 27514
Mailing Address: PO Box 2102 Chapel Hill NC 27515

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

40 years, October 1976

b) Agency's Purpose/Mission

We nourish the bodies and spirits of the homebound with a balanced meal and the human connection they need to help them live independently.

c) Types of Services the Agency Provides

We provide a hot nutritious meal and personal visit Monday through Friday to those living in the service area who are unable to prepare meals for themselves due to age, illness, disability or convalescence in order to improve their health, reduce their isolation and help them maintain independent living.

d) Agency's Experience with Similar Programs as the Funding Request

We believe that we are the only program that delivers meals to the home. We work in collaboration with other Meals on Wheels programs to be sure that all who need assistance receive it from the nonprofit in their geographic area**.**

e) Other Pertinent Agency Information

Chapel Hill-Carrboro Meals on Wheels has served the community for almost 40 years. The program provides meals Monday through Friday to more than 170 recipients in Chapel Hill, Carrboro and southern Orange County. Nutritionally approved meals are prepared by K&W Cafeteria and supplemented with fruit, milk, and desserts made by a "Baking Brigade" of volunteers. All meals are delivered to homebound seniors by volunteer drivers, and more than **41,000** meals have already been delivered to more than **265** recipients in 2015. Our motto, "*We serve more",* is demonstrated every day through the efforts of more than 200 dedicated volunteers, Board members, and staff.

NO WAITING LIST – The CHCMOW program has an amazingly creative and dedicated group of volunteers who have worked very hard to raise funds to help with the subsidy needed by our recipients. The communities of Chapel Hill, Carrboro and Orange county have been supportive and we do not have a waiting list and are able to serve any qualified individual. This differs from the national norm, and even the norm in Durham and Raleigh, where seniors often have to wait weeks or months before they can receive meals. We are experiencing some fallout from their waiting lists, as others assume we also are unable to deliver services. We are addressing this with a robust marketing campaign (with the help of the Executive Service Corp) to raise our profile and be sure that we are reaching all who need our services. We have an intern developing a contact list of all possible referral sources for us (Healthcare providers, Social workers, Churches, Pharmacies) We continue to look for new space to house our program as demand continues to rise. We are outgrowing our home at Binkley Baptist Church.

In 2015 we served 6,000 meals in Chapel Hill, 3,800 meals in Carrboro and 3,000 meals in Orange County completely free of charge, adjusting for holidays and length of service. The cost to us of $6.50 per meal makes this a significant investment in the welfare of our neediest neighbors. Our recipients paid only 20% of the costs of the meals in 2015. (Program fees collected were $39,000 and food costs (no salaries or overhead included) were $193,000

MEALS on WHEELS AMERICA

NORTH CAROLINA

It also saves billions in tax dollars by keeping them out of more costly healthcare alternatives.

TOGETHER, WE CAN DELIVER.™

TOO MANY SENIORS IN NORTH CAROLINA ARE LEFT BEHIND, ALONE AND HUNGRY, STRUGGLING TO STAY INDEPENDENT AND HEALTHY.

480,313 seniors are isolated, living alone.

384,085 are threatened by hunger.

618,446 have difficulty paying for basic living needs.

MEALS ON WHEELS DELIVERS THE SUPPORT THAT KEEPS SENIORS IN THEIR OWN HOMES, WHERE THEY WANT TO BE.

84% say it helps them eat healthier.

92% say it enables them to remain living at home.

87% say it makes them feel more safe and secure.

SENIORS REMAINING AT HOME, OUT OF HOSPITALS AND NURSING HOMES, SAVES BILLIONS IN MEDICARE & MEDICAID COSTS.

83% say Meals on Wheels improves their health

1 YEAR

The cost of **1 YEAR** for a senior to receive Meals on Wheels is less than **1 DAY** in a hospital.

1 DAY

It's a win-win for our families, our communities and our nation.

Visit www.mealsonwheelsamerica.org/takeaction to learn more about how you can help in your state and community today.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Chapel Hill-Carrboro Meals on Wheels - Meals for the Homebound

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition		x	x	x	
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b. Summarize the program services proposed and how the program will address the chosen Town/County priority? Chapel Hill-Carrboro Meals on Wheels will provide a nutritious, affordable meal to residents of Chapel Hill, Carrboro and Southern Orange County who have an inability to manage meals for themselves. We directly impact the lives of those who are ***frail and disabled*** by providing ***food assistance*** to those who are in ***economic distress***. This directly mirrors the community needs identified in the Chapel Hill 2011 Human Services Needs Report.

c. Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). The Human Services Needs

in Chapel Hill Report mentions "Food insecurity as well as access to affordable and healthy food" as concerns for the community. **Cite local data to support the need for this program and the population being served.** The chart below shows the anticipated changes in the county over the next 20 years. Clearly the largest demographic shift is in the population that Meals on Wheels serves. We need to be prepared to provide meals and support for our oldest and most vulnerable citizens. They raised us, taught us, employed us – now it's our turn to help them.

Orange County Aging profile

From the Division of Aging and Adult Services, NC Department of Health and Human Services

Ages	2014		2034		% Change (2014-2034)
	#	%	#	%	
Total	139,933		173,226		23.8%
0-17	27,521	20%	28,932	17%	5.1%
18-44	59,984	43%	71,452	41%	19.1%
45-59	27,985	20%	29,770	17%	6.4%
60+	24,443	17%	43,072	25%	76.2%
65+	16,279	12%	34,153	20%	109.8%
85+	1,743	1%	4,662	3%	167.5%

d. Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries. Elderly, homebound and disabled who can't prepare their own meals. May have family living with them, but not present at lunch time. We serve a diverse client base that is 44% minority, 64% female, and increasingly more elderly—31% of our clients last year were 85 years of age or older. We aren't limited by age restrictions or income status. We identify beneficiaries in multiple ways. We accept referrals from friends, relatives, neighbors, social workers, healthcare professionals and people themselves.

e. **Who specifically will carry out the activities and in what location will they be carried out?** Our Executive Director and Operations manager will do intake interviews to determine eligibility. Our volunteers (over 200 individuals) will deliver the meals and services to the recipients in their homes.

f. **Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline**. We deliver Monday through Friday, (excluding major holidays) between 10:30 am and 12:30 pm. Recipients determine if they want meals all 5 days or some subset. Implementation timeline is current and ongoing. In terms of starting services to specific individuals, referrals phone calls are returned within 24 hours and any eligible person will start services the following Monday.

g. Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- **Arc of Orange County, RSI, CHCCS** special needs programs – we provide volunteer placements for those with challenges. They help set up, count out meals, and deliver.

- **Porch** – we partner to deliver monthly senior snack bags that are shelf stable and augment the clients' pantries
- **IFC** – we refer clients who may be eligible for the Duke energy grant. We also talk to them about specific clients for additional services (vision care, Sec 8 housing challenges)
- **Farmer Foodshare –** we purchase fruit every Tuesday
- **Book Harvest NC – we** deliver books that are like new to our clients (they serve children, so we take donations that are suitable for adults)
- **HomeStart, Ronald McDonald House, SECU** – we donate extra food that we can't distribute ourselves in a timely fashion.
- **Department on Aging** – we distribute the Senior Times quarterly and refer clients who need more services to the Department
- **CHCCS** – we provide service hour opportunities for high school students. In 2014 we started a new partnership with the Carrboro High School Exceptional Students program to have them come in every month and help us pack our snack bags.
- **Harris Teeter and Starbucks at University Mall, Trader Joe's, Panera** – we "glean" food that is pulled from the shelves because of sell by date restrictions and deliver it the same day for our clients benefit
- **Orange County Executive Directors Board of the United Way and Food Security Work group –** our Director served for three years as the representative to the UW Board and works on a subcommittee currently that addresses how to collaborate and make an impact on the problem of food security in our area.
- **The American Red Cross –** we are the designated source for their meals in emergency situations
- **UNC School of Government, UNC School of Public Health, UNC School of Nursing, UNC School of Social Work, Kenan-Flagler MBA program UNC Journalism students**– we have hosted and advised several volunteers and interns from these organizations. These opportunities for those volunteers and interns have supplemented their classroom work while giving us the benefit of wisdom gained in their academic endeavors.
- **Orange County Animal Shelter** – we deliver donations of pet food on an annual basis from the shelter to those clients who have pets.

h. Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended. If our request is denied, we would be compelled to search for funding from other sources. We try to maintain a very diverse income stream so that we aren't vulnerable should one entity stop supporting us. If we were unable to cover our expenses we would be forced to prioritize our clients and start a waiting list, serving those only as funds become available.

i. **Include any other pertinent information.** In 2015 we started our strategic process of building infrastructure with two additional part time staff who help run operations and manage the volunteers. For almost 40 years we managed with 2 part time employees, but as we have tripled the number of meals served in the last 7 years (from 60 meals to 170) we knew this was no longer sustainable, nor best practices. We are excited about the growth and ready to meet the future with very dedicated and enthusiastic staff and volunteers.

Program/Project Information

j. Complete the Target Population and Program Beneficiary Demographics Chart
k. Complete the Schedule of Positions Chart for Program Staff
l. Disclosure of Potential Conflicts of Interested must be signed
m. Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Meals for the Homebound

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	91	93	100
Female	159	172	190
Total	250	265	290
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	101	100	109
American Indian or Alaska Native			
Asian	7	5	6
Caucasian	139	160	170
Native Hawaiian or other Pacific Islander			
Other	3	5	5
Total	250	265	290
Of the above, how many Hispanic/Latino	3	5	5
Of the above, how many non-Hispanic/Latino	247	260	285
Total	250	265	290
Age			
0-5 years	0	0	0
6-18 years	0	0	0
19-50 years	9	9	10
51-61 years	45	42	46
62+ years	196	214	234
Total	250	265	290
Geographic Location			
Durham City			
Durham County			
Carrboro	78	84	92
Chapel Hill	117	112	123

MAIN APPLICATION

Chapel Hill Public Housing Residents	See note 1		
Orange County	55	69	75
Raleigh			
Wake County			
Total	250	265	290
Income Level – See following chart (Omit for HS)	See note 2		
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

NOTE 1: We don't capture this data currently, but we do deliver to public housing. (We deliver to the South Estes apartments and Trinity Court) We also deliver to some clients who tell us they are Section 8 residents.
NOTE 2: We charge on a sliding scale based on monthly income and in 2015 137 of the 265 people we served were under 30% of area median income.

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	.5	1	$25,000	$26,800	$29,500	10%	n/a
Bookkeeper	.25	1	$4,000	$4,500	$5,000	1.7%	n/a
Volunteer Coordinator	.25	1	0	$2,500	$7,500	2.5%	n/a
Operations Manager	.25	1	0	$2,500	4,000	1.3%	n/a
Board of Directors, Chair			500 hours	360 hours	200 hours		
Board of Directors, Members			40 hours	40 hours	40 hours		
Daychairs & Baker Coordinator			800 hours	800 hours	800 hours		
Volunteer Drivers			11,440 hours	12,100 hours	12,300 hours		
Volunteer Bakers			2,160 hours	2,300 hours	2,500 hours		
Cleanup			234 hours	234 hours	234 hours		
Setup/operations			858 hours	858 hours	858 hours		
Food runners			832 hours	936 hours	936 hours		
Publicity/Newsletter /Social Media/committee members			140 hours	160 hours	180 hours		
Fundraising/Events			500 hours	500 hours	500 hours		
Total Hours Volunteered			17,514	18,128	18,548		9.46FTE 2016-17

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

m.) Work Statement SMART Goals

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	**Deliver meals to the home**	**Deliver meals to the home**	**Deliver meals to the home**
Program Goal	Provide nutritious meal that nourishes	Provide nutritious meal that nourishes	Provide nutritious meal that nourishes
Performance Measures	Volunteer log and and client delivery records	Volunteer log and and client delivery records	Volunteer log and and client delivery records
Program Results	38,000 meals plus additional groceries and food donations delivered	41,000 meals plus additional groceries and food donations delivered	45,000 plus additional groceries and food donations delivered
Program Activity 2	**Visit** with client and perform **basic safety check**	**Visit** with client and perform **basic safety check**	**Visit** with client and perform **basic safety check**
Program Goal	Provide a personal visit each weekday to clients,relieving isolation and depression. Check for any obvious problems or issues that may need attention from family or other service providers	Provide a personal visit each weekday to clients,relieving isolation and depression. Check for any obvious problems or issues that may need attention from family or other service providers	Provide a personal visit each weekday to clients,relieving isolation and depression. Check for any obvious problems or issues that may need attention from family or other service providers
Performance Measures	Notes in client files and incident reports submitted by volunteers	Notes in client files and incident reports submitted by volunteers	Notes in client files and incident reports submitted by volunteers

Program Results	About 110 volunteers deliver each week, so every weekday one of these drivers makes contact (unless the recipient is not at home). We had 250 clients in this period, delivered all weekdays excluding 6 major holidays for an estimated **45,000 interaction**s. This is higher than the meal count because we have two volunteers on some of the routes, meaning more interactions. We have contacted family about heating issues, unusual changes in mood or appearance, called Adult Protective Services and the Department on Aging with concerns.	110 volunteers, 265 clients, 46,000 interactions	120 volunteers, 290 clients, 47,000 interactions
Program Activity 3	**"Deliver MORE"**	**"Deliver MORE"**	**"Deliver MORE"**
Program Goal	Serve as gateway to other services, both tangible and informational.	serve as gateway to other services, both tangible and informational.	serve as gateway to other services, both tangible and informational.
Performance Measures	Director keeps a record of extra services provided and all collaborations with partner agencies.	Director keeps a record of extra services provided and all collaborations with partner agencies.	Director keeps a record of extra services provided and all collaborations with partner agencies.
Program Results	**250 Clients** received information about Duke Energy grants, free smoke detectors from the fire department, access to discounted prescription (only a partial list) The receive books, magazines, gifts at the holidays, snack bags and flowers and cards on their birthdays	**265 clients impacted**	**290 clients will be impacted**

Program Activity 3	**"Deliver MORE"**	**"Deliver MORE"**	**"Deliver MORE"**
Program Goal	Serve as gateway to other services, both tangible and informational.	serve as gateway to other services, both tangible and informational.	serve as gateway to other services, both tangible and informational.
Performance Measures	Director keeps a record of extra services provided and all collaborations with partner agencies.	Director keeps a record of extra services provided and all collaborations with partner agencies.	Director keeps a record of extra services provided and all collaborations with partner agencies.
Program Results	**250 Clients** received information about Duke Energy grants, free smoke detectors from the fire department, access to discounted prescription (only a partial list) The receive books, magazines, gifts at the holidays, snack bags and flowers and cards on their birthdays	**265 clients impacted**	**290 clients will be impacted**

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program **CHC MOW Meals for the Homebound**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 71,350	$ 83,528	$ 77,000	-8%
Agency Generated Revenue (fees)	$ 54,000	$ 39,424	$ 38,000	-4%
Local Government Grants:				
Orange County	$ 10,000	$ 10,000	$ 15,000	50%
Town of Chapel Hill	$ 9,000	$ 9,000	$ 15,000	67%
Town of Carrboro	$ 10,000	$ 10,500	$ 15,000	43%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 28,280	$ 27,893	$ 28,400	2%
State Government				0
Federal Government				0
Other Grants: Walmart or GSK	$ 25,000	$ 25,000	$ 25,000	0%
Other Grants: Other	$ 10,100	$ 12,650	$ 10,000	-21%
Miscellaneous/Other Revenue	$ 92,207	$ 92,878	$ 86,500	-7%
Please list 3 largest Miscellanous sources:				
events/fundraisers $ 42,000.00				
corporations/congregations $ 27,500.00				
in-kind $ 12,000.00				
Total Agency Revenue	**$ 309,937**	**$ 310,873**	**$ 309,900**	**0%**
AGENCY EXPENSES				
Compensation	$ 29,626	$ 35,806	$ 46,487	30%
Rent & Utilities	$ 1,960	$ 2,040	$ 2,200	8%
Supplies & Equipment	$ 4,911	$ 2,167	$ 4,800	122%
Travel & Training	$ 494		$ 1,500	0
Other Expenses:	$ 220,080	$ 237,017	$ 238,430	1%
Please list 3 largest "Other Expenses":				
Food Costs $204,830.00				
Professional $ 9,500.00				
Events $ 8,000.00				
Total Agency Expenses	**$ 257,071**	**$ 277,030**	**$ 293,417**	**6%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 52,866**	**$ 33,843**	**$ 16,483**	**-51%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: ____Meals for the homebound_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Food (meals, trays, supplies)	4.67	45,000	210,000
Salaries	18.40	2,500 hours	46,000
Insurance/licenses/audit/website			13,000
Rent/utilities/Supplies			6,000
Postage/printing			3,000
Other			12,000
		Total	**290,000**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**257,071**	**277,030**	**293,417**
Total # of Units	**38,000 meals/250 people**	**41,000 meals/265 people**	**45,000 meals/290 people**
Cost Per Unit	**$6.77 a meal/ $1,028 per person (annual)**	**$6.76 a meal/ $1,045 per person (annual)**	**$6.52 a meal/ $1,011per person (annual)**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **PROGRAM & AGENCY BUDGETS ARE IDENTICAL**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 71,350	$ 83,528	$ 77,000	-8%
Agency Generated Revenue (fees)	$ 54,000	$ 39,424	$ 38,000	-4%
Local Government Grants:				
Orange County	$ 10,000	$ 10,000	$ 15,000	50%
Town of Chapel Hill	$ 9,000	$ 9,000	$ 15,000	67%
Town of Carrboro	$ 10,000	$ 10,000	$ 15,000	50%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 28,280	$ 27,893	$ 28,400	2%
State Government				0
Federal Government				0
Other Grants: Walmart or GSK	$ 25,000	$ 25,000	$ 25,000	0%
Other Grants:	$ 10,100	$ 12,650	$ 10,000	-21%
Miscellaneous/Other Revenue	$ 92,207	$ 92,878	$ 86,500	-7%
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 309,937**	**$ 310,373**	**$ 309,900**	**0%**
AGENCY EXPENSES				
Compensation	$ 29,626	$ 35,806	$ 46,487	30%
Rent & Utilities	$ 1,960	$ 2,040	$ 2,200	8%
Supplies & Equipment	$ 4,911	$ 2,167	$ 4,800	122%
Travel & Training	$ 494		$ 1,500	0
Other Expenses:	$ 220,080	$ 237,017	$ 238,430	1%
Please list 3 largest "Other Expenses":				
Food Costs $ -				
rofessional (Acctg and web fee: $ 9,500.00				
Insurance $ 3,000.00				
Total Agency Expenses	**$ 257,071**	**$ 277,030**	**$ 293,417**	**6%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 52,866**	**$ 33,343**	**$ 16,483**	**-51%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **YMCA of the Triangle Area, Inc.**

Program(s) **Boomerang Program**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☐ ***Applicant Contact Information*** **b.** ☐ ***Project/Program Contact Information*** **c.** ☐ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☐ ***Agency's Years in operation*** **b.** ☐ ***Agency's Purpose/Mission*** **c.** ☐ ***Agency's Types of Services Provided*** **d.** ☐ ***Agency's Experience*** **e.** ☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☐ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☐ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: YMCA of the Triangle Area, Inc.

Applicant Organization's Physical Address: 801 Corporate Center Dr., Ste. 200, Raleigh, NC 27607

Applicant Organization's Mailing Address: 980 Martin Luther King Jr. Blvd., Chapel Hill, NC 27514

Applicant Organization's Web Address: www.YMCATriangle.org

Executive Director: Doug McMillan Chief Financial Officer: Bryan Huffman

Telephone Number: 919-719-9622 E-Mail: Bryan.Huffman@YMCATriangle.org

DUNS Number: 166616201

b) Project/Program Contact Information

Project/Program Name: Boomerang

Project/Program Primary Contact and Title: Tami Pfeifer, Program Director

Telephone Number: 919-968-2146 E-Mail: Tami.Pfeifer@YMCATriangle.org

c) Funding Request Identification

Total Project/Program Cost: $291,708 Total Amount of Funds Requested: $21,000

Proposed Use of Funds Requested (2-3 Line Maximum): Funds will support Program Manager and Student Coordinator positions, local agency contracts, and program materials.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☒ Human Services: ☒ Carrboro $4,000 ☒ Chapel Hill $7,000 ☒ Orange County $10,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Bryan A. Huffman

Digitally signed by Bryan A. Huffman
DN: cn=Bryan A. Huffman, o=YMCA of the Triangle Area, Inc., ou=Chief Financial Officer, email=Bryan.Huffman@YMCATriangle.org, c=US
Date: 2016.01.21 09:05:41 -05'00'

Signature: _____ _____
Chief Financial Officer Date

Signature: _____ 1-21-16
Boomerang Board President Date

2. AGENCY INFORMATION

Boomerang is filing to become an independent non-profit organization, separating from YMCA of the Triangle Area, Inc. The YMCA's fiscal responsibility for Boomerang will end once the latter receives its 501(c)3 tax-exempt status (estimated August-September 2016). At that time, Boomerang will provide its own documentation – IRS Federal Tax-Exemption Letter, Certificate of Liability Insurance, and NC Solicitation License – to be in compliance with Outside Agency funding requirements. The YMCA of the Triangle Area, Inc., is deferring authorization and approval of this application to Boomerang's Board of Directors.

Boomerang Board of Directors

Board President:	Isabel Geffner, Interim Education Director, Judea Reform
Secretary:	Dana Brinson, Oak Foundation
Treasurer:	Kellie Mannette, Mannette Law
Directors:	Gretchen Aylsworth, Community Member
	Jennifer Boger, Community Member
	Alonzo Jaynes, Assistant Police Chief, Town of Chapel Hill
	Sonny Kelly, Doctoral Student, UNC-Chapel Hill
	Quincy McDuffie, Student, Durham Tech
	Maggie Mraz, Parent/Community Member
	Kendra Suggs, Behavior Specialist, Chapel Hill-Carrboro City Schools

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

In 2005, the Chapel Hill-Carrboro Y brought together a broad-based, multi-agency[1] group to address the growing number of short-term suspended students who were out of school. In 2006, the Chapel Hill-Carrboro Y launched Boomerang as a resiliency-based alternative to short-term suspension that provided youth at risk for disconnection with their community a supportive alternative environment for out of school time.

Boomerang's programs support Orange County youth in cultivating skills for personal success, academic growth, and community engagement in a supportive environment during out of school time.

Positive Alternative to Suspension

Boomerang's alternative to suspension program provides a structured and supervised environment for 6th to 12th grade students who have been short-term suspended from school. Students who are on 3, 5 or 10-day suspensions are referred by local public school systems. Parents/guardians may also refer their child.

Students:

- Engage in 1:1 sessions with licensed staff to discuss underlying issues that led to the suspension, identify their strengths and alternative behaviors.
- Receive academic support and tutoring to stay on task with schoolwork.
- Build social skills and identify core values during structured group discussions.

[1] Chapel Hill-Carrboro YMCA, Chapel Hill-Carrboro City Schools, Community Backyard, Department of Juvenile Justice, Dispute Settlement Center, UNC and Volunteers for Youth.

- Participate in social-educational groups: conflict resolution, self-expression, healthy relationships, and substance use prevention & education.
- Lead a wrap-up meeting with family and school representatives (and court counselor if applicable) to support their re-entry back to school.

The Alternative to Suspension program operates Monday-Friday from 9am to 2pm, and follows the traditional school calendar of both CHCCS and OCS. Opportunities for community service are provided on teacher workdays.

Continuing Connections After School

During the critical hours after school, Boomerang provides youth with additional learning opportunities and support, as well as recreational opportunities.

Continuing Connections helps youth to:

- Build skills that support academic achievement.
- Gain confidence and cultivate leadership skills through service learning, community service and other civic engagement opportunities.
- Learn independent living and leadership skills.
- Develop conflict resolution and mediation skills.

Weekly: Tuesday through Thursday, 3:30-6pm

- Service learning
- Tutoring
- Community service
- Individual brief counseling

Monthly: Reunions for youth to reconnect with Boomerang staff and their peers in a recreational setting.
Quarterly: What's Next: independent living workshops designed for middle and high school students to inventory their personal and academic assets, explore career options, and prepare for post-secondary opportunities.
Summer: Independent living & life skills workshops are planned for youth participating in summer employment programs and internships, such as Town of Chapel Hill's SYEP.

To date, Boomerang has served over 2000 students in its Alternative to Suspension component and during after school programming.

Brief Timeline

2006: Boomerang is launched as a pilot alternative to suspension program in January, serving one middle and one high school
2006: District Court Judge mandates CHCCS court-involved youth attend Boomerang
2007: Boomerang expands services to all CHCCS middle and high schools
2008: Boomerang expands services to court-involved youth in Orange County
2008: Boomerang becomes an approved adult community service site in 2008
2008: Boomerang and Volunteers for Youth enter an agreement allowing court-involved Orange County youth aged 16 and younger to complete court-ordered community service hours at Boomerang
2009: Boomerang offers after school hours on Wednesdays-Fridays for students to drop in to complete service hours and check in with staff
2010: Boomerang offers community service hours during the summer
2011: Boomerang expands services to Orange County Schools
2011: Boomerang expands to a 5-day program in September, adding to afterschool programming
2012: Boomerang expands services to select high schools in Chatham County
2014: Chapel Hill-Carrboro Y merges with YMCA of the Triangle Area, Inc.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: YMCA of the Triangle Area, Inc. / Boomerang Program

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	✓				
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities	✓				
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Boomerang is the only program that offers an alternative to short-term suspension for youth in Orange County. Students receive tutoring and 1:1 counseling by licensed staff (LCSW, LPC) and participate in psycho-educational groups. There is no cost to students/families. Our principal partners for student referrals are Chapel Hill-Carrboro City Schools, Orange County Schools and the Department of Juvenile Justice. In addition, Boomerang's after school programming provides *wrap-around* support to students at risk of disconnection. These services include tutoring, community service and service learning projects, and individual brief crisis counseling.

Boomerang's programming aligns with the Chapel Hill Town Council's goal for 2014-16 to "Create A Strategy For Out Of School Time For Youth", and supports the goal to "Review and Refine Focus for Youth Services and Begin Planning for Youth-Centered Facilities".

Boomerang's after school programs respond in part to the community's need for "*low-cost/free activities that positively engage children and youth, especially those from at-risk and low-income households.*" (2012 report on Human Service Needs in Chapel Hill, under Education and Family Resources: Youth support and activities)

As a member of Orange County Family Success Alliance, Boomerang is working collaboratively to respond to the need for "*an integrated system of human services in which agencies not only assist individuals in*

addressing a single human service need, but also help individuals to access other services they need. Participants supported the idea of "wrap-around," services, in which human service providers coordinate and communicate to serve an individual's multiple needs."

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Suspension is a strong indicator of disconnection, especially for students with greater risk and fewer protective factors who are unsupervised during out-of-school time. Suspended students are 3 times more likely to drop out of school, providing the rationale for a constructive alternative to suspension. As the only program offering an alternative to short term suspension for youth in Orange County, Boomerang effectively keeps these students engaged during out-of-school time by keeping them on-task in schoolwork, providing them with life skills-building opportunities and with afterschool programs.

Out-of-School Suspensions by School District

School District	2012-13	2013-14	2014-15
Chapel Hill-Carrboro City Schools	380	237	207
Orange County Schools	573	580	n/a

Source: NCDPI, Annual Report of Suspensions & Expulsions, 2012-13, 2013-14; 2014-15 CHCCS & OCS unofficial data

Boomerang Alternative to Suspension	2012-13	2013-14	2014-15*
Chapel Hill-Carrboro City Schools	101	109	88
Orange County Schools	59	83	58
Total	160	192	146
* 2014-15: Both districts reported that Boomerang's temporary location in Meadowmont was an impediment to student participation.			

	Boomerang After School Program		
# of participation instances	2012-13	2013-14	2014-15
Chapel Hill-Carrboro City Schools	537	417	254
Orange County Schools	38	60	32
Graduates	131	76	0
Enrolled in College	32	19	0
GED students	4	0	0
Other Youth	55	34	0
Total	797	606	286

Boomerang is collaborating with school districts on (i) ways to effectively meet the needs of students with learning and behavioral challenges at greater risk for disciplinary action, (ii) addressing school policy and climate to reduce racial disparities in disciplining students, and (iii) targeting social-emotional skill building for vulnerable students. The program has contributed to declining out-of-school suspension rates in CHCCS.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

As in years past, the majority of the population Boomerang serves from both school districts – male, low-income, English language learners, Black and Latino students, and students with special educational needs – is particularly vulnerable as many of them are challenged by academic underperformance and face greater

suspension rates than their peers. For the alternative to suspension component, school administrators are the primary referral source, followed by court counselors. Families may also 'self-refer' their student. The table below provides data for the last 3 school years.

Alternative to Suspension	Client characteristics			
	2012-13	2013-14	2014-15	
Male	133	145	101	Gender
Female	27	47	45	
Other	0	0	0	
African-American	67	77	76	Race / Ethnicity
Caucasian	44	62	38	
Hispanic	37	41	22	
Asian	4	1	2	
Multi-Racial	8	11	7	
Native American	0	0	1	

e) Who specifically will carry out the activities and in what location will they be carried out?

Boomerang has 3 full-time staff that work with students, including a licensed clinical social worker (program director) and a licensed professional counselor (program manager). In addition, an MSW intern from UNC and a Bonner intern support the program. All activities are carried out at Boomerang's offices located at 825-A North Estes Drive in Chapel Hill.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Alternative to Suspension and after school programming (Tuesday-Thursday) is provided during the school year. In addition, students have community service and service learning opportunities during the summer, as well as independent living/life skills workshops are planned for youth participating in summer employment programs and internships (weekly over 6 weeks).

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- School districts - Chapel Hill-Carrboro City Schools and Orange County schools – are core partners in coordinating services provided to suspended students and transitioning them back to school.
- Department of Juvenile Justice is a core partner in coordinating services and follow-up with court-involved students.
- UNC Outpatient Substance Abuse Clinic provides bimonthly workshops on substance use to supplement Boomerang's assessments and psycho-educational skill-building activities; an important service as substance use has been the most common reason for suspension over the last 2 years.
- Dispute Settlement Center provides weekly skills-building sessions in conflict resolution to supplement Boomerang's conflict and communication skill-building activities; an important service as fighting is the second most common reason for suspension.
- Orange County Rape Crisis Center/Compass Center provides weekly workshops on healthy relations and sexual health to supplement Boomerang's self-care and communication skill-building activities.
- Boomerang has a formal partnership with Volunteers for Youth and the Adult Community Service office to provide approved community service programming for juvenile and adult court involved youth during after school hours.

- New partnerships for community service with The ARC of Orange County and NC Botanical Gardens expanded opportunities for youth to provide meaningful service in the community.
- Boomerang has a formal partnership with UNC's School of Social Work to provide our program with a qualified MSW intern each year. The intern functions as staff and provides additional support during alternative to suspension and afterschool programming.
- Boomerang partners with UNC's APPLES Service Learning program; volunteers provide academic support to students, including 1:1 tutoring, as well as after school support.
- Boomerang works with partner agencies to refer students and families for follow-up services: Carolina Outreach provides mental health services to students, and Family Advocacy Network provides critical assistance to parents raising school-age children with emotional/behavioral issues, mental illness, learning differences, substance abuse problems and other challenges.
- Boomerang is a community impact partner of Orange County Family Success Alliance, contributing to the development of activities and services for youth on the cradle to college/career continuum.
- Boomerang is a member of the Third Sector Alliance, a community organization that seeks to address community needs and support collaborations to improve the quality of life of all who live and work in Orange County.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

As Boomerang transitions away from the YMCA for the 2016-17 school year, securing adequate levels of funding is critical as the program will not have the YMCA as a safety net. If funds are not awarded or a reduced allocation is received, this may affect staffing levels, contracts with service providers and the number of students served.

Program/Project Information

i) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics – Alternative to Suspension			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	101	105	110
Female	45	45	40
Total	146	150	150
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	76	65	60
American Indian or Alaska Native	1	0	0
Asian	2	2	2
Caucasian	60	73	78

Native Hawaiian or other Pacific Islander	0	0	0
Other	7	10	10
Total	146	150	150

Of the above, how many Hispanic/Latino	22	26	30
Of the above, how many non-Hispanic/Latino	124	124	120
Total	146	150	150
Age			
0-5 years	0	0	0
6-18 years	144	148	148
19-50 years	2	2	2
51-61 years	0	0	0
62+ years	0	0	0
Total	146	150	150
Geographic Location			
Durham City	0	0	0
Durham County	0	0	0
Carrboro	23	30	30
Chapel Hill	61	60	60
Chapel Hill Public Housing Residents	na	na	na
Orange County	62	60	60
Raleigh	0	0	0
Wake County	0	0	0
Total	**146**	**150**	**150**

j) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15 Wages	Estimated 2015-16	Projected 2016-17 Wages	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Boomerang Program Director	1.00		53,305	55,973	57,200		R, H
Operations Director (Dec 2015)	1.00	0	0	36,000	52,000		
Program Manager	1.00		35,287	36,961	41,600		R, H
Student Coordinator (Jan 2016)	1.00	0	0	15,600	31,200		R, H
Office Manager	0.50		13,087	18,100	18,100		
Program Specialist	0.50		12,094	948	0		
Inclusion Facilitator	0.15		2,140	0	0		
Payroll Taxes & Benefits	-		*27,158*	*33,218*	*33,930*		
VOLUNTEER HOURS (MSW intern, Bonner intern, APPLES volunteers)+	0.5						

Note: Position converted to FT Student Coordinator in January 2016.

k) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Bryan A. Huffman

Digitally signed by Bryan A. Huffman
DN: cn=Bryan A. Huffman, o=YMCA of the Triangle Area, Inc., ou=Chief Financial Officer, email=Bryan.Huffman@YMCATriangle.org, c=US
Date: 2016.01.21 09:06:02 -05'00'

Signature: _____ _____
Chief Financial Officer Date

Signature: _____ 1-21-16
Boomerang Board President Date

I.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1			
Program Goal	80% of all eligible students will attend Boomerang when referred during their suspension	75% of all eligible students will attend Boomerang and complete the program when referred during their suspension.	75% of all eligible students will attend Boomerang and complete the program when referred during their suspension.
Performance Measures	School referral forms; daily attendance records, qualitative notes on student's participation and behavior; service notes.	School referral forms; daily attendance records, qualitative notes on student's participation and behavior; student progress notes to schools/court; internal service notes.	School referral forms; daily attendance records, qualitative notes on student's participation and behavior; student progress notes to schools/court; internal service notes.
Program Results	Of the 179 referrals, 146 attended Boomerang (82%).	112 of 150 referrals will successfully/satisfactorily complete the program.	112 of 150 referrals will successfully/satisfactorily complete the program.
Program Activity 2			
Program Goal	75% of students participating in community service at Boomerang will complete at least 5 hours of service	Youth will participate in at least 50% of Boomerang's community service days, engaging in projects that enhance connections between individuals and the community; enhance life skills; and facilitate connections with positive adults and youth peers in the community.	Youth will participate in at least 50% of Boomerang's community service days, engaging in projects that enhance connections between individuals and the community; enhance life skills; and facilitate connections with positive adults and youth peers in the community.
Performance Measures	Incoming community service referral forms, daily timesheets, reports to Volunteers for Youth and Adult Community Service.	Incoming community service referral forms, daily timesheets, reports to Volunteers for Youth and Adult Community Service, youth surveys.	Incoming community service referral forms, daily timesheets, reports to Volunteers for Youth and Adult Community Service, youth surveys.
Program Results	68% completed at least 5 hours of community service at Boomerang.	At least 30 youth will participate in community service projects and at least 15 youth will self-report learning/improving skills, and improved connectedness to community.	At least 30 youth will participate in community service projects and at least 15 youth will self-report learning/improving skills, and improved connectedness to community.
Program Activity 3			
Program Goal	50% of youth attending Boomerang's "What's Next?" workshops will attend at least 2 group sessions.	75% of youth attending What's Next? life skills workshops wil report having improved knowledge of subject area or learned something new.	75% of youth attending What's Next? life skills workshops wil report having significantly improved knowledge of subject area.
Performance Measures	Success is measured by calculating the number of youth who attend at least two "What's Next" group sessions during the 2014-15 school year and comparing this with the number who attend just one.	Post-session surveys	Post-session surveys
Program Results	32%: 38 attended 12 attended more than one.	30 out of 40 youth will improve knowledge/learn something new.	30 out of 40 youth will improve knowledge/learn something new.
Program Activity 4			
Program Goal	50% of youth identified for intensive follow up services show an increase in social connectedness by the end of the school year.	50% of youth identified for intensive follow up services show an increase in social connectedness by the end of the school year.	50% of youth identified for intensive follow up services show an increase in social connectedness by the end of the school year.
Performance Measures	Post surveys/evidence of engagement in activities, teacher and parent feedback, grades, compliance with school rules, decreased recidivism.	Readiness to Change scale; post surveys/evidence of engagement in activities, teacher and parent feedback, grades, compliance with school rules, decreased recidivism.	Readiness to Change scale; post surveys/evidence of engagement in activities, teacher and parent feedback, grades, compliance with school rules, decreased recidivism.
Program Results	80% - 15 students were tracked 12 students showed increase in connectedness.	6 out of 12 students in the intensive follow up component will show an increase in connectedness.	6 out of 12 students in the intensive follow up component will show an increase in connectedness.

FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program: **Boomerang**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ -	$ 3,000	$ 30,000	900%
Agency Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ 5,000	$ 5,000	$ 10,000	100%
Town of Chapel Hill	$ 2,000	$ 2,500	$ 7,000	180%
Town of Carrboro	$ 1,500	$ 1,600	$ 4,000	150%
Other Local: JCPC	$ 32,760	$ 32,850	$ 32,850	0%
Other Local: CHCCS, OCS	$ 35,000	$ 55,000	$ 55,000	0%
Other Local: FSA	$ -	$ 10,000	$ 10,000	0%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 8,646	$ 4,000	$ 5,000	25%
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants: Oak Foundation	$ 80,000	$ 100,000	$ 100,000	0%
Other Grants: Other Foundations	$ 5,000	$ 15,000	$ 50,000	233%
Miscellaneous/Other Revenue	$ 14,998	$ 30,000		-100%
Please list 3 largest Miscellanous sources:				
YMCA $ 14,998.00				
$ -				
$ -				
Total Agency Revenue	**$ 184,904**	**$ 258,950**	**$ 303,850**	**17%**
AGENCY EXPENSES				
Compensation	$ 143,071	$ 196,800	$ 234,030	19%
Rent & Utilities	$ -	$ 20,682	$ 22,980	11%
Supplies & Equipment	$ 6,154	$ 14,085	$ 17,477	24%
Travel & Training	$ 234	$ 300	$ 600	100%
Other Expenses:	$ 35,445	$ 12,000	$ 10,000	-17%
Please list 3 largest "Other Expenses":				
Contract Services $ 35,445.00				
$ -				
$ -				
Total Agency Expenses	**$ 184,904**	**$ 243,867**	**$ 285,087**	**17%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ 15,083**	**$ 18,763**	**24%**

b.) Program Budget Detail

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Boomerang

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Contract: Dispute Settlement Center	50	30 hours (1hr/wk x 30wks)	1,500
Contract: OCRCC/Compass Center	50	30 hours (1hr/wk x 30wks)	1,500
Contract: UNC Substance Abuse Clinic	175	16 hours (1hr/wk x 16 wks)	2,800
Contract: NOAH IT Services	85	12 months	1,020
Food for Students	15	180 days	2,700
		Total	**9,520**

b.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**184,904**	**243,867**	**285,087**
Total # of Units*	**618**	**951**	**1026**
Cost Per Unit	**299**	**256**	**278**

*Unit of Service is defined as follows:
1 student referral with 2-4 day suspension (ATS; including 2-day court-involved) = 1 unit of service
1 student referral with 5-7 day suspension (ATS) = 2 units of service
1 student referral with 8-10+ day suspension (ATS) = 3 units of service
1 student instance (students completing at least 5 community service hours) (CS) = 1 unit of service
1 student referral receiving intensive follow-up services = 3 units of service
1 student instance attending at least 1 What's Next group = 1 unit of service
As of 2015-16: 1 student instance receiving tutoring/schoolwork help after school=2 units of service
1 student attending Open Doors = 0.5 unit of service

2014-15 Program Component	Units Served
ATS 2-4 days	83
ATS 5-7 days	86
ATS 8+ days	51
Community Service (instances)	192
What's Next? (instances)	56
Intensive Follow Up	45
After School Open Doors	105
TOTAL	618

Attendance/participation in Boomerang programs was lower in 2014-15 while it was temporarily located in the Meadowmont neighborhood of Chapel Hill; school districts, students and families stated that transportation to and from Meadowmont was a problem.

c.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

PLEASE NOTE: WE WERE UNABLE TO EMBED THE WORKSHEET. IT IS COPIED ON THE NEXT PAGE, AND EMAILED AS AN ATTACHMENT.

Section VI. Financial Data
Operating Budget for Entire Agency

Agency/Program: **Boomerang**

		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE					
Private Donations		$-	$3,000	$30,000	900%
Agency Generated Revenue (fees)		$-	$-	$-	0%
Local Government Grants:					
Orange County		$5,000	$5,000	$10,000	100%
Town of Chapel Hill		$2,000	$2,500	$7,000	180%
Town of Carrboro		$1,500	$1,600	$4,000	150%
Other Local:	JCPC	$32,760	$32,850	$32,850	0%
Other Local:	CHCCS, OCS	$35,000	$55,000	$55,000	0%
Other Local:	FSA	$-	$10,000	$10,000	0%
	If more than 3 sources, please provide a separate list.				
Non-Local Government Grants					
Triangle United Way		$8,646	$4,000	$5,000	25%
State Government		$-	$-	$-	0%
Federal Government		$-	$-	$-	0%
Other Grants:	Oak Foundation	$80,000	$100,000	$100,000	0%
Other Grants:	Other Foundations	$5,000	$15,000	$50,000	233%
Miscellaneous/Other Revenue		$14,998	$30,000		-100%
Please list 3 largest Miscellanous sources:					
YMCA	$14,998.00				
	$-				
	$-				
Total Agency Revenue		**$ 184,904**	**$ 258,950**	**$ 303,850**	**17%**
AGENCY EXPENSES					
Compensation		$143,071	$196,800	$234,030	19%
Rent & Utilities		$-	$20,682	$22,980	11%
Supplies & Equipment		$6,154	$14,085	$17,477	24%
Travel & Training		$234	$300	$600	100%
Other Expenses:		$35,445	$12,000	$10,000	-17%
Please list 3 largest "Other Expenses":					
Contract Services	$35,445.00				
	$-				
	$-				
Total Agency Expenses		**$ 184,904**	**$ 243,867**	**$ 285,087**	**17%**
SURPLUS/(DEFICIT) FOR PERIOD:		**$-**	**$15,083**	**$18,763**	**24%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **CHARLES HOUSE ASSOCIATION**

Program(s) **Daytime Eldercare Program**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Charles House Association

Applicant Organization's Physical Address: 7511 Sunrise Road, Chapel Hill, NC 27514

Applicant Organization's Mailing Address: 7511 Sunrise Road, Chapel Hill, NC 27514

Applicant Organization's Web Address: www.charleshouse.org

Executive Director: Paul Klever

Telephone Number: 919-967-7570 E-Mail: paul@charleshouse.org

DUNS Number: _____
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Charles House-Daytime Eldercare Program

Project/Program Primary Contact and Title: Paul Klever, Executive Director

Telephone Number: 919-967-7570 E-Mail: paul@charleshouse.org

c) Funding Request Identification

Total Project/Program Cost: $540,000 Total Amount of Funds Requested: $35,000

Proposed Use of Funds Requested (2-3 Line Maximum): These funds will be used to support Charles House Daytime Eldercare Program at the new Center for Community Eldercare in Chapel Hill. These services support care giving families from Orange County and their aging family members.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $4000 ☒ Chapel Hill $11,000 ☒ Orange County $20,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Paul A Klever — Executive Director — Date: 1-21-2016

Signature: Melissa E. Hurston — Board Chairperson — Date: 01/21/2016

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

Charles House Association was incorporated March/1984.
Operations began in June, 1990, with the Charles House daytime eldercare program in a renovated mill house in Carrboro.
June, 2015, marked the 25th anniversary of Charles House's service to the community.

b) Agency's Purpose/Mission

Charles House Association is a private, nonprofit organization whose mission is threefold:

i. Enriching the lives of seniors
ii. Supporting families caring for aging family members
iii. Representing the community's commitment to its elders

Charles House focuses on community eldercare services, particularly the support of caregiving families who are caring for family members facing many of the challenges of aging and later life, such as dementia, including Alzheimer's, frontal-temporal dementia, Lewy Body; Parkinson's, multiple sclerosis, stroke, other neuro-muscular disorders, macular degeneration, ambulation difficulties,

c) Types of Services the Agency Provides

Charles House Association relocated its primary operations into a larger facility at 7511 Sunrise Road, Chapel Hill, known as the Center for Community Eldercare.

Charles House continues to operate the pioneering residential care settings—neighborhood eldercare homes—in the Heritage Hills and the Winmore neighborhoods.

The Charles House Center for Community Eldercare includes:

- Daytime Eldercare Program
- Caregiver Orientation, Resources and Education—CORE Support Program
- The Program in Learning & Service: opportunities for students and interns to be introduced to careers in aging and the positive Charles House approach to working with elders
- Agency Administration, Community Outreach, Management of Eldercare Homes

For the past three years, Charles House has been co-convener, with Orange County Dept. on Aging and Second Journey, of the Aging-in-Community speaker/discussion series. This initiative has sparked much thought and discussion within the community about the future of senior housing alternatives, through forums, local and nationally known speakers.

d) Agency's Experience with Similar Programs as the Funding Request

Charles House Association has experienced a steady increase in the number of caregiving families in our communities. With the growing demographics of elders in our state, and particularly in Orange County, the numbers of families with aging/older family members is growing and so are the numbers of people who are experiencing frailty and needing assistance/support.

Seventy percent of older Americans who need long-term support services receive this support exclusively from family and friends. Supporting these families in their caregiving journeys is the primary focus and part of the important community mission of Charles House Association.

The Daytime Eldercare Program of Charles House at the Center for Community Eldercare is highly unique compared to other adult day programs and is a model for our state. The Charles House program has developed a Continuous Engagement Model that supports individuals' functioning, involvement and contributions to the group process at all times. Elders with various kinds of cognitive and physical challenges experience executive function loss; the Charles House program individualizes its support of

executive functioning and creates an environment where participants are "normal," in contrast to their experience in the larger world.

Furthermore, the group setting of Charles House offers benefits beyond those provided by in-home care agencies. The cost to families for Charles House is half the rates of in-home care agency services. The respite and support provided to family caregivers is enhanced by the quality of engagement their family members receive at Charles House. At Charles House, family caregivers share their experience—trials and challenges—with others in the journey of caregiving and learn about services, practices and approaches that can support their caregiving.

The Charles House approach of supporting family caregivers and providing high quality engagement for participant family members often means that families continue their caregiving journey at home through the end of life. Family caregivers report improvements in the functioning of their loved ones after enrolling in the Charles House program; these improvements—real and perceived—are therapeutic for everyone involved in the caregiving household.

e) Other Pertinent Agency Information

Charles House Association is the leading eldercare services nonprofit agency in our community, establishing innovative approaches for caregiving families and services for elders, particularly as they move into frailty.

While the Daytime Eldercare Program is a cost effective alternative for caregiving families, approximately 15-20% of Charles House families receive financial assistance. Charles House maintains an internal Scholarship Fund from individual, charitable donations made to support access to services. Orange County families are eligible for agency purchased days from the Department of Social Services and through the Department on Aging. These agency contracts are limited and reimburse Charles House at less than 50% of the cost. The Outside Agency Funding helps to defray the lost revenue for these Orange County clients.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Charles House: Daytime Eldercare Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education			x		
Health and Nutrition			x		
Job Training					
Sports and Arts Activities			x		
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify Daytime Eldercare			x		

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

a) Summarize the program services proposed and how the program will address the chosen Town/County priority?

The Chapel Hill Human Services Advisory Board has identified this priority:
To fund programs aimed at improving health and nutrition of needy residents.

Charles House Daytime Eldercare Program provides significant support to the health, nutrition and wellbeing of some of the most frail citizens in our community and supports the health of their family caregivers.

b) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The Consolidated Plan appears to refer to the HOME Consortium. However, the population growth statistics for Orange County indicates a doubling of the 65+ population by 2030. The implications of this population growth effects many aspects of our community/public life, but in particularly the challenges families face with the onset of aging disabilities, dementias and other disorders demanding the care and assistance of others.

c) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The Daytime Eldercare Program at Charles House has enrollees aged from late 50s to 100. The population served also includes their family caregivers. Enrolled families are residents of Chapel Hill, Carrboro, Orange County, Durham County, Chatham County.

The challenges these families face stem from dementias, including Alzheimer's, Parkinson's, stroke, neuro-muscular disorders, multiple sclerosis, vision loss, ambulation disability, etc. Beneficiaries are identified through community outreach, inter-agency alliances, physician referrals, community publicity and word-of-mouth.

d) Who specifically will carry out the activities and in what location will they be carried out?

The Daytime Eldercare Program at Charles House is operated at the Center for Community Eldercare at 7511 Sunrise Road, Chapel Hill. The program is carried out by a program team of leaders, facilitators, volunteers and students. The Charles House team is made up of people with varying levels of experience and expertise, including people with years of experience working with people with dementia to others who may be new to the arena but who show a high level of affinity, compassion and leadership. The staff includes expertise in social work, recreation therapy, art therapy, communication and approaches for dementia.

e) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The Daytime Eldercare Program operates Monday through Fridays, 7:30 to 5:30.

f) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Orange County: Department on Aging—collaboration on various projects, including the Master Aging Plan, the Aging-in-Community series, sharing referrals for aging transitions, long-term care collaborative, contractually serve Orange County families/caregivers.
- Orange County: Department of Social Services—collaboration on contractually serving Orange County families/caregivers, as well as with Adult Protective Services and regulatory oversite done by DSS.
- UNC-Chapel Hill—collaborations with many of the schools and academic departments/programs on opportunities for learning & service for students/interns.
- UNC Health Care—collaboration on clinical initiatives, volunteers and Charles House leadership
- Duke University—collaboration with the Fuqua Business School, Medical School and Family Support Program.
- Central Carolina University—collaboration with the school of social work.
- Durham Technical—collaboration with the occupational therapy assistant program
- Watts School of Nursing—collaboration on service learning
- Chapel Hill Transit E-Z Rider—collaboration on transportation
- Orange County Animal Shelter—collaboration on community service projects for sheltered animals.

- N.C. Botanical Gardens—collaboration in horticulture therapy
- Chapel Hill Library—collaboration on community service projects for children's library
- Ackland Art Museum—collaboration on museum visits for dementia.
- Chapel Hill Service League—collaboration on community service projects for the League's Christmas House.
- IFC's HomeStart Homeless Shelter—collaboration on community service projects, including flower arrangements for the HomeStart shelter.
- Carol Woods Retirement Community—collaboration on community outreach and service to residents.
- Carolina Meadows—collaboration through Carolina Meadows community agency funding program and service to residents.
- Various home health agencies; area assisted living and nursing care facilities—collaboration on service coordination, client referrals, etc.
- Various area schools—student groups, including music groups, volunteer at Charles House.
- Area civic groups, churches—community outreach, church and group members often volunteer at Charles House.

g) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

If this funding request were not awarded or if it were reduced, Charles House would be limited in its financial ability to accept the reduced contractual rates from the Departments of Social Services and on Aging. There would be a reduction in the access to Charles House services by families of need.

h) Include any other pertinent information.

Program/Project Information

i) Complete the Target Population and Program Beneficiary Demographics Chart
j) Complete the Schedule of Positions Chart for Program Staff
k) Disclosure of Potential Conflicts of Interested must be signed
l) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☒ **Households** ☐ **Units**

Program: Charles House Daytime Eldercare Program

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	30	35	40
Female	49	55	60
Total	79	90	100

Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	6	8	11
American Indian or Alaska Native			
Asian			
Caucasian	72	79	84
Native Hawaiian or other Pacific Isl.			
Other	1	3	5
Total	79	90	100
Of the above, how many Hispanic/Latino	1	2	3
Of the above, how many non-Hispanic/Latino	78	88	97
Total	79	90	100
Age			
0-5 years			
6-18 years			
19-50 years			
51-61 years	1	2	3
62+ years	78	88	97
Total	79	90	100
Geographic Location			
Durham City			
Durham County	19	22	24
Carrboro	2	4	5
Chapel Hill	36	38	42
Chapel Hill Public Housing Residents			
Orange County	4	6	7
Raleigh			
Chatham / Alamance / Wake Counties	18	20	22
Total	79	90	100
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Program Budget (2016)	If provided, indicate: (R) Retirement Plan (H) Health Plan
Prog. Directors (MSW, Rec. Therapy, Art Therapy, etc.)	2014: 2.8FTE 2015: 3.4FTE 2016: 4.1FTE	100%	80000	112000	153000	30%	(R)(H)
Prog. Facilitators	2014: 2.1FTE 2015: 2.3FTE 2016: 3.5FTE	100%	40000	52000	83000	15%	(R)(H)
Cook/Food Srv.	0.9FTE	100%	27000	27750	28000	5%	(R)(H)
Prog. Admin/MSW	1FTE	100%	0	50000	55000	10%	(R)(H)
Assoc. Director	1FTE	25%	24330	21200	16000	3%	(R)(H)
Exec. Director	1FTE	20%	27260	22300	23500	4.3%	(R)(H)
Admin. Ass't.	1FTE	75%	25500	0	0	0	
Volunteers	1.5FTE						

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below.**

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director Date 1/21/2016

Signature: _____ Board Chairperson Date 01/21/2016

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	The Charles House Daytime Program supports family caregivers by offering respite from the ongoing concerns of caring for a loved one and by supporting the best functioning of their loved ones through participation in the therapeutic program	Same	Same
Program Goal	Enrollment in the program allows caregiving families to continue their caregiving as they wish.	Same	Same
Performance Measures	• 50% of enrolled families in the funding year will have the capacity to continue providing care in the home and not require, or delay, residential care placement for their participant/ enrollee.	Same	Same
Program Results	At the end of the FY, 70% of the families enrolled at the beginning of the FY were still engaged in caring for their loved ones.	At the end of the FY, it is estoimated that 60% of the families enrolled at the beginning of the FY will still be engaged in caring for their loved ones with Charles House.	It is being projected that in FY16-17 that 65% of the families enrolled at the beginning of the FY will still be engaged in caring for their loved ones at Charles House.
Program Results	In the 2014 Caregiver Survey, 100% of respondent families reported improved functioning in their family members	In the 2015 Caregiver Survey, 1000% of respondent families reported improved functioning in their family members	It is projected that the annual Caregiver Survey in 2016 will show a high percentage >85% of respondent families will report improvements in functioning.
Program Activity 2	The relationship Charles House maintains with enrolled families is the basis for the collaboration in caring. The daytime program works to support a variety of functioning abilities for participants: including self-esteem, gross and fine motor skills, social skills, verbal skills, ambulation, memory and reminiscence, activities of daily living.	Same	Same

Program Goal	The Charles House program thrives to enhance the functioning and quality of life for participants.	Same	Same
Performance Measures	Over 50% of families will report in the annual evaluation survey satisfaction with the Charles House program and will report positive effects of the program for their enrolled family members, such as improvement in their participant/enrollee's behavior, emotional status, physical and/or cognitive functioning.	Same	Same
Program Results	In the 2014 Caregiver Survey, 100% of respondent families reported improved functioning in their family members	In the 2015 Caregiver Survey, 100% of respondent families reported improved functioning in their family members	It is projected that the annual Caregiver Survey in 2016 will show a high percentage, >85%, of respondent families will report improvement in family member functioning.
Program Activity 3	Program administration assures that all aspects of the program are in compliance with the state rules for annual certification		
Program Goal	The program strives for a level of excellence and maintains standards required by the State Division of Aging and Adult Services	same	same
Performance Measures	Charles House Association will continue to surpass the NC Standards and maintain state certification to operate as an adult day program.	same	same
Program Results	Charles House received recertification by the State Division of Aging and Adult Services in May, 2014	Charles House received recertification by the State Division of Aging and Adult Services in July, 2015 for the new center.	Charles House will maintain certification by the State Division of Aging and Adult Services in 2016.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program: **Charles House: Daytime Eldercare Program**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations				0
Agency Generated Revenue (fees)	$ 381,700	$ 377,000	$ 535,000	42%
Local Government Grants:				
Orange County	$ 15,000	$ 15,000	$ 20,000	33%
Town of Chapel Hill	$ 9,000	$ 9,000	$ 11,000	22%
Town of Carrboro	$ 4,000	$ 3,500	$ 4,000	14%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Triangle Comm Fndtn	$ 15,000	$ 14,000	$ 15,000	7%
Other Grants: SECC	$ 4,800	$ 5,000	$ 5,000	0%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 429,500**	**$ 423,500**	**$ 590,000**	**39%**
AGENCY EXPENSES				
Compensation/Personnel	$ 325,000	$ 350,000	$ 410,000	17%
Rent, Utilities, Insurance, Property Expenses	$ 28,250	$ 55,000	$ 89,000	62%
Supplies, Equipment, Program, Food Srv.	$ 30,500	$ 33,000	$ 35,000	6%
Administrative Expenses	$ 11,900	$ 5,100	$ 7,500	47%
Other Expenses:	$ 14,775	$ 14,100	$ 23,000	63%
Please list 3 largest "Other Expenses":				
Depreciation/Amortization				
$ -				
$ -				
Total Agency Expenses	**$ 410,425**	**$ 457,200**	**$ 564,500**	**23%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 19,075**	**$ (33,700)**	**$ 25,500**	**176%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Charles House: Daytime Eldercare Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Cost elements are those included			
In the program budget above:		Costs included in program budget	
Personnel Expenses			
Property Expenses			
Program Expenses			
Administrative Expenses			
Other (Depreciation) Expense			
		Total	

c.) Cost per Unit: (Unit of Service defined as 1 participant service day at Charles House)

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$ 410,425**	**$ 457,200**	**$ 564,500**
Total # of Units	**5195**	**5315**	**6500**
Cost Per Unit	**$ 79**	**$ 86**	**$ 86**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

AGENCY NAME: Charles House Association

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 115,000	$ 110,000	$ 80,000	-27%
Agency Generated Revenue (fees)	$ 916,500	$ 1,187,000	$ 1,360,000	15%
Local Government Grants:				
Orange County	$ 15,000	$ 15,000	$ 20,000	33%
Town of Chapel Hill	$ 9,000	$ 9,000	$ 11,000	22%
Town of Carrboro	$ 4,000	$ 3,500	$ 4,000	14%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Triangle Comm. Fndtn.	$ 15,000	$ 14,000	$ 15,000	7%
Other Grants:	$ 20,000	$ 20,000	$ 15,000	-25%
Miscellaneous/Other Revenue	$ 10,000			0
Please list 3 largest Miscellanous sources:				
Cottage Rental $ -				
$ -				
$ -				
Total Agency Revenue	**$ 1,104,500**	**$ 1,358,500**	**$ 1,505,000**	**11%**
AGENCY EXPENSES				
Compensation, Personnel	$ 750,000	$ 980,000	$ 1,100,000	12%
Rent, Utilities, Insurance, Property	$ 90,000	$ 145,000	$ 157,000	8%
Supplies, Equipment, Program, Food Srvs	$ 65,000	$ 80,000	$ 73,000	-9%
Admin. Expenses (Development, Outreach)	$ 113,000	$ 54,000	$ 40,000	-26%
Other Expenses:	$ 43,000	$ 55,300	$ 61,200	11%
Please list 3 largest "Other Expenses":				
Depreciation/Amortization $ -				
$ -				
$ -				
Total Agency Expenses	**$ 1,061,000**	**$ 1,314,300**	**$ 1,431,200**	**9%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 43,500**	**$ 44,200**	**$ 73,800**	**67%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency Child Care Services Association

Program(s) Child Care Scholarship Program

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☒ ***Applicant Contact Information*** b. ☒ ***Project/Program Contact Information*** c. ☒ ***Funding Requests Identified*** d. ☒ ***Signed Application Cover Page***	
2. Agency Information -	a. ☒ ***Agency's Years in operation*** b. ☒ ***Agency's Purpose/Mission*** c. ☒ ***Agency's Types of Services Provided*** d. ☒ ***Agency's Experience*** e. ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☒ ***Type of Application and Program Identified*** b. ☒ ***Summary of Program*** c. ☒ ***Description of Identified Need*** d. ☒ ***Description of Population to be Served*** e. ☒ ***Activity Manager and Location Description*** f. ☒ ***Activity Implementation Timeline*** g. ☒ ***Agency Collaboration*** h. ☒ ***Describe Impact of Reduced/No Allocation*** i. ☒ ***Other Pertinent Information*** j. ☒ ***Complete Target Population/Beneficiary Chart*** k. ☒ ***Complete Schedule of Positions*** l. ☒ ***Signed Conflict of Interest Disclosure*** m. ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601,* *570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506,* *570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122; Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**a.** ☐ ~~**Part A: *CDBG & HOME***~~ **b.** ☐ ~~**Part B: *Construction/Rehab***~~	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE

a) Applicant Contact Information

Applicant Organization's Legal Name: Child Care Services Association

Applicant Organization's Physical Address: 1829 E. Franklin St., Chapel Hill, NC 27514

Applicant Organization's Mailing Address: PO Box 901, Chapel Hill, NC 27514

Applicant Organization's Web Address: www.childcareservices.org

Executive Director: Anna Carter

Telephone Number: 919-967-3272 E-Mail: annac@childcareservices.org

DUNS Number: 014811793
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Child Care Scholarship Program

Project/Program Primary Contact and Title: Linda Chappel

Telephone Number: 919-403-6950 E-Mail: lindac@childcareservices.org

c) Funding Request Identification

Total Project/Program Cost: $676,697 Total Amount of Funds Requested: $55,000

Proposed Use of Funds Requested (2-3 Line Maximum): Funds would be spent on partial scholarships for low-income children in high quality child care programs to facilitate children's development and school readiness, and support parental education and employment needs.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

☒ Human Services: ☒ Carrboro $7,500 ☒ Chapel Hill $12,500 ☒ Orange County $35,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

MAIN APPLICATION

Signature: Anna Carter — 1/21/16
Executive Director — Date

Signature: Peggy Jn. Ball — 1/21/16
Board Chairperson — Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation

Child Care Services Association has been in operation for 42 years and was incorporated in 1986.

b) Agency's Purpose/Mission

The mission of Child Care Services Association (CCSA) is to ensure that affordable, accessible, high quality child care is available for all young children and their families. The agency has five goals: (1) to ensure that no family pays more than 10-12% of its gross earnings to purchase child care for one child; (2) to ensure that high quality child care is accessible to all children; (3) to ensure that all child care is of high quality; (4) to model how services are delivered to young children and their families and child care providers; and, (5) to be a financially viable, strong, effective organization.

c) Types of Services the Agency Provides

CCSA provides: (1) family support services that include child care scholarships to help low and moderate income working families who cannot pay the full cost of quality child care and child care referral services to all families needing assistance in finding a child care placement for their child; (2) quality enhancement services such as scholarships for child care providers to take courses, salary supplements to improve the wages of child care workers and reduce turnover in programs, technical assistance and training to both child care centers and family child care providers; (3) nutrition services through catering for child care programs and sponsorship of the federal child and adult care food program; and (4) public policy research and advocacy in the field of early care and education. Some of these programs are operated for Orange, Durham and Wake counties only, while others are operated statewide, and some are administered nationally.

d) Agency's Experience with Similar Programs as the Funding Request

CCSA has led innovation in early care and education for over 40 years and has been recognized as an agency of excellence by the NC Center for Non-Profits, Child Care Aware of America, and the United Way of the Greater Triangle. CCSA has extensive experience administering child care scholarship programs and has provided leadership locally and statewide in this arena. The agency has operated a scholarship program in Orange County since as early as 1980, starting out under the agency's former name, Day Care Services Association (DCSA). That program, supported by funding from the United Way and other private sources, continues to support the child care needs of Orange County families to this day. In 1993, DCSA staff helped develop a winning Smart Start proposal to the Orange County Partnership for Young Children (OCPFYC) to expand the Orange County child care scholarship program to low-income families with children 0-5 years old who did not qualify for other public subsidies. CCSA administered the Smart Start child care scholarship program for Orange County from 1993 to 2011. CCSA has also managed the Start Start child care scholarship program for Durham County since 2009, and continues to successfully serve over 600 children per year through this program. CCSA has operated a child care scholarship program for UNC-Chapel Hill families since 1991 and has issued training manuals for communities across the state on how to provide community-based child care scholarship programs.

Over the decades in which CCSA has operated child care scholarship programs, the agency has acquired a breadth and depth of knowledge, skill and experience in program implementation that contribute to consistently successful program management. CCSA's scholarship program has developed a track record of seamlessly adapting to changing

community needs, political climates and funding scenarios. Each year, the scholarship program successfully supports children and families and expends funding efficiently and responsibly, with consistent evaluation results for client satisfaction and customer service and strong outcomes related to improving access to quality child care and facilitating parental education and employment.

e) Other Pertinent Agency Information

N/A

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Child Care Services Association, Child Care Scholarship Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X				
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Employment & Training Support		X			

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?
Child Care Services Association (CCSA)'s Child Care Scholarship Program will provide financial assistance for child care payments to Orange County families who are working, looking for work, and/or in school or training and needing child care for their children ages 0-12 years old. The focus of the program is to enable parents to enhance their families' economic self-sufficiency and ensure that children are provided with high quality early care and education opportunities that will promote optimal growth and development. Affordable child care has been identified as a community priority both for the role it plays in supporting families' economic needs and the impact of quality child care on children's school readiness and educational attainment.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.
Research shows that child care is a basic need that makes a significant difference in the developmental and life outcomes of children and the economic health and security of families. A wealth of evidence-based programs and longitudinal research studies *(Carolina Abecedarian Project, Perry Preschool Project, Chicago Child-Parent Centers)* document the consistent link between high quality child care and improved cognitive, academic, and social skills for children, with gains maintained into adulthood. This research also informs us that quality care has the greatest impact on children in low-income families. Child care also helps families sustain their participation in the workforce, reduce dependency on public assistance, and move out of poverty. Studies have found that the availability of stable child care can decrease employee absences by 20-30% and reduce turnover by 37-60%,[1] and when low-income families receive assistance with child care, they are more likely to be in the workforce and work more hours.[2]

Child care, however, costs more than most families can afford. The average annual cost for child care in Orange County for an infant in a 5-star center is nearly $15,000.[3] This represents over 36% of the gross earnings of a family of three who just exceeds the income-eligibility guidelines for state subsidy assistance. There are 7,386 children under 6 years old and 10,986 children 6-12 years old in Orange County, approximately 69% of whom are living in families with child care needs.[4] According to the U.S. Census Bureau, there are almost 1,700 (23%) children under the age of 6 and over 1,500 (14%) children 6-12 years old in Orange County living below federal poverty guidelines, and over 6,100 (33%) children birth to 12 living in low-income families (i.e., at or below 200 percent of the federal poverty level).[5]

The ability of the Orange County Department of Social Services (OCDSS) to meet the child care needs of these families is limited both by resources and policy guidelines. Available historical data from the state indicates that Orange County has typically served less than 25% of eligible children with subsidy assistance.[6] Compounding the difficulty for families of accessing these limited funds has been the various changes to the state's child care subsidy guidelines that have gone into effect the past year. These guidelines have resulted in reduced eligibility of families for subsidy vouchers and increases in the cost-sharing burden for families receiving

[1] Shellenback, Karen, Child Care & Parent Productivity: Making the Business Case, December 2004.
[2] Erdal, Tekin, Child Care Subsidy Receipt, Employment and Child Care Choices of Single Mothers, 2004.
[3] CCSA Child Care Supply and Demand data, April, 2015.
[4] 2009-2013 American Community Survey, 5-year estimates, US Census Bureau.
[5] Ibid.
[6] Annual Child Care Subsidy Fact Sheets 2010-2014, North Carolina Division of Child Development and Early Education.

assistance, in many cases ruling out the feasibility of accepting vouchers for these families. One of the groups most affected by these changes has been families with school-age children, whose income-eligibility for vouchers was reduced from 75% of state median income to 133% of the Federal Poverty Level. Data indicate an approximate 10% decrease in total children and 23% decrease in school-age children receiving OCDSS child care subsidies between November of 2014 and 2015.[7]

In the context of the current child care subsidy landscape and recent policy changes, CCSA's Scholarship program offers an important, additional alternative to child care financial assistance. CCSA's ability to set eligibility guidelines, priorities for services, and other programmatic policies for the Scholarship Program at the *local*, as opposed to state level, offers the flexibility and opportunity to tailor services to better meet the needs of our local community.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.
The CCSA Child Care Scholarship program will serve approximately 120 children, birth to 12 years old, from low-income families who live or work in Orange County. Families must meet income-eligibility guidelines based on median income levels for Orange County (as opposed to the state median income guidelines used by DSS). Families are required to be working, looking for work, or attending school or job training programs.

Families are awarded scholarships based on greatest need (i.e., lowest income). Enrollment priorities include homeless families, teen parents, and children with special needs. Due to the braiding of other funding, priorities for enrollment also include affiliation with the University of North Carolina at Chapel Hill, and residency in the Family Success Alliance priority Zones.

Families are identified for services through screening by CCSA education and referral counselors who speak daily with families seeking child care information and assistance. Families are also referred by community agencies and partners.

e) Who specifically will carry out the activities and in what location will they be carried out?
Program activities will be carried out by CCSA's team of bilingual scholarship counselors, who work directly with families and child care providers, as well as by administrative, data-processing and management staff, who handle the payment, data and fiscal end of the operation. Activities are conducted primarily by phone and email to keep any barriers to family participation at a minimum. CCSA staff are located at agency offices in Chapel Hill and Durham.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.
Scholarships are awarded on an ongoing, rolling basis dependant on the availability of funding and turnover in child caseload. Participating families are certified for new and ongoing eligibility annually, although changes in eligibility circumstances may require re-assessment at additional times within a year. Once a family is enrolled, contracts are written for child care payment with the child care facility selected by the family. Unless a change in facility is requested or required (due to a child's reaching a maximum age for the facility) the contract for care at the selected child care facility is effective for the duration of the family's annual scholarship eligibility. Payment for child care is issued on a monthly basis directly to the child care facility based on documentation of child attendance submitted to CCSA by the child care program.

[7] Subsidy enrollment reports for service months November 2014 & 2015, DCDEE Data Warehouse

As CCSA's Child Care Scholarship program is an ongoing program, implementation of new services based on funding from the County and Towns would be immediate.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Family Success Alliance: CCSA is a partner in the United Way-funded, collaborative work of the Family Success Alliance, the initiative currently led by the Orange County Health Department to improve services and outcomes for children and families in high needs areas of Orange County (Zones 4 and 6). As part of the collaborative, CCSA provides child care education and referral and scholarship support to families identified and prioritized for services by Zone Navigators.
- Orange County Child Care Programs and Community Service Providers: CCSA provides on-site education and referral support to families at child care program and other community-based locations. CCSA has assisted child care programs that have needed to close their doors, provided on-site assistance at NCPreK events, and participated in community events with Orange County and Chapel Hill Carrboro City Schools, St. Thomas More Catholic Church, and El Centro Latino, among others. CCSA's Technical Assistance and Training departments work extensively with Orange County child care programs to provide support services and professional development opportunities to improve the quality of care and education being provided to Orange County children in these settings.
- Orange County Department of Social Services (DSS): CCSA provides families receiving subsidy funds through DSS with child care education and referral services. CCSA's bilingual counselors are made available to support DSS families and staff on an ongoing basis, either in person or by phone. Staff also conduct quarterly workshops on Choosing Quality Child Care for Work First clients at Orange County's DSS offices in Hillsborough.
- Orange County Partnership for Young Children: CCSA has collaborated extensively with the Orange County Partnership for Young Children since the origins of Smart Start and the Orange County Partnership. Collaboration has included a prior, 15-year history delivering Scholarship services, and currently includes partnership in the implementation and delivery of technical assistance, training, and workforce development strategies.
- Third Sector Alliance: CCSA participates in the Third Sector Alliance, which is a collaborative of non-profit and human service agencies in Orange County. The group composed of personnel from these agencies meets periodically to discuss the service needs of Orange County residents and to explore the possibility for coordinating efforts to meet these needs.
- UNC- Chapel Hill: CCSA is an active member of the UNC Child Care Advisory Committee. This committee seeks to address the parenting and child care needs of the University community and oversees a child care allocation set aside for UNC students and University employees. Benefits to eligible Orange County residents include the provision of child care scholarship and referral services.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.
Elimination or reduction in funding would result in an immediate reduction in children being served by CCSA's scholarship program. A significant reduction in funding by United Way of the Greater Triangle for FY16 has already decreased the number of Orange County children CCSA is capable of serving and further cuts may eliminate the availability of any scholarships for families not affiliated with UNC-Chapel Hill.

i) Include any other pertinent information.
N/A

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: CCSA Child Care Scholarship Program

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	56	51	58
Female	60	54	62
Total	116	105	120
Of the females, how many are single-female Head of Households (Omit for Human Services)	N/A	N/A	N/A
Ethnicity			
African-American	26	24	27
American Indian or Alaska Native	1	1	1
Asian	15	14	16
Caucasian	42	38	43
Native Hawaiian or other Pacific Islander			
Other	32	29	33
Total	116	105	120
Of the above, how many Hispanic/Latino	8	7	8
Of the above, how many non-Hispanic/Latino	108	98	112
Total	116	105	120
Age			
0-5 years	110	100	114
6-18 years	6	5	6

19-50 years			
51-61 years			
62+ years			
Total	116	105	0
Geographic Location			
Durham City	34	31	35
Durham County	35	32	36
Carrboro	9	8	9
Chapel Hill	64	58	66
Chapel Hill Public Housing Residents	Unknown	Unknown	Unknown
Orange County	73	66	76
Raleigh	3	3	3
Wake County	5	5	5
Other County	3	3	3
Total	116	105	120
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	22	20	23
31-50% Area Median Income	19	17	20
51-80% Area Median Income	53	48	55
> 80% Area Median Income	22	20	23
Total	116	105	120
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)	5	5	5
Homeless			
People with HIV/Aids			
Total	5	5	5

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
President	1		$112,200	$114,444	$116,733	2.44%	R, H
Vice Presidents	6	.1	$555,566	$566,677	$578,011	12.10%	R, H
Directors	**5.63**	**.5**	**$474,907**	**$412,530**	**$420,781**	**8.81%**	**R, H**
Senior Manager	3		$194,216	$202,255	$206,300	4.32%	R, H
Admin Managers	4		$224,253	$228,738	$233,313	4.88%	R, H
Program Managers	12.5	1.5	$660,824	$641,889	$654,727	13.70%	R, H
Coordinators, Specialists & Developers	31.83		$1,354,848	$1,404,560	$1,432,651	29.98%	R, H
Counselors, Supervisors, TA Associates, Accounting Associates, Resource Teachers, Administrative Assistants	30.37	3.3	$1,376,110	$1,017,218	$1,037,562	21.71%	R, H
Meal Service and Research Assistants	3.875		$93,646	$96,265	$98,190	2.05%	R, H

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES	NO	
☐	☒	a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?
☐	☒	b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?
☐	☒	c) Current beneficiaries of the project/program for which funds are requested?
☒	☐	d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

One of CCSA's board members, Adriana Martinez, is the owner/director of a child care facility, Spanish for Fun Academy, which provides child care services to CCSA child care scholarship recipients. The facility receives monthly reimbursement for these services.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Anna Carte — Executive Director — Date: 1-21-16

Signature: Peggy M. Ball — Board Chairperson — Date: 1-21-16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activities	• Accept applications from Orange County families seeking assistance with child care for approximately 120 children birth to 12 years old. • Determine family-eligibility based on family income and activity requirements. Income requirements are based on median income levels for Orange County (as opposed to the state median income guidelines used by DSS). Families are required to be working, looking for work, or attending school/training programs. • Award scholarships based on enrollment priorities and program guidelines. Families are awarded scholarships based on greatest need (i.e., lowest income). Enrollment priorities include homeless families, teen parents, and children with special needs. Priorities also include children residing in the Family Success Alliance priority Zones 4 and 6 and families affiliated with UNC-CH.		
Program Goal 1	Assist families in attaining and sustaining employment, education, and/or job training by removing barriers to child care		
Performance Measures	1) % of families receiving scholarship assistance because of employment, education or training needs (assessed through ongoing documentation and data tracking, per child, of parental activities and child care need); 2) % of families who report that child care scholarship assistance enabled employment, education or training (assessed through annual evaluation surveys conducted on sample of families each spring)		
Program Results	1) 100% 2) 96%	1) 90% 2) 90%	1) 90% 2) 90%
Program Activities	• Assist families who have been awarded scholarships with finding and selecting high-quality child care. Children receiving scholarships are required to be placed in 4-5 star licensed child care facilities. Scholarship counselors are trained to assist families in understanding their child care options and providing referrals. • Reimburse licensed, 4-5 star child care programs monthly for care used by approximately 120 children on scholarship (reimbursement amounts are set at the lesser of a child care program's tuition rate or a CCSA-set, maximum reimbursement rate, minus a parental contribution or "fee").		
Program Goal 2	Provide children access to high quality child care that will facilitate their growth and development		
Performance Measures	1) % of children receiving scholarships enrolled in licensed, 4-5 star child care facilities (assessed through ongoing data tracking, per child, of child care facilities attended and licensure status of these facilities); 2) Average star-rating of child care facilities used by children on scholarship (assessed through ongoing data tracking, per child, of child care facilities attended and licensure status of these facilities)		
Program Results	1) 100% 2) 4.8	1) 95% 2) 4.3	1) 95% 2) 4.3

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section III. Program Information
Program Budget Worksheet

AGENCY NAME: CHILD CARE SERVICES ASSOCIATION

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
PROGRAM REVENUE				
Private Donations				0
Program Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ -	$ -	$ 35,000	0
Town of Chapel Hill	$ 9,000	$ 12,500	$ 12,500	0%
Town of Carrboro	$ 4,500	$ 5,000	$ 7,500	50%
Other Local:	$ -	$ -	$ -	0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 70,772	$ 23,000	$ 27,600	20%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 567,525	$ 594,097	$ 594,097	0%
Please list 3 largest Miscellanous sources:				
University of North Carolina $ 590,497.00				
St Thomas More $ 3,600.00				
$ -				
Total Program Revenue	**$ 651,797**	**$ 634,597**	**$ 676,697**	**7%**
PROGRAM EXPENSES				
Compensation	$ 57,871	$ 59,028	$ 60,209	2%
Rent & Utilities				0
Supplies & Equipment	$ 510	$ 395	$ 395	0%
Travel & Training	$ 16	$ 193	$ 193	0%
Other Expenses:	$ 593,400	$ 574,981	$ 615,900	7%
Please list 3 largest "Other Expenses":				
Child Care Scholarship $ 539,000.00				
Other Expenses (Overhead) $ 35,981.00				
$ -				
Total Program Expenses	**$ 651,797**	**$ 634,597**	**$ 676,697**	**7%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ (0)**	**$ 0**	**103%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Child Care Scholarship Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Child care scholarship payments to child care facilities	$577.64/month average[8]	Average of 8.3 months of scholarship participation x 116 children	$556,152 ($556,267 actual for FY15)
Staffing (for family support, provider relations, data and payment processing, and supervision/management)	$30.91/hour average	8 staff at average of 19.5 hours/month[9] x 12 months)	$57,864 ($57,871 actual for FY15)
Program materials/equipment	$58.45 average	Approximate per staff cost for printing, computer equipment and office supplies x 9 staff	$526
Overhead	$37,133	6% of overall program budget	$37,133
		Total	**$651,797**

[8] The cost of a direct scholarship is based on the age of the child enrolled into care and the type of care selected by the parent for the child, neither of which is controlled by the Scholarship program. As a result, the average cost per child can fluctuate widely. FY16 costs per child have increased in part due to these factors but also due to an increase in statewide and CCSA reimbursement rates of child care providers put into effect in January, 2015. The cost per child for FY17 is projected to decline somewhat due to the increased age (and lower child care reimbursement rate) of children served, and the projection that newly added children will be school-age (5 years and up).

[9] Average hours will fluctuate depending on child caseload and the volume of eligibility or child care changes experienced by families receiving scholarships

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$651,797	$634,597	$676,697
Total # of Units	116	105	120
Cost Per Unit	$5,618.94	$6,043.78	$5,639.14

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAME: **CHILD CARE SERVICES ASSOCIATION**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 21,289	$ 50,000	$ 50,000	0%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ -	$ -	$ 35,000	0
Town of Chapel Hill	$9,000	$12,500	$12,500	0%
Town of Carrboro	$4,500	$5,000	$7,500	50%
Other Local: Durham County	$ 29,783	$ 29,783	$ 29,783	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 150,921	$ 151,550	$ 175,000	15%
State Government	$ 11,268,202	$ 10,597,476	$ 10,597,476	0%
Federal Government	$ 12,199,198	$ 12,384,979	$ 9,147,000	-26%
Other Grants: Child Care Resources, Inc.	$ 460,675	$ 495,896	$ 459,407	-7%
Other Grants: Southwestern Child Developmer	$ 75,915	$ -	$ -	0
Other Grants: Town of Cary	$ 1,500	$ 1,500	$ 1,500	0%
Miscellaneous/Other Revenue	$ 1,766,615	$ 2,158,903	$ 2,158,903	0%
Please list 3 largest Miscellanous sources:				
Kitchen $ 748,025.00				
Foundations $ 535,930.00				
University of North Carolina $ 613,197.00				
Total Agency Revenue	**$25,987,598**	**$25,887,587**	**$22,674,069**	**-12%**
AGENCY EXPENSES				
Compensation	$ 6,397,689	$ 6,313,825	$ 5,713,825	-10%
Rent & Utilities	$ 135,737	$ 117,112	$ 119,454	2%
Supplies & Equipment	$ 474,616	$ 471,262	$ 447,699	-5%
Travel & Training	$ 274,145	$ 275,281	$ 261,517	-5%
Other Expenses:	$18,705,411	$18,710,107	$16,131,574	-14%
Please list 3 largest "Other Expenses":				
Wages Pass through $6,199,926				
TEACH Pass through $2,591,409				
Contracts with Service Provider $3,122,807				
Total Agency Expenses	**$25,987,598**	**$25,887,587**	**$22,674,069**	**-12%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ (0)	0

**** CCSA's fiscal year runs July 1 – June 30 ****

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency _Club Nova Community, Inc._____

Program(s) __Club Nova_____

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☐ ***Other Pertinent Information - **None***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME - **N/A*** **B.** ☐ **Part B*: Construction/Rehab - **N/A***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Club Nova Community, Inc.

Applicant Organization's Physical Address: 103-D W. Main St, Carrboro, NC 27510

Applicant Organization's Mailing Address: 103-D W. Main St, Carrboro, NC 27510

Applicant Organization's Web Address: www.clubnova.org

Executive Director: Karen Kincaid Dunn

Telephone Number: (919)968-6682 E-Mail: kdunn@clubnova.org
CC: karendunn@nc.rr.com

DUNS Number: 96-946-1693
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Club Nova

Project/Program Primary Contact and Title: Steven Warnock, Associate Director of Program
Sadie Brooks, Administrative Unit Leader

Telephone Number: (919) 968-6682 E-Mail: swarnock@clubnova.org
sbrooks@clubnova.org

c) Funding Request Identification

Total Project/Program Cost: $833,500 Total Amount of Funds Requested: $127,500

Proposed Use of Funds Requested (2-3 Line Maximum): Sustain critical safety net for people living with serious mental illness by minimizing and/or preventing serious health conditions, suicide, ER visits and hospitalization, shorter life expectancy, homelessness, incarceration; and by providing access to health care, nutritious meals, job training, education, and transportation.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

☒ Human Services: ☒ Carrboro $16,500 ☒ Chapel Hill $16,000 ☒ Orange County $95,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Karen Kincaid Dunn, Executive Director — January 25, 2016 (Date)

Signature: Gretchen Davis, Board Chairperson — January 25, 2016 (Date)

SIGNATURES SENT AS ATTACHMENT TO ORANGE COUNTY IN FILE NAMED:
Cover Page Signatures.

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

Club Nova was founded July 1, 1987. Our founding members were at the core of our inception. Club Nova has been in operation 28 years, operating for 19 years under the auspices of OPC Area Authority. Club Nova Community, Inc. incorporated on August 23, 2004. On May 21, 2006, Club Nova was divested and came under the governance of Club Nova Community, Inc. We have operated as a private non-profit for 9 ½ years.

b) Agency's Purpose/Mission

Club Nova provides opportunities for individuals with mental illness to lead meaningful lives of their choice in the community

c) Types of Services the Agency Provides

Clubhouses save and change lives. Club Nova is based on the successful Clubhouse Model focusing on social, economic, educational, and community supports for members' need to be safe, healthy, independent, and engaged in a community. Club Nova provides a comprehensive, integrated approach to meet the broad array of needs of our members including: supports and coordination of health care, crisis prevention, access to affordable, healthy meals, assistance with housing and entitlements, and education/employment opportunities.

Most members live in extreme poverty and have difficulty meeting basic needs. Club Nova addresses and provides assistance with the most basic needs of the target population. Club Nova offers support and opportunities to: develop meaningful relationships; secure employment; live in a safe, affordable place to call home; pursue educational endeavors; access community support, including benefits and any other needed service; engage in social opportunities; develop and sustain a healthy lifestyle with access to quality health care and affordable, nutritious food; civic engagement; and the fullest participation and inclusion in the community.

Club Nova provides members with a place to go with purpose, adding dignity to a population that is isolated and has lost many social supports and contacts. Members and staff participate in open forums to discuss policy, planning and decision-making that affect our future as an organization. These ongoing interactions build confidence and preserve dignity of the members. We actively engage in community education and advocacy at the local, state and federal level which helps give voice to people who typically have not been a priority.

Club Nova is more than a program. It is a community of people working together and committed to each other's success. It is a place where there are repeated opportunities for friendships, important work, employment, education, and access to effective services and supports. Club Nova is a place where people with serious mental illness participate in their own recovery by working and socializing together in a safe, welcoming environment. We offer members hope and opportunities to achieve their full human potential. Club Nova is a community-based approach that complements available psychiatric treatment.

The Basic Components of Clubhouse: Community Support

- Members get help with acquiring and keeping affordable and dignified homes.
- Members get help with government disability and pension benefits.

The Basic Components of Clubhouse: Health and Wellness

- Club Nova provides 13 affordable, nutritious meals each week.
- Members are given help accessing and navigating the social and healthcare services they require.
- Members get help with averting crisis and crisis intervention.
- Members have opportunities to participate in smoking cessation other wellness programming.

The Basic Components of Clubhouse: Outreach

- When a member does not attend or is hospitalized, a reach-out call or visit is made.
- Outreach provides an early warning system for members who are experiencing difficulties.
- Through routine contact, a crisis, hospitalization or worse is often prevented.

The Basic Components of Clubhouse: The Work Ordered Day

- Members and staff work together as colleagues to carry out all the critical work necessary to sustain Clubhouse functions.
- Through participating and contributing, members regain skills, a sense of purpose, self-worth, and confidence working in the Clubhouse

The Basic Components of Clubhouse: The Employment Programs

- People with SMI have the lowest employment rates of any disability.
- Returning to paid employment is a right of membership and a priority at the Clubhouse
- We provide members opportunities to return to paid employment in integrated work settings.
- Three types of employment programs: Transitional, Supported, and Independent
- Employment is at the employer's place of business and pays the prevailing wage for the required work.

The Basic Components of Clubhouse: Education

- Often education has been interrupted by SMI. Our Supported Education assists with admissions, financial aid, and utilization of disability offices.
- The Clubhouse provides opportunities and assistance helping members complete or start their certificate or degree programs at colleges and universities.

The Basic Components of Clubhouse: Evening, Weekend, Holiday Program

- Many people with SMI live in isolation.
- Our Evening, Weekend, Holiday Program reduces isolation and gives members a sense of social connectedness and belonging.

The Basic Components of Clubhouse: Transportation

- Access to Club Nova is essential for our members to participate in our full range of opportunities.
- Transportation operates a morning and an evening route throughout Orange County.

What are some of the outcomes for people who participate in the Clubhouse opportunity system?

The Clubhouse Model provides social, health, and economic benefits to the Club members.

- Employment, with longer on-the-job tenure for members engaging in transitional employment - ~30 % of membership worked in 2015. Nationally, 10% average working.
- Cost effective, compared to other mental healthcare approaches. Club Nova can fully serve one member for at least 6 months compared to cost of 8 days of local psychiatric hospital care.
- Reduced hospital stays & ER visits - ~12% re-hospitalization rate for our members versus 40% - 75%
- Reduced incarcerations
- Maintained safe, affordable housing – No member experienced homelessness in 2015.
- Better health and improved well-being: more likely to have close friendships and people to rely on

d) Agency's Experience with Similar Programs as the Funding Request

Club Nova was established as a Clubhouse Model. We have 28 years of experience in providing the full range of supports and opportunities that define the Model and are in our funding request. The Model operates on proven standards and has been replicated effectively with over 300 Clubhouses worldwide. A rigorous accreditation process assures fidelity to the standards of the Model. Club Nova holds a 3 Year Accreditation and is one of six accredited Clubhouses in North Carolina. The Clubhouse Model is included in the Substance Abuse and Mental Health Services Administration (SAMHSA) registry for Evidence-Based Practices.

e) Other Pertinent Agency Information

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: _**Club Nova Community, Inc**._____

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	**Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education				X	
Health and Nutrition				X	
Job Training				X	
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring				X	
Transportation				X	
Housing				X	
Other: Please specify - -Crisis Prevention and Intervention -Outreach -Benefits and Entitlements We are filling a critical need in our community that would otherwise go unmet.				x	

**Club Nova works with adults 18+ who live with serious mental illness.

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Priorities Addressed by Club Nova: Critical Safety Net, Health and Nutrition, and Quality of Life

The Clubhouse Model is one of the most comprehensive, integrated programs in the United States offering persons with mental illness access to the supports and opportunities needed to rebuild their lives.
Club Nova addresses the risks of mental illness while providing supports and opportunities to live meaningful lives of one's choice in the community. Specifically, we provide the following:

- Community Support
  - Assistance in accessing and navigating quality healthcare. Addresses shorter life expectancy and serious health problems.
  - Housing supports to secure and maintain safe, affordable, dignified housing. Averts homelessness. 100 % of Club Nova members maintained housing in 2015.
  - Crisis prevention and intervention. Saves lives and avoids costly ER and hospitalization costs.
  - Assistance in securing and maintaining benefits and entitlements. Provides more economic security.
- Health and wellness with nutritious, affordable meals that are prepared by members and staff. Addresses hunger and helps mitigate health problems.
- Outreach. Combats isolation and reduces risk of crisis, ER visits, and hospitalization.
- Transportation. Essential in members accessing Club Nova and the full range of opportunities and supports.
- Employment. Addresses high unemployment for our members and increases economic security.
- Supported Education. Addresses education that has been interrupted by mental illness.
- Work Ordered Day. Provides a sense of community, common purpose, and opportunities to contribute. Builds confidence, self-worth, and skills.
- Evening/Weekend/Holiday Program. Addresses isolation and social connectedness.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

GOALS AND PRIORITIES CLUB NOVA ADDRSSES

Orange County Board of County Commissioners: Goal One: Ensure a community network of basic human services and infrastructure that maintains, protects and promotes the well-being of all County residents. Identify and protect 'safety net' programs and services.
Town of Chapel Hill Town Council: Priority Area #1: Safety-net services for disadvantaged residents. Priority Area #3: Improve health and nutrition of needy residents.
Town of Carrboro Board of Aldermen: Enhance and sustain quality of life/place for everyone. Maintain Carrboro's unique identity

The following match the Direction of County Commissioners, Carrboro Board of Aldermen, and Chapel Hill Town Council:
The mission of Club Nova is unique and serves a vulnerable population. We provide a critical social safety net and address the needs of persons living with severe and persistent mental illness. Geographically, we ensure Club Nova is available and accessible to residents throughout Orange County, including Carrboro, Chapel Hill, Hillsborough, Cedar Grove, Efland, Hurdle Mills, and Mebane. Local government funds are essential to fulfilling our mission. Club Nova is effective in helping a vulnerable population access county and other services.

Risks of Serious Mental Illness

According to the National Alliance on Mental Illness, 1 in 4 adults experience a mental health disorder in a given year and one in 17 live with a serious mental illness. With a population of approximately 139,694, the target population of people with serious mental illness in Orange County is ~8,217.

Mental Illness threatens lives everywhere: suicide claims a life every 30 seconds. Every day, nearly 3,000 people in the world – almost 1 million each year – commit suicide. For every person who succeeds in committing suicide, there are at least 20 more who try. Worldwide, suicide causes more deaths each year than homicide or war.[1]

People living with mental illness are at risk for crisis, repeated hospitalization, ER visits, homelessness, and involvement in the legal system.

The life expectancy of people living with serious mental illness is 25 years shorter than the general population. Newer data suggests a 30-40% reduction in potential life-years. A high prevalence of co-occurring medical conditions exists. While mitigating the symptoms of mental illness, psychiatric medications along with other factors, often result in serious health conditions including weight gain, diabetes, and cardiovascular and respiratory disease. Access to quality health care and navigating the health care system is critical.

According to the Orange County Homeless Count January 28, 2015, the total homeless count was 110 for those 18 and over. Out of that total, 30 had serious mental illness. In the prison system, 24% of those incarcerated in state prisons and 21% incarcerated in local jails have a recent history of a mental health disorder.

The onset of mental illness is often early adulthood. Mental illness interrupts relationships, education, employment, and economic stability. The majority of Club Nova members live well below the poverty threshold with a monthly income of ~$733 per month. Preliminary research indicates 44% of individuals with SMI are food insecure while the national rate for the general population is just over 14%. Over the past decade, national unemployment rates for adults living with SMI have increased to as high as 90%. This scenario exists despite studies showing that adults living with mental illness want to work, and that 60% can succeed with appropriate support.

Inadequate funding and resources present significant barriers to receiving treatment that is proven to help ameliorate symptoms, lower dependence on tax dollars and improve quality of life for the person and the family. Its chronic nature means life-long treatment and vigilance. People living with serious mental illness need trusting relationships, social connections, supports, and opportunities to avert isolation, unnecessary hospitalizations, homelessness, and involvement with the legal system. Assistance in navigating the complex healthcare and benefits systems is essential. People living with serious mental illness need opportunities for education and employment to mitigate the social and economic impact of mental illness

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Club Nova works with Orange County adults living with serious mental illness (SMI), primarily schizophrenia and bipolar disorder. All members are beneficiaries. Beneficiaries are identified through outreach, community education, other providers and organizations, families, and members of the community. Our referral process ensures that Club Nova is preserved for the intended beneficiaries – adults living with serious mental illness.

e) Who specifically will carry out the activities and in what location will they be carried out?

Club Nova staff, including executive director, 7.5 program staff, one Johnson Intern, and 4 part-time transportation staff carry out the activities. Club Nova is based at 103 D & C West Main Street in Carrboro. Our work takes place both at Club Nova and throughout the larger community, including but

not limited to local businesses, other agencies, members' homes, local educational institutions, ER, and health care facilities.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Implementation Timeline: Club Nova has been fully operational for 28 years.

- We are open six days per week and all major holidays on the holiday. We are open 54 + hours per week.
- Community Supports are provided on a daily, ongoing, and as needed basis.
- Nutritious, Affordable Meals: 5 Breakfasts (Mon-Fri), 6 Lunches (Mon-Sat), 2 Dinners (Mon & Thurs), Holiday Meals. Serve 12,000 + meals annually. Members are involved in planning and preparation.
- Employment, Supported Education, and Outreach are provided on a daily, ongoing basis.
- Transportation: Operates two routes a day (morning and evening) Mon-Sat and major holidays.
- Work Ordered Day operates Mon-Fri 8 AM-6 PM and Sats 10 AM-4 PM.
- Evening, Weekend, Holiday Program is provided on Thurs 4 PM-8 PM and Sat typically from 11AM-4 PM. Holiday hours vary depending on the holiday. We are typically open 5 hours on holidays.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

Club Nova collaborates with service providers, community institutions, and advocacy groups to meet the needs of our members, educate the public, and advocate for change at the policy level.

We have collaborative relationships with mental health providers, law enforcement, courts, social service agencies, private providers, hospitals and others. Through our Employment Program and job development efforts, the partnerships in the community are essential.

Please see attachment for details on our collaborative efforts.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

We are filling a critical need in our community that would otherwise go unmet. Club Nova requires a healthy blend of public and private dollars. We are in need of more robust local funding given the challenges in the NC Mental Health System. Without county and municipal funds, Club Nova would have to lay off staff and reduce the number of members accepted and served which would cause our program and members to suffer. North Carolina has one of the lowest reimbursement rates for Clubhouses of any other state in the nation. In a national survey conducted by the University of Massachusetts School of Medicine, representing 30 states, the average hourly reimbursement rate is $23.96 per hour. The hourly reimbursement rate in NC is $10.76. With the continuing changes in mental health, Club Nova has stepped up to meet more of the critical needs of members that historically other services were available to help support. Additionally, services we used to be reimbursed for have been eliminated or now have exclusions that result in Club Nova providing in excess of $100,000 in services that are not reimbursed. This amount does not include the elimination of state funding for our Employment Program. Our Employment Program with job development, job training, and ongoing support is an essential facet of Club Nova.

i) Include any other pertinent information.

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Club Nova

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	67	76	82
Female	36	41	46
Total	103	117	128
Of the females, how many are single-female Head of Households (Omit for Human Services)	N/A	N/A	N/A
Ethnicity			
African-American	12	14	15
American Indian or Alaska Native	0	0	0
Asian	1	2	3
Caucasian	84	91	100
Native Hawaiian or other Pacific Islander	0	0	0
Other	6	10	10
Total	103	117	128
Of the above, how many Hispanic/Latino	4	6	8
Of the above, how many non-Hispanic/Latino	99	111	120
Total	103	117	128
Age			
0-5 years			
6-18 years	1	1	1

19-50 years	52	60	68
51-61 years	36	41	43
62+ years	14	15	16
Total	103	117	128
Geographic Location			
Durham City	0	0	0
Durham County	4	4	4
Carrboro	38	45	47
Chapel Hill	49	52	55
Chapel Hill Public Housing Residents	N/A	N/A	N/A
Orange County	9	13	19
Raleigh	0	0	0
Wake County	0	0	0
*****AGENCY ADDED - - - Chatham Co**	3	3	3
Total	103	117	128
Income Level – See following chart (Omit for HS) N/A			
< 30% Area Median Income	101	115	126
31-50% Area Median Income	2	2	2
51-80% Area Median Income	0	0	0
> 80% Area Median Income	0	0	0
Total	103	117	128
Special Needs (Omit for HS) N/A			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE** *	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director- **>**Increase per board to bring this positions salary in line with area EDs	1.00	100%	$44,616	$62,616	$80,616	9.7%	(R) (H)
Associate Director – Employment/Education (formerly Program)	1.00	100%	$39,690	$37,960	$37,599	4.5%	(R) (H)
Associate Director – Program (former Program Staff position in 14/15)	1.00	100%	$36,260	$36,941	$36,941	4.4%	(R) (H)
6 Program Staff - Full Time ***1**of 6 is vacant Position to be filled FY 16-17	1.00	100%	$172,683	$171,150	$206,019	24.7%	(R) (H)
Program Staff – Part Time Thrift Shop	0.50	100%	$20,521	$15,600	$15,600	1.9%	N/A
4 Transportation Drivers	0.25	100%	$22,296	$23,800	$23,800	2.9%	N/A
Program Staff No Longer Employed at CNCI - LH	1.00	100%	$33,342	$12,658	N/A	0%	(R) (H)
Temp Workers-Program/Culinary/T.S. As needed	0.50	100%	$7,418	$12,000	N/A	0%	N/A
Johnson Service Corp. Intern (Wages paid to Johnson Service Corp and is paid out of Intern Expense) **>**Increase due to possibility of 2nd intern in FY 16-17	0.75	100%	$12,430	$14,250	$28,500	3.4%	N/A
Volunteers	2		N/A	N/A	N/A	0%	N/A

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Karen Kincaid Dunn — Executive Director — Date: January 25, 2016

Signature: [illegible] — Board Chairperson — Date: January 25, 2016

SIGNATURES SENT AS ATTACHMENT TO ORANGE COUNTY IN FILE NAMED:
Conflicts of Interest Signatures.

NOTE:
c) and d)
As part of our inclusive governance, Club Nova has two members of Club Nova on the Club Nova Community, Inc. Board of Directors. One of the members provides transportation for Club Nova on a part-time basis. Additionally, all staff at Club Nova are paid employees and provide services. It is our understanding that these roles are not a conflict of interest.

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

Embedded document is too large for a page in this application. It has been embedded, but is also attached as an Excel document titled ***m. Work Statement – all agencies.*

Program Activity 1	Club Nova offered a round trip ride for members throughout Orange County six days a week, and on holidays. Transportation was offered with no out-of-pocket charge to members. Club Nova's transportation service ensured each member had equal access to all of our opportunities. Club Nova transportation served members who live in areas not accessible to public transportation or are unable to utilize the bus system for various reasons (including symptoms related to diagnoses like paranoia) and needed viable transportation to Club Nova. Club Nova transportation staff receive necessary training and certification. Staff maintains vehicles.	Club Nova will offer a round trip ride for members throughout Orange County six days a week, and on holidays. Transportation will be offered with no out-of-pocket charge to members. Club Nova's transportation service ensures each member has equal access to all of our opportunities. Club Nova transportation will serve members who live in areas not accessible to public transportation or are unable to utilize the bus system for various reasons (including symptoms related to diagnoses like paranoia) and need viable transportation to Club Nova. Club Nova transportation staff will receive necessary training and certification. Staff maintains vehicles.	Club Nova will offer a round trip ride for members throughout Orange County six days a week, and on holidays. Transpor-tation is offered with no out-of-pocket charge to members. Club Nova's transportation service will ensure each member has equal access to all of our opportunities. Club Nova transportation will serve members who live in areas not accessible to public transportation or are unable to utilize the bus system for various reasons (including symptoms related to diagnoses like paranoia) and need viable transportation to Club Nova. Club Nova transportation staff will receive necessary training and certification. Staff maintains vehicles.
Program Goal 1	Club Nova maintained a full transportation program that employed and trained 100% of a team of drivers, maintained its vehicles, and provided our membership with approximately 45,000 miles of transportation to and from Club Nova (plus socials and occasional medical appointments) throughout Orange County six days a week and on all major holidays.	Club Nova will maintain a full transportation pro-gram that employs and trains 100% of a team of drivers, maintains its vehi-cles, and provides our membership with approx-imately 45,000 miles of transportation to and from Club Nova (plus socials and occasional medical appointments) throughout Orange County six days a week and on all major holidays.	Club Nova will maintain a full transportation program that employs and trains 100% of a team of drivers, maintains its vehi-cles, and provides our membership with approx-imately 45,000 miles of transportation to and from Club Nova (plus socials and occasional medical appointments) throughout Orange County six days a week and on all major holidays.
Performance Measures 1	Club Nova: • Maintained a log in each vehicle to track ridership and mileage for each trip. • Maintained vehicle logs, tracking overall mileage and gas expenditures • Documentation of certi-fication was kept of all trainings received by drivers (in CPR, AED, 1st Aid, Blood Borne Patho-gens, etc.) • Maintained log of social and community events attended by Club Nova members through Club Nova transportation	Club Nova will: • Maintain a log in each vehicle to track ridership and mileage for each trip. • Maintain vehicle logs, tracking overall mileage and gas expenditures • Document of certification of all trainings received by drivers (in CPR, AED, 1st Aid, Blood Borne Patho-gens, etc.) • Maintain log of social and community events attended by Club Nova members through Club Nova transportation	Club Nova will: • Maintain a log in each vehicle to track ridership and mileage for each trip. • Maintain vehicle logs, tracking overall mileage and gas expenditures • Document of certification of all trainings received by drivers (in CPR, AED, 1st Aid, Blood Borne Patho-gens, etc.) • Maintain log of social and community events attended by Club Nova members through Club Nova transportation
Program Results 1	100% of members had access to our transportation services and therefore had access to the rest of our services. 87% of Club Nova members utilized transportation opportunities. 100% of drivers were trained and certified in CPR, AED, 1st Aid, Blood Borne Pathogens, and Seizure Management. Transportation facilitated enhanced engagement by members in the larger community.	Club Nova will provide approximately 45,000 miles of un-reimbursed transportation services to members. 100% of members will have access to our transportation services and therefore have access to the rest of our services. (0% will be unable to participate due to lack of transportation.) 80% of Club Nova members will utilize transportation opportunities. 100% of drivers will attend all needed trainings. Transportation will continue to facilitate enhanced engagement by members in the larger community.	Club Nova will provide approximately 45,000 miles of un-reimbursed transportation services to members. 100% of members will have access to our transportation services and therefore have access to the rest of our services. (0% will be unable to participate due to lack of transportation.) 80% of Club Nova members will utilize transportation opportunities. 100% of drivers will attend all needed trainings. Transportation will continue to facilitate enhanced engagement by members in the larger community.
Program Activity 2	Club Nova continued to offer the spectrum of services to ACTT members regardless of our ability to receive payment for these services, due to ACTT/PSR exclusion, which amounted to $108,019 annually. Club Nova actively collaborated with the ACTT providers to coordinate care and ensure the health and safety support of these members	Club Nova continues to offer the spectrum of services to ACTT members regardless of our ability to receive payment for these services, due to ACTT/PSR exclusion, which amounts to roughly $129,120 annually. Club Nova will actively collaborate with the ACTT providers to coordinate care and ensure the health and safety support of these members.	Club Nova will continue to offer the spectrum of services to ACTT members regardless of our ability to receive payment for these services, due to ACTT/PSR exclusion, which amounts to roughly $130,000 annually. Club Nova will actively collaborate with the ACTT providers to coordinate care and ensure the health and safety support of these members.
Program Goal 2	Twenty two current members received Assertive Community Treatment Team (ACTT) non-billable services (typically those members that experience the most disabling effects of mental illness). The	Twenty current members who receive Assertive Community Treatment Team (ACTT) non-billable services (typically those members that experience the most disabling effects of mental illness) will	Twenty current members who receive Assertive Community Treatment Team (ACTT) non-billable services (typically those members that experience the most disabling effects of mental illness) will

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

As mentioned earlier in our application, North Carolina has one of the lowest reimbursement rates for Clubhouses of any other state in the nation. In a national survey conducted by the University Of Massachusetts School Of Medicine, representing 30 states, the average hourly reimbursement rate is $23.96 per hour. The hourly reimbursement rate in NC is $10.76. With the continuing changes in mental health, Club Nova has stepped up to meet more of the critical needs of members that historically other services were available to help support. Additionally, services we used to be reimbursed for have been eliminated or now have exclusions that result in Club Nova providing in excess of $100,000 in services that are not reimbursed. This amount does not include the elimination of state funding for our Employment Program. Our Employment Program with job development, job training, and ongoing support is an essential facet of Club Nova.

Program Budget

Agency/Program **Club Nova Community, Inc. - Orange County Funding for Transportation**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations				0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 50,000	$ 50,000	$ 50,000	0%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 50,000**	**$ 50,000**	**$ 50,000**	**0%**
AGENCY EXPENSES				
Compensation - Drivers and 10% of 1 F/T staff for Transportation Coordinator duties	$ 23,532	$ 27,800	$ 27,800	0%
Rent & Utilities				0
Supplies & Equipment	$ 34,807	$ 36,000	$ 36,000	0%
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 58,339**	**$ 63,800**	**$ 63,800**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (8,339)**	**$ (13,800)**	**$ (13,800)**	**0%**

Program Budget

Agency/Program **Club Nova Community, Inc.-Orange County Funding-PSR Services-ACTT Members**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations				0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 15,000	$ 15,000	$ 20,000	33%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local: MCO County Allocation for ACTT	$ 40,000	$ 40,000	$ 40,000	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 55,000**	**$ 55,000**	**$ 60,000**	**9%**
AGENCY EXPENSES				
Compensation				0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:	$ 108,019	$ 129,120	$ 130,000	1%
Please list 3 largest "Other Expenses":				
# of hours at PSR Reimbursement Rate $ -				
$ -				
$ -				
Total Agency Expenses	**$ 108,019**	**$ 129,120**	**$ 130,000**	**1%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (53,019)**	**$ (74,120)**	**$ (70,000)**	**6%**

Program Budget

Agency/Program **Club Nova Community, Inc.-Orange County Funding for Employment**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations				0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 10,000	$ 10,000	$ 15,000	50%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 10,000**	**$ 10,000**	**$ 15,000**	**50%**
AGENCY EXPENSES				
Compensation - Salaries, FICA, Fringe	$ 31,622	$ 35,423	$ 40,000	13%
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 31,622**	**$ 35,423**	**$ 40,000**	**13%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (21,622)**	**$ (25,423)**	**$ (25,000)**	**2%**

Program Budget

Agency/Program **Club Nova Community, Inc.-O.C. Funding for Critical Safety Net**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations				0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ -	$ -	$ 10,000	0
Town of Chapel Hill	$ -	$ -	$ 16,000	0
Town of Carrboro			$ 16,500	0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ -**	**$ -**	**$ 42,500**	**0**
AGENCY EXPENSES				
Compensation			$ 549,000	0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:			$ 30,000	0
Please list 3 largest "Other Expenses":				
Food and Provisions $ 30,000.00				
Total Agency Expenses	**$ -**	**$ -**	**$ 579,000**	**0**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ (536,500)**	**0**

Program Budget

Agency/Program Club Nova Community, Inc.-Carrboro Funding for Critical Safety Net, Health and Wellness

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations				0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County				0
Town of Chapel Hill				0
Town of Carrboro	$ 10,000	$ 10,500	$ 16,500	57%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 10,000**	**$ 10,500**	**$ 16,500**	**57%**
AGENCY EXPENSES				
Compensation- only included culinary unit leader salary, but all program staff provide this service	$ 36,211	$ 38,437	$ 38,500	0%
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 36,211**	**$ 38,437**	**$ 38,500**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (26,211)**	**$ (27,937)**	**$ (22,000)**	**21%**

Program Budget

Agency/Program **Club Nova Community, Inc.-Chapel Hill Funding for CNCI Critical Safety Net**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations				0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County				0
Town of Chapel Hill	$ 9,500	$ 9,500	$ 16,000	68%
Town of Carrboro				0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 9,500**	**$ 9,500**	**$ 16,000**	**68%**
AGENCY EXPENSES				
Compensation	$ 458,621	$ 508,000	$ 549,000	8%
Rent & Utilities	$ 34,861	$ 35,000	$ 35,000	0%
Supplies & Equipment	$ 34,352	$ 34,000	$ 34,000	0%
Travel & Training	$ 6,062	$ 15,500	$ 15,500	0%
Other Expenses:	$ 196,016	$ 198,000	$ 200,000	1%
Please list 3 largest "Other Expenses":				
Outsourced Billing and Accounting $ 47,500.00				
Insurance (property, vehicle, etc. $ 30,000.00				
Food and Provisions $ 28,000.00				
Total Agency Expenses	**$ 729,912**	**$ 790,500**	**$ 833,500**	**5%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (720,412)**	**$ (781,000)**	**$ (817,500)**	**-5%**

Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _Club Nova_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Staffing	$549,000	All staff and intern salaries	$549,000
Rent & Utilities	$35,000	All utilities and mortgage	$35,000
Supplies & Equipment	$34,000	Includes transportation expenses	$34,000
Travel & Training	$15,500	Travel and Training for staff	$15,500
Other expenses as stated on budgets	$200,000	All other expenses as stated in budget	$200,000
		Total	**$833,500**

b.) 1. Cost per Unit – 1 unit equals 1 hour of service

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$729,912**	**$772,348**	**$833,500**
Total # of Units	**51,586 hours**	**55,000**	**60,000**
Cost Per Unit	**$14.15**	**$14.04**	**$13.89**

2. Cost per Unit – 1 unit equals 1 member

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$729,912**	**$772,348**	**$833,500**
Total # of Units	**103**	**117**	**128**
Cost Per Unit	**$7,087**	**$6,601**	**$6,512**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Club Nova Community, Inc.**

AGENCY REVENUE		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations		$ 58,764	$ 86,000	$ 90,000	5%
Agency Generated Revenue (fees)		$ 380,925	$ 410,000	$ 420,000	2%
Local Government Grants:					
Orange County		$ 75,000	$ 75,000	$ 95,000	27%
Town of Chapel Hill		$ 9,500	$ 9,500	$ 16,000	68%
Town of Carrboro		$ 10,000	$ 10,500	$ 16,500	57%
Other Local:	MCO Non-USC Allocation for ACTT	$ 40,000	$ 40,000	$ 40,000	0%
Other Local:	MCO Supplement for Rate Reduction	$ 28,000	$ 28,000	$ 28,000	0%
Other Local:					0
If more than 3 sources, please provide a separate list.					
Non-Local Government Grants					
Triangle United Way		$ 18,459	$ 32,000	$ 32,000	0%
State Government					0
Federal Government					0
Other Grants:	Misc Local Grants	$ 12,043	$ 29,535	$ 30,000	2%
Other Grants:					0
Miscellaneous/Other Revenue		$ 57,515	$ 70,000	$ 70,000	0%
Please list 3 largest Miscellanous sources:					
Thrift Shop Sales	$ 41,340.00		$ 50,000	$ 50,000	
Culinary eals	$ 10,323.00		$ 12,000	$ 12,000	
Other Miscellaneous	$ 5,852.00		$ 8,000	$ 8,000	
Total Agency Revenue		**$ 690,206**	**$ 790,535**	**$ 837,500**	**6%**
AGENCY EXPENSES					
Compensation - Includes payroll taxes, benefits and intern (includes addition of 1 full time staff)		$ 458,621	$ 508,000	$ 549,000	8%
Rent & Utilities		$ 34,861	$ 35,000	$ 35,000	0%
Supplies & Equipment		$ 34,352	$ 34,000	$ 34,000	0%
Travel & Training		$ 6,062	$ 15,500	$ 15,500	0%
Other Expenses:		$ 196,016	$ 198,000	$ 200,000	1%
Please list 3 largest "Other Expenses":					
Outsourced Billing and Accounting	$ 47,500.00				
Insurance (property, vehicle, etc.	$ 30,000.00				
Food and Provisions	$ 28,000.00				
Total Agency Expenses		**$ 729,912**	**$ 790,500**	**$ 833,500**	**5%**
SURPLUS/(DEFICIT) FOR PERIOD:		**$ (39,706)**	**$ 35**	**$ 4,000**	**11329%**

MAIN APPLICATION

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **Communities In Schools of Orange County**

Program(s) CIS Afterschool Programs

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. *X Applicant Contact Information* b. *X Project/Program Contact Information* c. *X Funding Requests Identified* d. *X Signed Application Cover Page*	
2. Agency Information -	a. *X Agency's Years in operation* b. *X Agency's Purpose/Mission* c. *X Agency's Types of Services Provided* d. *X Agency's Experience* e. *X Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. *X Type of Application and Program Identified* b. *X Summary of Program* c. *X Description of Identified Need* d. *X Description of Population to be Served* e. *X Activity Manager and Location Description* f. *X Activity Implementation Timeline* g. *X Agency Collaboration* h. *X Describe Impact of Reduced/No Allocation* i. *X Other Pertinent Information* j. *X Complete Target Population/Beneficiary Chart* k. *X Complete Schedule of Positions* l. *X Signed Conflict of Interest Disclosure* m. *X Complete Work Statement*	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a. *X Program Budget Worksheet*** **b. *X Program Budget Detail*** **c. *X Cost Per Unit*** **d. *X Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A. *n/a* Part A: *CDBG & HOME*** **B. *n/a* Part B*: Construction/Rehab***	
6. Attachments	**a. *X Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b. *X IRS Federal Form 990*** **c. *X NC Solicitation License*** **d. *X IRS Federal Tax-Exemption Letter*** **e. *X Certificate of Insurance*** **f. *X List of Board of Directors*** **g. *X Articles of Incorporation/Bylaws*** **h. ☐ *Authorization to Request Funds*** **i. ☐ *Authorized official designation*** **j. *n/a Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Communities In Schools of Orange County

Applicant Organization's Physical Address: 210 N. Columbia Street, Chapel Hill, N.C. 27514

Applicant Organization's Mailing Address: P.O. Box 9454 Chapel Hill, N.C. 27514

Applicant Organization's Web Address: www.cisorange.org

Executive Director: Interim Executive Director: Sarah Shapard

Telephone Number: 919-967-6677 E-Mail: sarah@cisorange.org

DUNS Number: 101836497
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Communities In Schools of Orange County

Project/Program Primary Contact and Title: Sarah Shapard, Interim Executive Director

Telephone Number: 919-967-6677 E-Mail: sarah@cisorange.org

c) Funding Request Identification

Total Project/Program Cost: $78,800 Total Amount of Funds Requested: $78,800

Proposed Use of Funds Requested (2-3 Line Maximum): CIS Orange serves Orange County by operating a daily highly structured afterschool program at four middle schools in the district of Chapel Hill-Carrboro City Schools (CHCCS). An estimated 255 students during the 2016-17 school year will be served. Of the 255 students, an estimated 51%- 55% of the CIS students will receive free or reduced meals. The CIS afterschool programs offer snacks, homework assistance, ELA and math tutoring, STEAM enrichment activities (science, technology, engineering, arts and math) and transportation home.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

X Human Services: X Carrboro $7000 X Chapel Hill $26000 X Orange County $78800

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Executive Director — Date: 1.25.16

Signature: _____ Board Chairperson — Date: 01/25/2016

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a. **Date of Incorporation:** 1993 **Years in Operation:** 23 years

b. **Agency's Purpose/Mission:** CIS Orange has a mission to surround students with a community of support, empowering them to stay in school and achieve in life. CIS Orange believes every child needs and deserves a one-on-one relationship with a caring adult, a safe place to learn and grow, a healthy start and a health future, a marketable skill to use upon graduation, and a chance to give back to peers and community.

Types of Services the Agency Provides: CIS Orange serves Orange County by operating a daily highly structured afterschool program at four middle schools in the district of Chapel Hill-Carrboro City Schools (CHCCS). An estimated 255 students during the 2016-17 school year will be served. More than half (51 percent) will likely receive free or reduced meals based on the 2015-6 enrollment data. The CIS afterschool programs offer snacks, homework assistance, ELA and math tutoring, STEAM enrichment activities (science, technology, engineering, arts and math) and transportation home. CIS Orange also provides school-day services to students in need of additional support in the areas of attendance, behavior, coursework and/or parental engagement and involvement. It does so through a student support coach in partnership with McDougle Middle School and community volunteers, mentors and partners.

c. **Agency's Experience with Similar Programs as the Funding Request**
The afterschool programs that are being offered by other nonprofit organizations in the community charge fees and tuition but there is no charge to enroll in the CIS afterschool programs because of the generous support of the federal government, local municipalities, churches, foundations and individual donors.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Communities In Schools of Orange County: CIS Afterschool Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

MAIN APPLICATION

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:
X Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X				
Health and Nutrition	X (1)				
Job Training	X (2)				
Sports and Arts Activities	X				
Pre-School Activities					
After-School Activities	X				
Mentoring	X (3)				
Transportation	X (4)				
Housing					
Other: Please specify _____	X				

(1)CIS Orange believes every child needs and deserves a health start and a health future. Snacks are provided each day. Nutrition education through the duration of the program encourage students towards making health food choices and the benefits of exercising.

(2) CIS Orange believes every child needs and deserves a marketable skill to be used upon graduation. Creating success in the basics of education, such as reading and math, CIS Orange contributes towards and promotes college and career readiness. For instance, at the CIS-McDougle afterschool program, the students are learning how to code, which is a skill that could be applied towards a computer science degree or a career in computer science.

(3) CIS Orange believes every child needs and deserves an one-on-one relationship with a caring adult. While the ratio is 1:20 students, the CIS educator is joined by CIS mentors, Blue-Ribbon Advocates and volunteers; thereby reducing the ratio to allow for the students to connect with the adult and build positive and strong relationships. .

(4) The students and the parents are offered an option for the students to take a CHCCS bus home after the program ends at 5:30 p.m. This is an in-kind contribution provided by CHCCS and in partnership with CIS Orange.

MAIN APPLICATION

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

Summarize the program services proposed and how the program will address the chosen Town/County priority? Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Communities In Schools of Orange County (CIS Orange) strives to ensure that all students have the opportunity to stay in school and achieve in life. Towards this end, CIS Orange operates a highly structured afterschool program from 3:30 – 5:30 (Mondays through Fridays) at four middle schools in the district of Chapel Hill-Carrboro City Schools (CHCCS). Based on the 2015-16 enrollment data, an estimated 255 students during the 2016-17 school year will be served. CIS Orange has partnered with the CHCCS school system and Orange County to help meet the goals to end the achievement gap among the middle school students. It also has partnered with the Town of Chapel Hill and the Town of Carrboro. The Town of Chapel Hill seeks to fund education, mentorship and afterschool programming for youth facing a variety of challenge such as the challenges the CIS students faced and are discussed below this section. The Town of Carrboro seeks to provide services to a diversified group of residents include the diversified group of students CIS serves, who live and reside in Chapel Hill.

According to a 2014-15 CHCCS district report, there is a significant achievement gap that the school system has just begun to effectively address since 2013. Last year the district found that 42 percent of black students and 47 percent of Latino students passed end-of-grade and end-of-course tests in 2014-15, versus 90 percent of whites. Evidence of progress shows that students went from 26.9 percent proficient in 2013 to 42 percent in 2015. Still these results are below acceptable, according to Sheldon Lanier, director of Equity Leadership for the school system. Towards that end CIS Orange has partnered with the school system to help end the achievement gap by building in time, two hours a day, five days a week, to help the students with their homework so they will earn better grades, and to help them meet proficiency levels by working with the CIS math and ELA tutors. With the programs provided by CIS Orange and funded by the local municipalities, the school system and the district and members of the community, we are positioning these students to stay on track and in school and to achieve in life as productive citizens, potential employees and residents of Chapel Hill, Carrboro and Orange County.

Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.
Based on the 2015-16 enrollment data, CIS Orange estimates it will serve 255 middle school students in the district of Chapel Hill-Carrboro City Schools during SY2016-17 school year. Of the 255 CIS students currently being served in SY2015-16, 40 percent are Caucasian students and 34 percent are black students. Twenty-three percent are Latino students and 23 percent are classified as Asian students or other ethnicities. In addition, just over half (51 percent) the CIS students are on free or reduced meals.

Priority enrollment will be given to students who are referred to CIS Orange by social workers, guidance counselors, principals, teachers, and in some case, parents. The referrals are based on the school's assessment of the students' educational situations which could range, to name a few, from low attendance, poor grades, missing homework, not meeting or exceeding proficiency in ELA and/or math, lack of parental involvement and/or behavioral issues. These challenges arise because perhaps some students have no

parental supervision at home when their parent or parents are away at work, or they are experiencing little parental supervision. In turn they are likely to skip doing their homework and find themselves in destructive situations that could land them into trouble with school and/or with the school resource officers and/or the police. This could be one explanation among other reasons. Thus by creating a safe space with adults to supervise between the hours of 3:30 – 5:30 five days a week, CIS Orange decreases the number of students left unsupervised during these critical hours after school. By connecting the students with a community of volunteers, mentors, tutors, and educators, CIS Orange helps the students stay on track and engage their parents in supporting their education.

(d) Who specifically will carry out the activities and in what location will they be carried out? (e) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Attached to this report is a copy of the 2015-16 afterschool schedule that shows who carries out what activities and in what locations they are carried out including the middle schools for McDougle, Phillips, Culbreth and Smith. A draft 2017-16 afterschool schedule will be presented at a board retreat in June after feedback is collected, via surveys, from assistant superintendents, principals, parents, students, educators and partners. Once their feedback has been incorporated, the budget will be developed to hire four separate CIS lead teacher coordinators who will be responsible for managing and running a 32-week CIS afterschool program at their respective middle schools. These lead teacher coordinators also work as teachers during the day at their schools. This ensures that the teachers already have the trust, rapport and the relationships necessary to help these students stay on track. The lead teacher coordinators will train and coordinate with a team of CIS educators, ELA and math tutors, STEAM , partners and volunteers.

The program starts mid-September and operates Mondays through Fridays at 3:30 p.m. until 5:30 p.m. The goals are trifold: (1) to help the students increase their grades; (2) to meet or exceed proficiency levels in ELA and math; and (3) to increase exposure to a wide range of state-standard STEAM activities in the areas of science, technology, engineering, arts and math. The STEAM specialists prepare the lesson plans and lead the activities with the students and educators at least two or three times a week. Time is also built in the schedule for snacks, exercise at the gym or outside and getting ready for the bus ride home.

(f) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Chancellor's Science Scholars (UNC-Chapel Hill)
  Starting in SY2016-17, these students will lead STEAM activities in coordination with the CIS educators.
- UNC School of Social Work
  Last year the school identified two Ph.D. candidates to work with CIS Orange on preparing and implementing surveys at the beginning of the year, mid-year and at the end of the year to determine what was working and what wasn't working and what changes, if any, needed to be made.
- UNC School of Education
  Starting in 2016-17, the school will help identify students who are enrolled in a half-credit course and could serve as CIS ELA or math tutors to work with the students.
- UNC Black Student Movement
  The hope is to involve these students as mentors in 2016-17.

- N.C. State University
  Each year CIS Orange collaborates with the university through its education department to work with the CIS educators to develop a curriculum for the afterschool program that is aligned with the state standards.
- Blue Ribbon Mentor-Advocate
  CIS partners with this organization to enable its volunteers to continue to work with the CIS students who were identified and enrolled in the BRMA program as early as fourth grade.
- TABLE
  CIS included a section for parents to complete in the afterschool program to determine if they were eligible for services from TABLE, which is a hunger relief nonprofit organization in Chapel Hill.

(g) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended. (h) Include any other pertinent information.

If the funding requested is not awarded, CIS Orange would consider a number of potential strategies including merging with another nonprofit to share the cost of the administrative expenses, eliminate the position of the program officer with the executive director taking on more program responsibilities and/or place students on a wait list until additional funding is secured. If a reduced allocation is recommended, it is likely that some expenses would be reduced and/or students will be placed on a wait list.

Program/Project Information

b) Complete the Target Population and Program Beneficiary Demographics Chart
c) Complete the Schedule of Positions Chart for Program Staff
d) Disclosure of Potential Conflicts of Interested must be signed
e) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

MAIN APPLICATION

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: X **Persons** ☐ **Households** ☐ **Units**

Program: Communities In Schools of Orange County

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	186	137	137
Female	199	118	118
Total	385	255	255
Of the females, how many are single-female Head of Households (Omit for Human Services)	n/a	n/a	n/a
Ethnicity			
African-American	128	88	88
American Indian or Alaska Native	Counted in "other"	Counted in "other"	Counted in "other"
Asian	Counted in "other"	Counted in "other"	Counted in "other"
Caucasian	97	78	78
Other	160	89	89
Total	385	255	255
Of the above, how many Hispanic/Latino	92	59	59
Of the above, how many non-Hispanic/Latino	293	196	196
Total	0	255	255
Age			
0-5 years			
6-18 years	385	255	255
19-50 years			
51-61 years			
62+ years			
Total	385	255	255
Geographic Location			
Durham City	n/a	n/a	n/a
Durham County	n/a	n/a	n/a
Carrboro	39	41	41
Chapel Hill	174	207	207

MAIN APPLICATION

Chapel Hill Public Housing Residents	n/a	n/a	n/a
Orange County/Other	172	7	7
Raleigh	n/a	n/a	n/a
Wake County	n/a	n/a	n/a
Total	385	255	255
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	n/a	n/a	n/a
31-50% Area Median Income	n/a	n/a	n/a
51-80% Area Median Income	n/a	n/a	n/a
> 80% Area Median Income	n/a	n/a	n/a
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)	n/a	n/a	n/a
Disabled (not elderly)	n/a	n/a	n/a
Homeless	n/a	n/a	n/a
People with HIV/Aids	n/a	n/a	n/a
Total	0	0	0

DBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890

50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Interim Executive Director	1	50%	$61,200	$61,500	$61,500	15%	Not provided
CIS Program Officer	.5	50%	$22443	$20,000	20,000	5%	Not provided
CIS Program Assistant	.25	50%	$17427	20000	20,000	5%	Not provided
4 CIS Lead Teacher Coordinators	.25	100%	$211.545 (Wages are combined as "CIS educators in QBs"	$45,000	$45,000	53% (combined for program staff)	Not provided
14 CIS Educators & Substitutes	.25	100%		$119,000	$119,900		Not provided
4 CIS STEAM Specialists	.05	100%		$7000	$7000		Not provided
1 Creative Arts Fellow	.25	100%		$7000	$7000		Not provided
5 CIS ELA/Math Tutors	.05	100%		$12,342	$12,342		Not provided
10 CIS Summer Educators	.25	100%		$30,000	$30,000		Not provided
10-15 Mentors, Tutors, Volunteers	On average, 320 hours	100%	100%	100%	100%	n/a	Not provided

MAIN APPLICATION

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ X a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

X b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ X c) Current beneficiaries of the project/program for which funds are requested?

☐ X d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

The bylaws for CIS Orange require that one Orange County commissioner serve as a voting member. An assistant superintendent for the Chapel Hill-Carrboro City Schools also serves on the board but in a non-voting capacity.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: SShayard — Executive Director — Date: 1.25.16

Signature: David J Stanley — Board Chairperson — Date: 01/25/2016

MAIN APPLICATION

(M) Work Statement

(M). Work Statement : This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- **Program Activities should outline major activities the agency implements to accomplish its program goals.**
- **Program Goal should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals**
- **Performance Measures describe how you will evaluate the degree in which you achieved the stated goals.**
- **Actual Program Results use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.**

Attached is a data collection schedule that outlines all of the data collection tools that will be used to verify achievement of program goals and objectives.The program officer will be responsible for assessing, analyzing and monitoring the data and making sure that the lead teacher coordinators are on track and meeting the deadlines to provide the data needed to compile the reports.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
PROGRAM ACTIVITY 1			
Program Goal	60% of participants will increase their 4th quarter report card grades in mathematics compared to their 1st quarter report card grades in mathematics.	60% of participants will increase their 4th quarter report card grades in mathematics compared to their 1st quarter report card grades in mathematics.	60% of participants will increase their 4th quarter report card grades in mathematics compared to their 1st quarter report card grades in mathematics.
Performance Measures	Participants will attend a minimum of 64 hours of mathematics-related programming that includes tutoring. Reports cards for students will be recorded quarterly.	Participants will attend a minimum of 64 hours of mathematics-related programming that includes tutoring. Reports cards for students will be recorded quarterly.	Participants will attend a minimum of 64 hours of mathematics-related programming that includes tutoring. Reports cards for students will be recorded quarterly.
Program Results	_____ of the students increased their 4th quarter report card grades in math compared to their 1st quarter report card grades in math.	Students will increase their 4th quarter report card grades in math compared to their 1st quarter report card grades in math	Students will increase their 4th quarter report card grades in math compared to their 1st quarter report card grades in math
PROGRAM ACTIVITY 2			
Program Goal	60% of participants will increase their 4th quarter report card grades in ELA compared to their 1st quarter report card grades in ELA.	60% of participants will increase their 4th quarter report card grades in ELA compared to their 1st quarter report card grades in ELA.	60% of participants will increase their 4th quarter report card grades in ELA compared to their 1st quarter report card grades in ELA.

Performance Measures	Participants will attend a minimum of 64 hours of English language arts-related programming that includes tutoring.. Reports cards for students will be recorded quarterly.	Participants will attend a minimum of 64 hours of English language arts-related programming that includes tutoring.. Reports cards for students will be recorded quarterly	Participants will attend a minimum of 64 hours of English language arts-related programming that includes tutoring.. Reports cards for students will be recorded quarterly.
Program Results	_____ of the students increased their 4th quarter report card grades in ELA compared to their 1st quarter report card grades in ELA	Students will increase their 4th quarter report card grades in ELA compared to their 1st quarter report card grades in ELA	Students will increase their 4th quarter report card grades in ELA compared to their 1st quarter report card grades in ELA.
Program Activity 3			
Program Goal	70% of participants will demonstrate increased levels of homework completion in comparison to 1st quarter baseline levels.	70% of participants will demonstrate increased levels of homework completion in comparison to 1st quarter baseline levels.	70% of participants will demonstrate increased levels of homework completion in comparison to 1st quarter baseline levels.
Performance Measures	All participants will implement a homework log. Teachers will report increased submission of completed homework. Quarterly improvement in student language arts grades.	All participants will implement a homework log. Teachers will report increased submission of completed homework. Quarterly improvement in student language arts grades.	All participants will implement a homework log. Teachers will report increased submission of completed homework. Quarterly improvement in student language arts grades.
Program Results	Students will demonstrate increased levels of homework completion in comparison to 1st quarter baseline levels. Evidence of consistent use of a homework log. Evidence of teacher-reported increases in submission of completed homework.	Students will demonstrate increased levels of homework completion in comparison to 1st quarter baseline levels. Evidence of consistent use of a homework log. Evidence of teacher-reported increases in submission of completed homework	Students will demonstrate increased levels of homework completion in comparison to 1st quarter baseline levels. Evidence of consistent use of a homework log. Evidence of teacher-reported increases in submission of completed homework.
Program Activity 4			
Program Goal	70% of program participants will demonstrate increased levels of 4th quarter classroom participation in comparison to 1st quarter baseline levels.	70% of program participants will demonstrate increased levels of 4th quarter classroom participation in comparison to 1st quarter baseline levels.	70% of program participants will demonstrate increased levels of 4th quarter classroom participation in comparison to 1st quarter baseline levels.

Performance Measures	Increases in students' confidence in participation in 21st CCLC program and in school classes. Teachers consistently report active classroom involvement of participants.Evidence of increased frequency in teacher-reported classroom participation. Evidence of student-reported confidence in class participation.	Increases in students' confidence in participation in 21st CCLC program and in school classes. Teachers consistently report active classroom involvement of participants.Evidence of increased frequency in teacher-reported classroom participation. Evidence of student-reported confidence in	Increases in students' confidence in participation in 21st CCLC program and in school classes. Teachers consistently report active classroom involvement of participants.Evidence of increased frequency in teacher-reported classroom participation. Evidence of student-reported confidence in class participation.
Program Results	Students will demonstrate increased levels of 4th quarter classroom participatino in comparison to 1st quarter baseline levels.	Students will demonstrate increased levels of 4th quarter classroom participatino in comparison to 1st quarter baseline levels.	Students will demonstrate increased levels of 4th quarter classroom participatino in comparison to 1st quarter baseline levels.
Program Activity 4			
Program Goal	100% of participants will be exposed to enrichment activities in science, social studies, and creative arts.	100% of participants will be exposed to enrichment activities in science, social studies, and creative arts.	100% of participants will be exposed to enrichment activities in science, social studies, and creative arts.
Performance Measures	Participants will be exposed to enrichment activities throughout the year.Curriculum documents outlines each sites schedule will show student participation in enrichment activities.	Participants will be exposed to enrichment activities throughout the year.Curriculum documents outlines each sites schedule will show student participation in enrichment activities.	Participants will be exposed to enrichment activities throughout the year.Curriculum documents outlines each sites schedule will show student participation in enrichment activities.
Program Results	Students will be exposed to enrichment activities in science, technology, engineering, arts and math.	Students will be exposed to enrichment activities in science, technology, engineering, arts and math.	Students will be exposed to enrichment activities in science, technology, engineering, arts and math.

Communities In Schools of Orange County

Data Collection

When Hired:

1. Contract
2. W-9
3. Background Check Authorization
4. CIS Handbook Acknowledgement Form
5. Direct Deposit Information *(Attach a voided check.)*
6. Contact Information Sheet
7. Conflict of Interest Policy
8. Confidentiality Agreement

As Needed:

9. Substitute Request Form
10. Supply Request Form
11. Incident Report *(Due 24 hours from when incident occurred.)*

Weekly

(Due on first full business day of week.)

12. Student Attendance
13. Weekly Report to the Office
14. CIS Specialist Logs

Monthly

(Due on 5th of month.)

15. Timesheets
16. Parent Sign-Out
17. Bus List
18. Guest Sign-In

Between Quarters

(Due: October 2, December 9, March 1, and May 11)

19. Progress Reports

Quarterly

(Due: November 6, January 29, April 7, and June 24)

20. Student Grades - Copies of report cards
21. Behavior Checklist

Mid-Year

(Due: January 29)

19. Mid-Year Student Survey

Year-End

20. EOG scores
21. Year-End Student Survey
22. Educator Survey
20. Parent Survey
21. Student Grades

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget. If the program's finances experienced significant changes that you would like to explain, please use the space below. It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Cis Orange is operating on a 4-year federal grant in addition to grants from the local municipalities and foundations as well as donations from individuals, churches, and board members.. For the federal grant, CIS was awarded $400,000 in Year 1 (2013-14) and $400,000 in Year 2 (2014-15). The grant was reduced by 20% from $400,000 to $320,000 in Year 3. The last year of this grant will be during the SY2016-17 school year. The grant will expire after the 2017 summer academic program ends sometime mid-June.

Key to the sustainability of the CIS afterschool programs is to pursue additional funding before the 21st Century grant expires in 2017. Towards this end, CIS Orange is turning to its array of community supporters and partners including the districts for Chapel Hill-Carrboro City Schools and the Orange County Schools and the local municipalities to discuss the feasibility of providing additional funds to cover the expenditures. CIS Orange is also pursuing (and has secured) additional in-kind resources, which in turn play a major role in decreasing the expenditures. For instance, CIS Orange also received in-kind contributions from CHCCS that covers the cost of snacks and transportation. These are significant contributions that have decreased expenditures in SY2015-16.

CIS Orange plans to submit a 21st Century grant application for a new four-year grant to provide afterschool programs to rising 6th graders and elementary and high school students. Since a new grant cannot cover the population of 7th and 8th grade students already being served by an existing federal grant, the hope is that CHCCS would fund afterschool programming to include 7th and 8th graders.

CIS Orange plans to diversify and expand the capacity of the Board of Directors to help raise the funds. In addition, CIS Orange is establishing an advisory group that will be comprised of lead teacher coordinators, parents and other members of the communities to help identify other funding sources and in-kind contributions.

These are a few strategies, to name a few, that are being implemented towards ensuring the future of CIS Orange. As a community asset with a 23-year history of providing afterschool programs in the community, CIS has a proven track record of helping students stay in school and on track towards graduation.

MAIN APPLICATION

Program Budget

Agency/Program: Communities In Schools of Orange County

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations				0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 102,000	$ 78,800	$ 78,800	0%
Town of Chapel Hill	$ 25,500	$ 26,000	$ 26,000	0%
Town of Carrboro	$ 7,000	$ 7,000	$ 7,000	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 134,500**	**$ 111,800**	**$ 111,800**	**0%**
AGENCY EXPENSES				
Compensation (ED & Afterschool Peronnel)	$ 125,000	$ 97,400	$ 97,400	0%
Rent & Utilities (Only Utilities)	$ 1,000	$ 1,000	$ 1,000	0%
Supplies & Equipment	$ 500	$ -	$ -	0
Travel & Training	$ -	$ -	$ -	0
Other Expenses:	$ 8,000	$ 13,400	$ 13,400	0%
Please list 3 largest "Other Expenses":				
Annual Audit $ 8,000.00				
ntracted Services (Finance Offi $ 5,400.00				
$ -				
Total Program Expenses for Town/County Funds	**$ 134,500**	**$ 111,800**	**$ 111,800**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

b.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year.

The fiscal year for CIS Orange is July 1, 2016 through June 30, 2017. CIS Orange couldn't provide its services without the support of its financial and in-kind partners and volunteers. They are as follows:

Actual Contributions:

- $78,800 (Orange County)
- $46,551 (Chapel Hill-Carrboro City Schools)
- $26,00 (Town of Chapel Hill)
- $7000 (Town of Carrboro)
- $7000 (Morgan Creek Foundation)
- $5000 (Strowd Roses)

In-Kind Contributions

- $115,000 (Chapel Hill-Carrboro City Schools, for snacks, use of classrooms and transportation)
- $50,000 (UNC School of Education)

CIS Orange has created partnerships to provide additional tutoring, mentoring, and/or lead STEAM activities. The partners are as follows:

- UNC Art & Life (weekly art history lessons)
- Duke University Y.O.G.A. for Youth (weekly yoga lessons)
- Blue Ribbon Mentor Advocates

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Section VI. Financial Data

Operating Budget for Entire Agency

AGENCY NAME: Communities In Schools of Orange County

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 3,966	$ 2,000	$ 2,000	0%
Agency Generated Revenue (fees) (CHCCS)	$ 46,551	$ 46,551	$ 46,551	0%
Local Government Grants:				
Orange County	$ 102,000	$ 78,800	$ 78,800	0%
Town of Chapel Hill	$ 25,000	$ 26,000	$ 26,000	0%
Town of Carrboro	$ 7,000	$ 7,000	$ 7,000	0%
Other Local: Hillsborough	$ 750	$ -	$ -	0
Other Local:	$ -			0
Other Local:				0
provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government	$ 263,772	$ 300,000	$ 256,000	-15%
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 35,000	$ 12,000	$ -	-100%
Please list 3 largest Miscellanous sources:				
Morgan Creek Foundation $ 7,000.00				
Strowd Roses $ 5,000.00				
Impact Grant $ 23,000.00				
Total Agency Revenue	**$ 484,039**	**$ 472,351**	**$ 416,351**	**-12%**
AGENCY EXPENSES				
Compensation	$ 290,000	$ 272,000	$ 260,000	-4%
Rent & Utilities	$ 21,742	$ 20,000	$ 20,000	0%
Supplies & Equipment	$ 8,000	$ 7,000	$ 7,000	0%
Travel & Training	$ 4,539	$ 9,000	$ 9,000	0%
Other Expenses:	$ 160,035	$ 164,351	$ 120,351	-27%
Please list 3 largest "Other Expenses":				
Transportation & Snacks $ 65,174.00				
Contracted Services & Insuranc $ 51,304.00				
MSAS Disbursement $ 22,072.00				
Total Agency Expenses	**$ 484,316**	**$ 472,351**	**$ 416,351**	**-12%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (277)**	**$ -**	**$ -**	**0**

*2014-15 federal reimbursements to cover deficit were made after FY ended on June 30, 2015

c.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Communities In Schools of Orange County: Afterschool Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Executive Director/Program Director	$31	2008 hours (8 hrs/mth x 12 mths)	$61,500
Afterschool Personnel	$18 - 25	156 hours at $25/hour	$3900
Finance Officer	$30	160 hours (15 hrs/mth x 12)	$5400
Audit	$8000	Flat Fee for An Annual Audit	$8000
		Total	**$78,800**

d.) Cost per Unit: CIS Orange defines one unit of service as each child that met our attendance requirements during their participation of the 2014-15 afterschool program.

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$543,171	$460,351	$416,351
Total # of Units	385	255	255
Cost Per Unit	$1410	$1805	$1633

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: The Community Empowerment Fund

Applicant Organization's Physical Address: 108 W. Rosemary Street, Chapel Hill, NC 27516

Applicant Organization's Mailing Address: 108 W. Rosemary Street, Chapel Hill, NC 27516

Applicant Organization's Web Address: www.communityempowermentfund.org

Executive Director: Maggie West

Telephone Number: 919-200-0233 E-Mail: maggiew@communityef.org

DUNS Number: 036791351
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Advocate Program

Project/Program Primary Contact and Title: Maggie West, Program Coordinator

Telephone Number: 919-200-0233 E-Mail: maggiew@communityef.org

c) Funding Request Identification

Total Project/Program Cost: $144,960 Total Amount of Funds Requested: $14,000

Proposed Use of Funds Requested (2-3 Line Maximum): CEF is requesting funding to provide relationship-based support to individuals experiencing or at-risk of experiencing homelessness. We propose to assist participants in gaining employment, housing, and personal savings.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $2,000 ☒ Chapel Hill $4,500 ☒ Orange County $7,500

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Maggie West 1/23/16
Executive Director Date

Signature: E Rt 1/23/16
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
Founded in 2009, CEF has served the Orange County community for over six years. CEF incorporated on October 28, 2010.

b) Agency's Purpose/Mission
The Community Empowerment Fund cultivates opportunities, assets, and communities that support the alleviation of homelessness and poverty. CEF enables and sustains transitions out of homelessness. We offer matched savings accounts, financial education, workforce development, and relationship-based support to homeless and near-homeless individuals. CEF emphasizes a person-centered approach to overcoming crises and building towards long-term possibilities. Through our programs, CEF assists members in gaining employment, stable housing, and financial security.

c) Types of Services the Agency Provides
CEF ensures homeless and near-homeless individuals are able to successfully transition to independence by combining a focus on employment, housing, financial literacy, and community support. Based on our experience in the community, individuals experiencing homelessness need gateways and connections to resources and opportunities that will help them achieve self-reliance. This includes connections to greater employment opportunities as well as housing options that fit their income. Additionally, households recovering from an episode of homelessness often face significant financial barriers even after gaining employment. Poor credit histories, lack of a bank account, limited transportation, and acute cash flow crises challenge a family's ability to successfully maintain employment and housing. Thus, addressing an individual's crisis of homelessness requires integrated service delivery.

CEF also provides our members with a targeted, incentivized opportunity to build savings through our Safe Savings Accounts. CEF opens goal-oriented savings accounts to help members save for the future, prepare for emergencies, and budget with limited incomes. Accountholders have limited access to withdrawals of their savings until they reach their goals with CEF, and once Savers achieve their goal CEF matches their accomplishments at 10 percent. Through this account, members have successfully saved to move out of the shelter, to purchase a car, and to build an emergency fund. Members are also able to use the account to save for regular, large expenses, like car insurance, Christmas shopping, or school supplies.

Meanwhile, CEF's Opportunity Classes provide homeless and near-homeless individuals with the skills and resources to transition into and sustain self-sufficiency and permanent housing. Formerly homeless program graduates teach the courses, delivering life skills lessons in a manner that is increasingly relevant and powerful for participants.

d) Agency's Experience with Similar Programs as the Funding Request
The combined suite of CEF's services has proven to be effective at enabling members to gain employment, secure housing, and build savings. To date, CEF members have saved over $430,000 towards personal savings goals since our savings program began in 2010. Meanwhile, in 2014

alone CEF assisted 140 members in gaining employment and 90 in moving out of homelessness. Our volunteer advocates are a key component of our ability to successfully serve our members, contributing 18,858 hours of volunteer support directly working with CEF members in 2014, making a total in-kind contribution to CEF valued at an estimated $434,043 by the Independent Sector.

e) Other Pertinent Agency Information

CEF serves Orange and Durham Counties of North Carolina, with offices in both locations.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: __Community Empowerment Fund, Advocate Program___

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education		X		X	
Health and Nutrition					
Job Training		X		X	
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring		X		X	
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Recognizing the need for wrap-around support and the varied circumstances of homeless and near-homeless individuals, CEF's advocates meet every week with their members to provide person-centered support. Advocates check on progress towards goals, take new action steps, and brainstorm possibilities. More broadly, CEF's day-to-day operations serve as a one-stop center for individuals and families to receive comprehensive help. Advocates assist our members with:

- Employment: Building resumes, applying for jobs, acquiring interview attire, gaining soft skills, upgrading knowledge
- Financial Capability and Financial Services: Opening bank accounts, building budgets, setting up direct deposit, monitoring expenses, planning for the future, setting savings goals, building credit
- Housing: Searching for housing, paying bills on time, accessing weatherization resources, reducing utility expenses
- Community Resources: Connecting to public benefits and to agencies to assist with basic needs, emergency food, mental health services, primary and acute health care, and public benefits

These activities combine to create personalized pathways out of acute crisis situations to financial security. In order to best assist members in achieving independence, our advocates remain in contact with members after their move from the shelter. Our relationships continue beyond these transitions, providing us the opportunity to help members realize long-term dreams of financial stability and security. As a melded approach including education, job training, and mentoring within the Town/County's service array, CEF supports the needs of low-resource adults and individuals with disabilities (30% of CEF's members have a disability).

In August of 2015 CEF expanded our Advocate Program to incorporate a pilot of an Integrated Service Center approach. Through co-located services and an integrated service delivery model, CEF proposes to provide person-centered support that encourages multiple agencies to coordinate services seamlessly and avoid duplication. Integrated service delivery is an evidence-based model "by which human service organizations share resources in order to coordinate care and service delivery. It involves seeing clients as three-dimensional individuals who often have more than one need at a time, and it requires a high level of collaboration between organizations and agencies in order to be effective" Social Solutions, 2015). Additionally, research demonstrates that integrated service delivery models which bundle employment, work supports, and financial capability services were "three to four times more likely to achieve a major economic outcome," such as gaining employment or building an emergency savings fund, than were un-integrated services (LISC National Office, 2015).

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The Orange County HOME Consortium Consolidated Plan identifies the need for support services for homeless persons and persons who are at-risk of becoming homeless as a high priority area. The Plan goes on to further identify the high priority of services for disabled persons. Additionally,

CEF's services were independently cited in the Consolidated Plan as a part of the assessment of the institutional delivery structure, stating, "CEF fills a great need for relationship based, client-centered job-readiness, job search, and life skills services" (p. 108). In 2011, the Town of Chapel Hill adopted an Affordable Housing Strategy. CEF's work is directly in line with the Town's goals of promoting financial and housing independence for low-income families and transitioning those in shelter to affordable accommodations. Over 90% of members who graduate from CEF's Advocate Program are able to sustain independent housing after transitioning from the shelter at least 12 months. With 17.8% of residents in Orange County living below the federal poverty level (according to US census data from 2009-2013), too many families in our community are living paycheck to paycheck and thus lack the ability to develop personal savings – whether to smooth volatile income streams or to make investments for the future. Without savings or emergency funds, these families are living on the brink of homelessness.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

CEF works with a significantly disadvantaged population:

- 100% of prospective clients earn below 50% of area median income
- Vast majority of clients earn below 30% of area median income
- 70% of clients are minorities
- 30% of clients have a disability
- 10% of clients are immigrants

CEF has built a reputation in the target community as a go-to agency to assist in transitions out of homelessness. Our Rosemary Street office reflects these ideals and serves as a welcoming space for homeless or at-risk individuals to seek assistance, connect to resources, or just to escape the elements. We reach out to vulnerable and disenfranchised members of the community through word-of-mouth, partner agency referrals, and most importantly, client-to-client referrals.

e) Who specifically will carry out the activities and in what location will they be carried out?

The program will be led by two staff members in our Orange County office -- the Advocate Program Coordinator and Member Services Coordinator. The Advocate Program Coordinator leads our efforts to train advocates, coordinate all support for advocates, manage advocate schedule, and direct our team of student leaders. The Member Services Coordinator leads the intake process for new members, and coordinates the support for members once they have become engaged to ensure they receive appropriate support from advocates and are connected to the appropriate partners. The Member Services Coordinator also directs and manages the Integrated Service Center.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The activities of CEF's Advocate Program occur six days a week, year-round. On a daily basis members are able to schedule appointments with CEF advocates to work one-on-one towards their personal goals. The initiatives within the Advocate Program that require an implementation timeline are especially our efforts to conduct seasonal activities, including volunteer advocate trainings which are held three times annually (January, May, and September), along with specialized training tracks in financial coaching (September – December), employment counseling (October – December), and housing advocacy (February – April). Celebrations to recognize the achievements of CEF members are also held seasonally, in April, July, and December.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Orange County Partnership to End Homelessness (OCPEH), Job Partners Program
  - CEF helped develop and now administers the OCPEH Job Partners Program which was created to help people with the highest barriers become job-ready and to find employment. Through this collaboration, we connect local employers with qualified, unemployed Orange County residents who have potential barriers to employment (e.g. criminal record, lack of work history, homelessness). This partnership has significantly enhanced the ability of Advocates to help members reach employment goals by acting as part of a formal, structured connection to county employers. Partner agencies in this collaboration include, but are not limited to:
    - Chapel Hill-Carrboro Chamber of Commerce
    - JobLink Career Center
    - Vocational Rehabilitation, Inc.
    - Department of Social Services
    - Compass Center for Women & Families
    - UNC Temporary Services
    - Avant Staffing
- OCPEH, 100,000 Homes Task Force
  - CEF is a committed member of the 100,000 Homes Task Force, a collaboration of 20+ agencies in Orange County that coordinates services for vulnerable, unsheltered members of the community. This ongoing collaboration significantly enhances the results of CEF programs as we are in constant contact with key service providers who are engaged in treatment and support for our members. Advocates gain institutional knowledge and mentorship through this established partnership. CEF built and maintains the shared cloud-based platform used by the agencies to screen potential referrals to the 100,000 Homes Task Force using a nationally recognized vulnerability assessment.
- Inter-Faith Council for Social Service and Housing for New Hope
  - CEF works closely with area homeless services to gain program referrals and accomplish our goal of enabling sustained transitions out of homelessness. Service coordination includes: the co-location of services by Housing for New Hope in CEF's office; weekly contact between agency staff to collaborate on assisting sheltered and unsheltered individuals in accessing appropriate services or otherwise achieving goals.
- Center for Excellence in Community Mental Health & Freedom House
  - CEF partners with community mental health clinics and substance abuse counselors to provide ongoing advocate support to individuals receiving treatment. We assist in referring new clients to agency services, and accept referrals from both agencies for assistance in gaining employment, financial coaching, and savings assistance.
- Orange County Department of Housing, Human Rights & Community Development; CASA; Jackson Center; Justice United; EmPOWERment, Weaver Community Housing Association
  - CEF works with a collaboration of housing providers and housing advocates to ensure that Orange County residents who receive Housing Choice Vouchers (aka Section 8 vouchers) can find landlords willing to accept their vouchers. Our role has been to provide the one-on-one support to the tenants themselves, discerning their housing needs, locating the housing that will fit their needs, and making sure they have everything they need to successfully transition.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

CEF's impact in the community has only grown over the years, as we continue to serve an ever-

increasing number of residents of Orange County on an annual basis. The wrap-around services provided through our Advocate Program, and now with the incorporation of the Integrated Service Center, have made CEF a go-to resource for everything from getting identification to finding a home. If the requested funding is not awarded or if a reduced allocation is recommended, CEF staff will doggedly pursue other fundraising activities to ensure that this reduction in the town or county's commitment does not translate into a reduction of services.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Advocate Program

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	362	374	386
Female	282	296	301
Total	703	726	750
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	356	368	380
American Indian or Alaska Native	16	17	18
Asian	2	2	2
Caucasian	197	203	210
Native Hawaiian or other Pacific Islander	1	1	1
Other	131	135	139
Total	703	726	750
Of the above, how many Hispanic/Latino	30	31	32

Of the above, how many non-Hispanic/Latino	673	695	718
Total	703	726	750
Age			
0-5 years	0	0	0
6-18 years	14	14	14
19-50 years	397	410	423
51-61 years	252	260	269
62+ years	40	41	42
Total	703	726	750
Geographic Location			
Durham City	0	0	0
Durham County	0	0	0
Carrboro	48	50	52
Chapel Hill	655	676	698
Chapel Hill Public Housing Residents	19	20	21
Orange County	703	726	750
Raleigh	0	0	0
Wake County	0	0	0
Total	703	726	750
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	693	716	739
31-50% Area Median Income	9	9	9
51-80% Area Median Income	1	1	1
> 80% Area Median Income	0	0	0
Total	703	726	750
Special Needs (Omit for HS)			
Elderly (Over 62)	40	41	42
Disabled (not elderly)	215	222	229
Homeless	297	307	317
People with HIV/Aids	N/A	N/A	N/A
Total	552	570	589

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Program Coordinator	1.0	35%	$32,694	$38,325	$39,550	11%	
Operations Coordinator	1.0	40%	$33,294	$38,325	$39,550	11%	
Durham Program Coordinator	1.0	50%	$18,326	$29,326	$34,200	9%	
Durham Operations Coordinator			$12,364	$0	$0	0%	
Savings Program Coordinator	.5	50%	$2,850	$12,335	$14,560	4%	
Member Services Coordinator	1.0	100%	$0	$21,425	$32,100	9%	
Advocate Program Coordinator	1.0	90%	$5,700	$6,100	$11,677	3%	
Advocate Program Associate	.37	75%	$2,460	$6,573	$9,945	3%	
Durham Fellow	1.0	40%	$0	$21,750	$22,100	6%	
Accountant	.10	0%	$2,455	$3,028	$3,028	1%	
Summer Interns	5-6 *Seas.*	80%	$15,854	$17,566	$17,500	5%	
Financial Coaching Coordinator (VISTA)	1.0	100%	$0	$0	$6,100	2%	
Collaborative Americorps VISTA	1.0	0%	$5,200	$6,200	$6,200	2%	
Opportunity Class Leaders (2)	.50	0%	$11,760	$11,804	$14,380	4%	
# Advocate Team Leaders	1 FTE	100%	$0	$0	$0	0%	
# Student Program Leaders	1 FTE	60%	$0	$0	$0	0%	
VOLUNTEER HOURS+ (20,000 annually total from advocates)	10.2 FTE	100%	0	0	0	0	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.

- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:
  Total Volunteer Hours = Volunteer FTE
  1,960

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☒ ☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below.**
CEF has incorporated into our By-Laws the requirement that at least one former or current beneficiary (Member) of our program serve on the Board of Directors at all times. Currently, two Members serve on the Board of Directors. These members of the Board of Directors provide invaluable advice based on their particular experiences working with the organization directly, and like all members of the Board of Directors, sign an annual conflict of interest disclosure outlining any potential conflicts that may arise based on their dual relationship with the organization.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Maggie WD — Executive Director — Date 1/23/16

Signature: E 12 — Board Chairperson — Date 1/23/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Member meets with 1-2 CEF advocates to join the program, joins Opportunity Class to gain career readiness and financial skills, and continues to meet with CEF advocates. Advocates assist member in crafting resume, applying for employment, navigating barriers to employment, preparing for interviews, and gaining transportation as needed. CEF will also manage the Job Partners initiative of the Orange County Partnership to End Homelessness as a means to assist members with criminal records to attain employment by connecting directly with area employers.	Member meets with 1-2 CEF advocates to join the program, joins Opportunity Class to gain career readiness and financial skills, and continues to meet with CEF advocates. Advocates assist member in crafting resume, applying for employment, navigating barriers to employment, preparing for interviews, and gaining transportation as needed. CEF also manages the Job Partners initiative of the Orange County Partnership to End Homelessness as a means to assist members with criminal records and other barriers to attain employment by connecting directly with area employers.	New strategies to add to existing activities outlined in 2014-2016 include: Partner with legal services to connect members to criminal record expunction services. Develop a deeper partnership with Durham Technical Community College to improve member access to training and degree programs that can lead to careers.
Program Goal	At least 120 members will gain greater employment	125 members will gain greater employment.	At least 140 members will gain greater employment
Performance Measures	Assess employment status upon intake and document changes in employment status through weekly meetings and regular follow-up with members.	Assess employment status upon intake and document changes in employment status through weekly meetings and regular follow-up with members.	Assess employment status upon intake and document changes in employment status through weekly meetings and regular follow-up with members.
Program Results	113 members gained greater employment. A factor that contributed to the program not quite meeting our goals in employment and savings was an intensified focus on housing transition that was responsive to our community's needs based on a mounting crisis for voucher-holders in particular.	At least 125 members in CEF's Advocate Program will gain greater employment following program entry.	At least 140 members in CEF's Advocate Program will gain greater employment following program entry
Program Activity 2	Member meets with CEF advocates to build a budget, make a personalized savings plan, and establish savings goals. Member opens a CEF Safe Savings Account and Advocates assist members in achieving their savings plans and making regular deposits. When member achieves goal and graduates from Opportunity Classes, CEF matches savings at a rate of 10 percent.	Member meets with CEF advocates to build a budget, make a personalized savings plan, and establish savings goals. Member opens a CEF Safe Savings Account and Advocates assist members in achieving their savings plans and making regular deposits. When member achieves goal and graduates from Opportunity Classes, CEF matches savings at a rate of 10 percent. This year CEF has added new incentives to further encourage members to reach their personal goals.	New strategies to add to existing activities outlined in 2014-2016 include: We are participating in an exciting partnership with the Center for Advanced Hindight at Duke University to create new incentives to encourage members along the way towards achieving their longer-term savings goals. Additionally, during 2016-2017 we will be rolling out an evidence-based model through our online member services platform to provide advocates with topical guides for conducting financial coaching sessions with members.
Program Goal	At least 75 members will make progress towards personalized savings goals	At least 75 members will make progress towards personalized savings goals	At least 90 members will make progress towards personalized savings goals.
Performance Measures	Account and transaction records in CEF Safe Savings Accounts records. Accounts are maintained and managed by CEF, enabling CEF to monitor progress towards goals and successful goal attainment.	Account and transaction records in CEF Safe Savings Accounts records. Accounts are maintained and managed by CEF, enabling CEF to monitor progress towards goals and successful goal attainment.	Account and transaction records in CEF Safe Savings Accounts records. Accounts are maintained and managed by CEF, enabling CEF to monitor progress towards goals and successful goal attainment.
Program Results	62 members achieved 25% of their personal savings goal or greater.	At least 75 members will achieve 25% of their personal savings goal or greater. Savings goals are often long-term goals, and 25% represents a significant step for low-resource households towards building financial wellbeing.	At least 90 members will achieve 25% of their personal savings goal or greater. Savings goals are often long-term goals, and 25% represents a significant step for low-resource households towards building financial wellbeing.
Program Activity 3	Member works with CEF advocates to search for housing, apply for housing, and navigate available social services to secure housing. CEF advocates connect members to resources for furniture and other items as needed for move-in.	Member works with CEF advocates to search for housing, apply for housing, and navigate available social services to secure housing. CEF advocates connect members to resources for furniture and other items as needed for move-in.	New strategies to add to existing activities outlined in 2014-2016 include: We will be collaborating with a network of agencies to collectively recruit landlords willing to house our respective client populations.
Program Goal	At least 40 households will transition into independent housing	At least 40 households will transition into independent housing.	At least 50 households will transition into independent housing
	Number of program participants who gain independent housing between program entrance and exit, determined through	Number of program participants who gain independent housing between program entrance and exit, determined through	Number of program participants who gain independent housing between program entrance and exit, determined

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Member meets with 1-2 CEF advocates to join the program, joins Opportunity Class to gain career readiness and financial skills, and continues to meet with CEF advocates. Advocates assist member in crafting resume, applying for employment, navigating barriers to employment, preparing for interviews, and gaining transportation as needed. CEF will also manage the Job Partners initiative of the Orange County Partnership to End Homelessness as a means to assist members with criminal records to attain employment by connecting directly with area employers.	Member meets with 1-2 CEF advocates to join the program, joins Opportunity Class to gain career readiness and financial skills, and continues to meet with CEF advocates. Advocates assist member in crafting resume, applying for employment, navigating barriers to employment, preparing for interviews, and gaining transportation as needed. CEF also manages the Job Partners initiative of the Orange County Partnership to End Homelessness as a means to assist members with criminal records and other barriers to attain employment by connecting directly with area employers.	New strategies to add to existing activities outlined in 2014-2016 include: Partner with legal services to connect members to criminal record expunction services. Develop a deeper partnership with Durham Technical Community College to improve member access to training and degree programs that can lead to careers.
Program Goal	At least 120 members will gain greater employment	125 members will gain greater employment.	At least 140 members will gain greater employment
Performance Measures	Assess employment status upon intake and document changes in employment status through weekly meetings and regular follow-up with members.	Assess employment status upon intake and document changes in employment status through weekly meetings and regular follow-up with members.	Assess employment status upon intake and document changes in employment status through weekly meetings and regular follow-up with members.
Program Results	113 members gained greater employment. A factor that contributed to the program not quite meeting our goals in employment and savings was an intensified focus on housing transition that was responsive to our community's needs based on a mounting crisis for voucher-holders in particular.	At least 125 members in CEF's Advocate Program will gain greater employment following program entry.	At least 140 members in CEF's Advocate Program will gain greater employment following program entry

Program Activity 2	Member meets with CEF advocates to build a budget, make a personalized savings plan, and establish savings goals. Member opens a CEF Safe Savings Account and Advocates assist members in achieving their savings plans and making regular deposits. When member achieves goal and graduates from Opportunity Classes, CEF matches savings at a rate of 10 percent.	Member meets with CEF advocates to build a budget, make a personalized savings plan, and establish savings goals. Member opens a CEF Safe Savings Account and Advocates assist members in achieving their savings plans and making regular deposits. When member achieves goal and graduates from Opportunity Classes, CEF matches savings at a rate of 10 percent. This year CEF has added new incentives to further encourage members to reach their personal goals.	New strategies to add to existing activities outlined in 2014-2016 include: We are participating in an exciting partnership with the Center for Advanced Hindight at Duke University to create new incentives to encourage members along the way towards achieving their longer-term savings goals. Additionally, during 2016-2017 we will be rolling out an evidence-based model through our online member services platform to provide advocates with topical guides for conducting financial coaching sessions with members.
Program Goal	At least 75 members will make progress towards personalized savings goals	At least 75 members will make progress towards personalized savings goals	At least 90 members will make progress towards personalized savings goals.
Performance Measures	Account and transaction records in CEF Safe Savings Accounts records. Accounts are maintained and managed by CEF, enabling CEF to monitor progress towards goals and successful goal attainment.	Account and transaction records in CEF Safe Savings Accounts records. Accounts are maintained and managed by CEF, enabling CEF to monitor progress towards goals and successful goal attainment.	Account and transaction records in CEF Safe Savings Accounts records. Accounts are maintained and managed by CEF, enabling CEF to monitor progress towards goals and successful goal attainment.
Program Results	62 members achieved 25% of their personal savings goal or greater.	At least 75 members will achieve 25% of their personal savings goal or greater. Savings goals are often long-term goals, and 25% represents a significant step for low-resource households towards building financial wellbeing.	At least 90 members will achieve 25% of their personal savings goal or greater. Savings goals are often long-term goals, and 25% represents a significant step for low-resource households towards buildling financial wellbeing.
Program Activity 3	Member works with CEF advocates to search for housing, apply for housing, and navigate available social services to secure housing. CEF advocates connect members to resources for furniture and other items as needed for move-in.	Member works with CEF advocates to search for housing, apply for housing, and navigate available social services to secure housing. CEF advocates connect members to resources for furniture and other items as needed for move-in.	New strategies to add to existing activities outlined in 2014-2016 include: We will be collaborating with a network of agencies to collectively recruit landlords willing to house our respective client populations.

Program Goal	At least 40 households will transition into independent housing	At least 40 households will transition into independent housing.	At least 50 households will transition into independent housing.
Performance Measures	Number of program participants who gain independent housing between program entrance and exit, determined through regular updates and continued follow-up with members	Number of program participants who gain independent housing between program entrance and exit, determined through regular updates and continued follow-up with members	Number of program participants who gain independent housing between program entrance and exit, determined through regular updates and continued follow-up with members
Program Results	69 households transitioned from homelessness and into housing	40 households will transition from homelessness and into independent housing	50 households will transition from homelessness and into independent housing
Program Activity 4	Program Coordinator trains advocates in both generalist skills and specialized coaching (e.g. financial, employment, taxes, area resources). Coordinator convenes weekly meetings of volunteer team leaders, who in turn provide one-on-one support to advocates for troubleshooting challenges with members and brainstorming solutions.	Advocate Program Coordinator trains advocates in both generalist skills and specialized coaching (e.g. financial, employment, taxes, area resources). Coordinator convenes weekly meetings of volunteer team leaders, who in turn provide one-on-one support to advocates for troubleshooting challenges with members and brainstorming solutions.	New strategies to add to existing activities outlined in 2014-2016 include: Increased outreach to Spanish-speaking volunteer advocates
Program Goal	CEF will continue to grow our volunteer base and 190 volunteer advocates will provide active support to members	At least 150 volunteer advocates will provide active support to members.	At least 150 volunteer advocates will provide active support to members.
Performance Measures	Check volunteer records to determine levels of activity and retention following volunteer training.	Check volunteer records to determine levels of activity and retention following volunteer training.	Check volunteer records to determine levels of activity and retention following volunteer training.
Program Results	124 volunteers engaged actively as advocates in 2014-2015. This reduced number was based in part on our determination at the start of the year that an improved model would be to require more of a commitment from a smaller number of volunteers, which has proved to be very fruitful.	CEF will maintain an active and committed group of at least 150 volunteer advocates to provide direct, relationship-based support to CEF members.	CEF will maintain an active and committed group of at least 150 volunteer advocates to provide direct, relationship-based support to CEF members.

Program Activity 5			With the pilot launch in August 2015, CEF coordinates an Integrated Service Center through our recently expanded Chapel Hill office, co-locating services from partner organizations such as Housing for New Hope and the UNC Center for Excellence in Community Mental Health. CEF staff coordinate on-site appointments between multiple agencies, connecting CEF members to these services and the clients of other agencies to CEF's programs. CEF staff also lead service coordination between participating agencies.
Program Goal			Engage at least 8 partner agency programs in the Integrated Service Center
Performance Measures			Participatory feedback and guidance from the front-line team members engaged in the integrated service delivery model, assessing communication, coordination, and the streamlining of services
Program Results			The team of agencies enaged in the Integrated Service Center will build a functioning system for cross-agency service coordination, with at least 8 programs actively engaged.

Progress will be monitored by the Operations Coordinator in collaboration with the Advocate Program team. The CEF team monitors outcomes on a monthly basis utilizing a data dashboard that spans all of these program outcome components. As a reference for the data collection tools used by CEF to track this information, please find enclosed in our packet the CEF New Member Introduction form, filled out by all members upon intake. The information related to Housing and Income is updated every 3 months in our Client Relationship Management datbase during their engagement with CEF.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

The CEF Advocate Program is a dual geography program serving Orange and Durham Counties. As such, the overall program budget represents expenses for both counties' programs. CEF's initiatives in Durham County have grown significantly over the last year in response to community demand, and have begun to catch up with our presence in Orange County. As a result, the program budget for the CEF Advocate Program has grown significantly for our Durham initiatives (including $35,000 in personnel costs. Thus, though it may appear as though we have swiftly rising program expenditures, our Orange County expenditures only account for a total of $10,000 in increased personnel costs.

Additionally, very importantly, although this is a dual geography program, all funds requested from Human Services funding and received from the Town of Carrboro, the Town of Chapel Hill, and Orange County are solely expended for costs associated with our Orange County programming.

MAIN APPLICATION

Program Budget

Agency/Program: Community Empowerment Fund Advocate Program

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 17,312	$ 22,210	$ 26,512	19%
Agency Generated Revenue (fees)	$ 7,778	$ 4,750	$ 14,000	195%
Local Government Grants:				
Orange County	$ 5,000	$ 7,500	$ 7,500	0%
Town of Chapel Hill	$ 2,500	$ 3,500	$ 4,000	14%
Town of Carrboro	$ 2,000	$ 2,000	$ 2,000	0%
Other Local: Orange County Partnership to Enc	$ -	$ 12,000	$ -	-100%
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants: Live to Give Charitable Trust	$ 30,000	$ 30,000	$ 30,000	0%
Other Grants: Oak Foundation	$ -	$ 25,000	$ 25,000	0%
Miscellaneous/Other Revenue	$ 29,000	$ 38,000	$ 69,000	82%
Please list 3 largest Miscellanous sources:				
PNC Foundation $ 9,000.00				
Bank of America Charitable $ 10,000.00				
Duke University $ 10,000.00				
Total Agency Revenue	**$ 93,590**	**$ 144,960**	**$ 178,012**	**23%**
AGENCY EXPENSES				
Compensation	$ 65,681	$ 110,867	$ 140,783	27%
Rent & Utilities	$ 10,601	$ 17,619	$ 19,829	13%
Supplies & Equipment	$ 4,582	$ 4,657	$ 5,000	7%
Travel & Training	$ 816	$ 1,398	$ 1,400	0%
Other Expenses:	$ 11,910	$ 10,419	$ 11,000	6%
Please list 3 largest "Other Expenses":				
Direct Member Support $ 8,530.15				
Professional Database Dev't $ 2,459.70				
Insurance $ 436.32				
Total Agency Expenses	**$ 93,590**	**$ 144,960**	**$ 178,012**	**23%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 0**	**$ 0**	**$ 0**	**150%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _Advocate Program___

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Salary for Member Services Coordinator	$30,000	Year-round program delivery	$30,000
Salary for Advocate Program Coordinator	$11,667	2nd-quarter hire for FT support	$11,667
VISTA position for Advocate Program	$6,200	Year-round program delivery	$6,200
Advocate Program Associate	$7,459	Year-round program support	$7,459
Summer Interns	$2500-$3000	Summer interns for program (4)	$11,750
Program Coordinator	$13,107	Year-round program support	$13,107
Operations Coordinator	$14,980	Year-round program support	$14,980
Salaries for Durham program staff	$29,874	Year-round Durham program	$29,874
Facilities for program delivery	$19,829	Percent allocation of total	$19,829
S&E: Food & Drinks – Graduate / Celebrate	$500	4 events annually x $500	$2,000
S&E: Printing & Copying	$1,200	Costs for toner / paper, alloc.	$1,200
S&E: Program Materials	$1,500	Direct expenses for materials	$1,500
S&E: Postage	$300	Stamps for member services	$300
Staff & volunteer development – training	$300	Average of $350/ staff x 4	$1,400
Payroll Expenses (FICA)	$10,176	Percent allocation	$10,176
Benefits	$5,670	Percent allocation	$5,670
Direct Member Support	$2,579	Targeted client assistance	$2,579
Professional database development	$75	Approx. 50 hours of coding x $75	$3,780

Course fees for UNC-CH advocate training	$1,500	1 semester UNC-CH course fee	$1,500
Insurance	$586	Percent allocation of total	$586
Conferences & Memberships	$594	Fees for supportive assc'ns	$594
Online Services	$1,140	Annual license fee for CRM	$1,340
Payroll Services	$521	Percent allocation of total	$521
		Total	**$178,012**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$93,590**	**$144,960**	**$178,012**
Total # of Units	**446**	**460**	**475**
Cost Per Unit	**$209.84**	**$315.30**	**$374.76**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

Annotation on the Cost per Unit Chart: Our program budget spans both of our programmatic geographies (Orange and Durham Counties) while the outcomes and demographic numbers we ran for this application are only focused on Orange County.

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: Community Empowerment Fund

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 45,132	$ 52,000	$ 60,000	15%
Agency Generated Revenue (fees)	$ 11,278	$ 13,900	$ 15,050	8%
Local Government Grants:				
Orange County	$ 5,000	$ 7,500	$ 7,500	0%
Town of Chapel Hill	$ 2,500	$ 3,500	$ 4,500	29%
Town of Carrboro	$ 2,000	$ 2,000	$ 2,000	0%
Other Local: Orange County Partnership to Enc	$ -	$ 12,000	$ -	-100%
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants: Live to Give Charitable Trust	$ 30,000	$ 30,000	$ 10,000	-67%
Other Grants: Oak Foundation	$ 5,000	$ 60,000	$ 60,000	0%
Miscellaneous/Other Revenue	$ 130,019	$ 148,333	$ 200,350	35%
Please list 3 largest Miscellanous sources:				
Sloan Family Foundation $ 24,000.00				
Rose Foundation $ 25,000.00				
Duke University $ 20,000.00				
Total Agency Revenue	$ 230,929	$ 329,233	$ 359,400	9%
AGENCY EXPENSES				
Compensation	$ 152,029	$ 234,622	$ 269,724	15%
Rent & Utilities	$ 19,932	$ 32,628	$ 36,720	13%
Supplies & Equipment	$ 9,507	$ 10,586	$ 11,718	11%
Travel & Training	$ 2,015	$ 2,590	$ 3,430	32%
Other Expenses:	$ 26,872	$ 34,860	$ 39,082	12%
Please list 3 largest "Other Expenses":				
Direct Member Support $ 8,530.14				
Matching Savings Contributions $ 11,762.00				
Professional Database Dev't $ 4,555.00				
Total Agency Expenses	$ 210,355	$ 315,285	$ 360,674	14%
SURPLUS/(DEFICIT) FOR PERIOD:	$ 20,574	$ 13,948	$ (1,274)	-109%

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time: _____/_____
(Initials: _____)

Agency **Community Home Trust**

Program(s) **Homeownership Program**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☑ *Applicant Contact Information* b. ☑ *Project/Program Contact Information* c. ☑ *Funding Requests Identified* d. ☑ *Signed Application Cover Page*	
2. Agency Information -	a. ☑ *Agency's Years in operation* b. ☑ *Agency's Purpose/Mission* c. ☑ *Agency's Types of Services Provided* d. ☑ *Agency's Experience* e. ☑ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☑ *Type of Application and Program Identified* b. ☑ *Summary of Program* c. ☑ *Description of Identified Need* d. ☑ *Description of Population to be Served* e. ☑ *Activity Manager and Location Description* f. ☑ *Activity Implementation Timeline* g. ☑ *Agency Collaboration* h. ☑ *Describe Impact of Reduced/No Allocation* i. ☑ *Other Pertinent Information* j. ☑ *Complete Target Population/Beneficiary Chart* k. ☑ *Complete Schedule of Positions* l. ☑ *Signed Conflict of Interest Disclosure* m. ☑ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a. ☑ *Program Budget Worksheet*** **b. ☑ *Program Budget Detail*** **c. ☑ *Cost Per Unit*** **d. ☑ *Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A. ☐ Part A: *CDBG & HOME*** **B. ☐ Part B: *Construction/Rehab***	
6. Attachments	**a. ☐ *Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b. ☐ *IRS Federal Form 990*** **c. ☐ *NC Solicitation License*** **d. ☐ *IRS Federal Tax-Exemption Letter*** **e. ☐ *Certificate of Insurance*** **f. ☐ *List of Board of Directors*** **g. ☐ *Articles of Incorporation/Bylaws*** **h. ☐ *Authorization to Request Funds*** **i. ☐ *Authorized official designation*** **j. ☐ *Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Community Home Trust

Applicant Organization's Physical Address: 109 Conner Drive, Suite 1000, Chapel Hill, NC 27514

Applicant Organization's Mailing Address: PO Box 2315, Chapel Hill, NC 27515

Applicant Organization's Web Address: www.communityhometrust.org

Executive Director: Robert Dowling

Telephone Number: 919.967.1545 E-Mail: rdowling@communityhometrust.org

DUNS Number: 107752131
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Homeownership Program

Project/Program Primary Contact and Title: Robert Dowling, Executive Director

Telephone Number: 919.967.1545 E-Mail: rdowling@communityhometrust.org

c) Funding Request Identification

Total Project/Program Cost: $857,927 Total Amount of Funds Requested: $606,139

Proposed Use of Funds Requested (2-3 Line Maximum): The funds will be used to cover operating costs related to providing education and property management to our 242 homeowners, as well as sales support to developers, homeowners, and applicants.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $75,052 ☒ Chapel Hill $328,561 ☒ Orange County $200,026

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Robert Dowling — Executive Director — Date: 1-20-16

Signature: _____ — Board Chairperson — Date: 1-13-16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

Community Home Trust (the Home Trust) was formed through the merger of Orange Community Housing Corporation (OCHC) into the Community Land Trust in Orange County (CLTOC) in July 2001. OCHC was incorporated in 1990 in order to create affordable housing in Orange County. The Land Trust was incorporated in 1999 at the behest of the local governments.

b) Agency's Purpose/Mission

To strengthen our community with permanently affordable homeownership opportunities for low and moderate income households.

c) Types of Services the Agency Provides

Community Home Trust implements the inclusionary housing program for local governments in Orange County. These programs seek to provide affordable homeownership opportunities for low-to moderate income people, who typically cannot own a home close to where they work. Whether we are selling newly constructed homes or reselling existing Home Trust homes, our sales frequently require subsidies to make the homes affordable.

Most Home Trust properties have resulted from inclusionary housing policies, whereby developers are asked to provide 15% of new homes that are affordable to buyers earning 80% of the area median income. As a result of these policies in Chapel Hill, we have sold 13 homes in Larkspur, 30 townhomes in Vineyard Square, 16 condominiums in Meadowmont, 34 condominiums in East 54, 15 condominiums in Greenbridge and 18 condominiums in 140 West Franklin.

In the inclusionary model, our role is to market the homes to income-eligible households, document their incomes, and explain how the community land trust model works. The model requires intensive work with buyers because of its complexity. We convey ownership of our homes using a 99-year ground lease that in theory allows our homes to remain affordable forever. Each buyer requires many hours of staff time from our sales staff, one of whom is a certified housing counselor and three who are licensed Realtors®, who understand the legal and financial nuances of the land trust model.

The sales staff is responsible for explaining the ground lease resale formula. They also work with buyers to obtain mortgage financing and federal, local or state subsidies that are often necessary for our properties to be affordable. In recent years, banks have tightened their lending guidelines, making it more difficult for our buyers to obtain mortgages.

Home Trust buyers access our program through a variety of means, including our website, word of mouth, sales presentations, and various list-serves where we disseminate information. They apply to our program and attend an eight-hour homebuyer education class, one-hour financial counseling session, and a Home Trust orientation class. They must then obtain pre-qualification from a lender in order to proceed to make an offer on a property. In addition, all homebuyers are required to meet with an attorney to be sure they fully understand the legalities of the ground lease. Once they complete these steps, we work with them to purchase a home and obtain financing. Before signing a contract, we document their income using forms that have been approved by the local governments. Completing all of these steps typically requires at least 6-8 weeks.

Another aspect of our business is our property management program, which is designed to ensure that our homes are well maintained over time. We revised our model in early 2007 to collect a monthly stewardship fee that is dedicated to the long-term maintenance of each new property in the Home Trust. Since then, we have assumed property management responsibilities for three homeowners' associations in our program. We offer full property management services to the 62 homeowners living in these three developments. As new homes come into the Home Trust and existing homes resell, our property management responsibilities will continue to increase. We believe property management is essential to the long term maintenance of Home Trust homes.

d) Agency's Experience with Similar Programs as the Funding Request

In the past 15 years, CHT has bought and sold 384 homes in Chapel Hill and Carrboro. That is 384 households that we have helped through the process of buying or selling a home. Most of these transactions involved securing outside subsidy sources to lower the cost to the buyer. All of these transactions entail conveying homes using a 99-year ground lease that limits homeowner appreciation. We currently have 242 homes in our affordable housing inventory.

e) Other Pertinent Agency Information

We have 2.5 staff members devoted to property management and making sure our homeowners have the education and support they need to be successful neighbors within their communities. We also manage a stewardship program that allows homeowners to save for costly repairs and keep their home well maintained. We work with homeowner associations and advocate on the behalf of our owners when issues arise. We also have a certified financial counselor on staff, and two in the process of getting their certification. We have one certified homebuyer education counselor and one staff member who is fluent in Spanish.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Community Home Trust – Homeownership Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing		X	X	X	
Other: Please specify					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority? As explained above, we work with developers to implement inclusionary housing in Chapel Hill. We also participate in other initiatives such as the Northside Redevelopment Initiative in 2006 and the current Northside Initiative. Our homeownership program enables low to moderate income households to purchase homes in Chapel Hill. These are individuals and families who would otherwise be unable to purchase a home in this community where most of them work. Our 99-year ground lease enables our homes to remain affordable to future generations. Our stewardship program helps our owners to maintain their homes by assisting with the costs of big-ticket items like

new HVAC systems.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

In 2015, the average home in Chapel Hill sold for $309,000. This is well above the price that is affordable to buyers earning between 65%-80% AMI. Inclusionary housing is a strategy employed in Chapel Hill to create affordable housing that is integrated into market-rate neighborhoods. The Town Council began making use of inclusionary housing policies more than 15 years ago. We have been asked to implement this program, which enables lower income households to live close to where they work and enjoy a better quality of life. In 2015, all the local governments agreed to an interlocal agreement that identified the responsibilities expected of CHT. That agreement requires us to implement the Town's inclusionary housing program.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

We provide homeownership opportunities to buyers earning between 65%-115% AMI. Last year our average household was 69.07% AMI, and earned approximately $38,000. Although our program allows for us to serve higher income buyers, we should note that 88% of our homeowners earn less than 80% AMI. We identify beneficiaries through a variety of outreach efforts, including through the Realtor network (TMLS), outreach to public sector employees, and presentations to local government employees.

e) Who specifically will carry out the activities and in what location will they be carried out?

Our office is now located on Conner Drive in Chapel Hill. Our entire staff is located in this office. Our staff includes the following people:
Robert Dowling, Executive Director; works with developers, manages board relations, fundraising, and government relations.
Lori Woolworth, Director of Operations and Finance; Oversees the operations and finances of the organization
Deanna Carson, Homeownership Program Manager; provides financial and homebuyer education to potential buyers to prepare them for homeownership
Julie Held, Marketing Specialist; markets properties both online and in print
Amy Slaughter, Sales Specialist; works with buyers after they go under contract to help through the home buying process, including working with lenders and attorneys
Ian Morse, Property Manager; works with buyers to perform walkthroughs of the property and makes sure all repairs have been completed
Jim Eichel, Construction Manager; works with developers and contractors to ensure construction is performed well, as well as monitors progress
Andrea Hofmann, Bookkeeper; manages all of the bookkeeping, including invoicing and payment collection
Felicia Stroud, Operations Specialist; helps homeowners with HOA issues, works with HOA boards, facilitates the resale process
Camille Berry, Development and Communications Manager; responsible for fundraising efforts and organizational communication

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline. July 1, 2016 – June 30th, 2017

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Habitat for Humanity – we coordinate with their homebuyer education counselor to share homebuyer education responsibilities within Orange County
- Jackson Center and Self Help Credit Union – we are working with both of these organizations on the Northside Initiative. If we are successful obtaining subsidy, we will purchase two homes from Self Help in 2016 that will be added to our affordable housing inventory. The Jackson Center staff will assist with marketing the homes.
- CESI – refer financial counseling clients on rare occasions when we do not have the necessary resources available to best serve the client

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.
As we discussed with the local governments in 2014 and 2015, the Home Trust would not be a financially viable organization without increased funding. Those discussions led to the signing of the interlocal agreement in June 2015.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☐ **Persons** ☒ **Households** ☐ **Units**

Program: Homeownership Program –all participants

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	79	83	85
Female	155	165	175
Total	234	250	260
Of the females, how many are single-female Head of Households (Omit for Human Services)	57	59	60

MAIN APPLICATION

Ethnicity			
African-American	30	36	39
American Indian or Alaska Native	1	1	1
Asian	11	12	13
Caucasian	149	155	157
Native Hawaiian or other Pacific Islander	14	14	15
Other	8	9	10
Total	213	224	235

Of the above, how many Hispanic/Latino	21	23	25
Of the above, how many non-Hispanic/Latino	213	227	235
Total	234	250	255

Age			
0-5 years			
6-18 years			
19-50 years	194	204	209
51-61 years	25	30	33
62+ years	15	16	18
Total	234	250	260

Geographic Location			
Durham City			
Durham County			
Carrboro	42	44	44
Chapel Hill	192	206	216
Chapel Hill Public Housing Residents			
Orange County			
Raleigh			
Wake County			
Total	234	250	260

Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	0	0	0
31-50% Area Median Income	5	5	5
51-80% Area Median Income	205	218	225
> 80% Area Median Income	24	27	30
Total	234	250	260

Special Needs (Omit for HS)			
Elderly (Over 62)	17	18	19
Disabled (not elderly)	6	6	6
Homeless	0	0	0
People with HIV/Aids	Unknown	Unknown	Unknown
Total	23	24	25

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family Income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Title, *or Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Proposed 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1	75	$95,365	$95,365	$97,850	11.41%	R, H
Director of Operations and Finance	1	100	$59,062	$65,600	$66,950	7.80%	R, H
Homeownership Program Manager	1	100	$32,472	$47,462	$49,009	5.62%	R, H
Development and Communications Manager	1	75	$48,369	$49,668	$51,220	5.97%	R, H
Property Manager	1	100	$44,959	$47,108	$49,009	5.71%	R, H
Sales Specialist	1	100	NA	$38,554	$41,200	4.80%	R, H
Operations Specialist	1	100	$34,674	$40,092	$41,295	4.81%	R, H
Bookkeeper & Admin. Assistant	1	100	NA	$37,000	$37,982	4.43%	R, H
PT Marketing Specialist	.5	100	NA	$26,510	$27,773	3.24%	R
PT Construction Manager	.5	100	$16,793	$31,200	$36,956	4.31%	R

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☒ ☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below.**

The Community Home Trust board includes a member of the Town Council – Sally Greene.
The board also includes the spouse of another Council member, George Cianciolo.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Robert Dowling — Executive Director — Date: January 21, 2016

Signature: _____ Board Chairperson — Date: 1/21/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Work with developers to sell inclusionary homes	Work with developers to sell inclusionary homes	Work with developers to sell inclusionary homes
Program Goal	Sell inclusionary homes to income eligible buyers in the Ballentine and Burch Kove developments. Close on all homes sold within 6 months of completion.	Sell inclusionary homes to income eligible buyers in the Ballentine and Burch Kove developments. Close on all homes sold within 6 months of completion.	Sell inclusionary homes to income eligible buyers in the Burch Kove, Chancellor's View, South Grove and Ramsley developments. Close on all homes sold within 6 months of completion.
Performance Measures	Track time to close from CO. Days on Market should not exceed 180 days. It is more difficult to measure homeowner success.	Track time to close from CO. Days on Market should not exceed 180 days. More difficult to measure homeowner success.	Track time to close from CO. Days on Market should not exceed 180 days - ideally less than 90 days.
Program Results	Although we sold 6 homes in the Ballentine development in 2014-15 we did not always close within 180 days. We exceeded our target in Burch Kove.	Again, we were not able to close on Ballentine homes within 180 days but we have sold the last of these townhomes. We continue to exceed our target in Burch Kove.	We expect to complete sales in Burch Kove and sell three homes in Chancellor's View, another home in South Grove and two townhomes in Ramsley.
Program Activity 2	Work with existing Home Trust homeowners to sell their homes	Work with existing Home Trust homeowners to sell their homes	Work with existing Home Trust homeowners to sell their homes
Program Goal	CHT staff will meet its obligations in a timely manner when working with owners who are selling their homes.	CHT staff will meet its obligations in a timely manner when working with owners who are selling their homes.	CHT staff will meet its obligations in a timely manner when working with owners who are selling their homes.

Performance Measures	The resale process is more complicated than new home sales, and much is dependent upon the home seller. An indicator of success is how long it takes to get a home under contract. But much is out of our control. Data for new applicants is collected using an application and stored in an online database.	The resale process is more complicated than new home sales, and much is dependent upon the home seller. An indicator of success is how long it takes to get a home under contract. But much is out of our control. Data for new applicants is collected using an application and stored in an online database.	The resale process is more complicated than new hom Data for new applicants is collected using an application and stored in an online database.e sales, and much is dependent upon the home seller. An indicator of success is how long it takes to get a home under contract. But much is out of our control.
Program Results	Homes sold very well in 2014-15. Our average Days on Market was about 90.	Resales are also doing well in 2015-16 with one exception in Carrboro. Our average Days on Market is about 60 for homes that have closed.	We expect to have 15-20 resales just about every year. We expect to improve our processes and our performance in 2016-17.
Program Activity 3	Manage three homeowner associations	Manage three homeowner associations	Manage three homeowner associations
Program Goal	Insure properties are well maintained, dues are affordable and owners are happy	Insure properties are well maintained, dues are affordable and owners are happy	Insure properties are well maintained, dues are affordable and owners are happy
Performance Measures	This is a subjective matter. Questions to be answered: Are properites well maintained? Are dues reasonable? Do we receive any complaints from neighbors? Budgets are monitored monthly and homeowner communication is tracked in an online database. We also staff the HOA board meetings.	This is a subjective matter. Questions to be answered: Are properites well maintained? Are dues reasonable? Do we receive any complaints from neighbors? Budgets are monitored monthly and homeowner communication is tracked in an online database. We also staff the HOA board meetings.	Going forward. we need to develop means of better measuring our success in this realm. A periodic survey of the properties and the residents would be useful. Budgets are monitored monthly and homeowner communication is tracked in an online database. We also staff the HOA board meetings.

Program Results	All three properties are in good condition	All three properties are in good condition	We are refining our long term property budgets to be certain the properties will remain in good condition.
Program Activity 4	Manage our stewardship program to assist owners with long term maintenance	Manage our stewardship program to assist owners with long term maintenance	Manage our stewardship program to assist owners with long term maintenance
Program Goal	Collect monthly stewardship fees from every homeowner enrolled in the stewardship program. Use those funds to keep homes reasonably well maintained over time	Collect monthly stewardship fees from every homeowner enrolled in the stewardship program. Use those funds to keep homes reasonably well maintained over time	Collect monthly stewardship fees from every homeowner enrolled in the stewardship program. Use those funds to keep homes reasonably well maintained over time
Performance Measures	It's an easy task to know if we are collecting the fees. More difficcult is knowing if our homes are being well maintained - particularly interiors.	It's an easy task to know if we are collecting the fees. More difficcult is knowing if our homes are being well maintained - particularly interiors.	It's an easy task to know if we are collecting the fees. More difficcult is knowing if our homes are being well maintained - particularly interiors.
Program Results	The stewardship program is becoming increasingly important to our homeowners as our housing stock ages. It is also essential to the success of inclusionary housing. The stewardship fund is reconciled monthly and reviewed on an annual basis for adequacy.	The stewardship program is becoming increasingly important to our homeowners as our housing stock ages. It is also essential to the success of inclusionary housing. The stewardship fund is reconciled monthly and reviewed on an annual basis for adequacy.	The stewardship program is becoming increasingly important to our homeowners as our housing stock ages. It is also essential to the success of inclusionary housing. The stewardship fund is reconciled monthly and reviewed on an annual basis for adequacy.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program: Community Home Trust

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 132,303	$ 120,680	$ 95,000	-21%
Agency Generated Revenue (fees)	$ 159,086	$ 141,917	$ 128,788	-9%
Local Government Grants:				
Orange County	$ 149,000	$ 231,000	$ 200,026	-13%
Town of Chapel Hill	$ 200,000	$ 300,414	$ 328,561	9%
Town of Carrboro	$ 35,000	$ 64,000	$ 75,052	17%
Other Local: Town of Hillsborough	$ 2,500	$ 2,500	$ 2,500	0%
Other Local: HOME	$ 11,777			0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ 689,666	$ 860,511	$ 829,927	-4%
AGENCY EXPENSES				
Compensation	$ 542,917	$ 637,759	$ 675,480	6%
Rent & Utilities	$ 35,991	$ 40,063	$ 43,350	8%
Supplies & Equipment	$ 4,829	$ 5,535	$ 6,100	10%
Travel & Training	$ 8,566	$ 10,384	$ 15,000	44%
Other Expenses:	$ 122,256	$ 138,807	$ 117,997	-15%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	$ 714,559	$ 832,548	$ 857,927	3%
SURPLUS/(DEFICIT) FOR PERIOD:	$ (24,893)	$ 27,963	$ (28,000)	-200%

FY 2015-16 Comparative Agency Budget
Revised 9/29/2014

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

nents	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –In class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	*$9,000*

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Not applicable – this is a request for operating funding

		Total	

c.) Cost per Unit

Total Cost of Program	**$714,559**	**$832,548**	**$857,927**
Total # of Units	**234**	**250**	**260**
Cost Per Unit	**$3,053**	**$3,330**	**$3,300**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: Community Home Trust

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 132,303	$ 120,680	$ 95,000	-21%
Agency Generated Revenue (fees)	$ 159,086	$ 141,917	$ 128,788	-9%
Local Government Grants:				
Orange County	$ 149,000	$ 231,000	$ 200,026	-13%
Town of Chapel Hill	$ 200,000	$ 300,414	$ 328,561	9%
Town of Carrboro	$ 35,000	$ 64,000	$ 75,052	17%
Other Local: Town of Hillsborough	$ 2,500	$ 2,500	$ 2,500	0%
Other Local: HOME	$ 11,777			0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ 689,666	$ 860,511	$ 829,927	-4%
AGENCY EXPENSES				
Compensation	$ 542,917	$ 637,759	$ 675,480	6%
Rent & Utilities	$ 35,991	$ 40,063	$ 43,350	8%
Supplies & Equipment	$ 4,829	$ 5,535	$ 6,100	10%
Travel & Training	$ 8,566	$ 10,384	$ 15,000	44%
Other Expenses:	$ 122,256	$ 138,807	$ 117,997	-15%
Please list 3 largest "Other Expenses":				
Audit $ 15,000.00				
Long-term Maintenance $ 45,000.00				
Telephone/Internet $ 8,285.00				
Total Agency Expenses	$ 714,559	$ 832,548	$ 857,927	3%
SURPLUS/(DEFICIT) FOR PERIOD:	$ (24,893)	$ 27,963	$ (28,000)	-200%

FY 2015-16 Comparative Agency Budget
Revised 9/29/2014

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency The Women's Center, Inc. dba Compass Center for Women and Families

Program(s) Domestic Violence Crisis Services, Self-Sufficiency Programs & Community Education & Civic Engagement

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☑ *Applicant Contact Information* b. ☑ *Project/Program Contact Information* c. ☑ *Funding Requests Identified* d. ☑ *Signed Application Cover Page*	
2. Agency Information -	a. ☑ *Agency's Years in operation* b. ☑ *Agency's Purpose/Mission* c. ☑ *Agency's Types of Services Provided* d. ☑ *Agency's Experience* e. ☑ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☑ *Type of Application and Program Identified* b. ☑ *Summary of Program* c. ☑ *Description of Identified Need* d. ☑ *Description of Population to be Served* e. ☑ *Activity Manager and Location Description* f. ☑ *Activity Implementation Timeline* g. ☑ *Agency Collaboration* h. ☑ *Describe Impact of Reduced/No Allocation* i. ☑ *Other Pertinent Information* j. ☑ *Complete Target Population/Beneficiary Chart* k. ☑ *Complete Schedule of Positions* l. ☑ *Signed Conflict of Interest Disclosure* m. ☑ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☑ ***Program Budget Worksheet*** **b.** ☑ ***Program Budget Detail*** **c.** ☑ ***Cost Per Unit*** **d.** ☑ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A 122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☑ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☑ ***IRS Federal Form 990*** **c.** ☑ ***NC Solicitation License*** **d.** ☑ ***IRS Federal Tax-Exemption Letter*** **e.** ☑ ***Certificate of Insurance*** **f.** ☑ ***List of Board of Directors*** **g.** ☑ ***Articles of Incorporation/Bylaws*** **h.** ☑ ***Authorization to Request Funds*** **i.** ☑ ***Authorized official designation*** **j.** ☑ ***3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: The Women's Center, Inc. dba Compass Center for Women and Families

Applicant Organization's Physical Address: 210 Henderson St., Chapel Hill NC 27514

Applicant Organization's Mailing Address: Post Office Box 1057; Chapel Hill, NC 27514

Applicant Organization's Web Address: compassctr.org

Executive Director: Cordelia Heaney

Telephone Number: (919) 968-4610 E-Mail: director@compassctr.org

DUNS Number: 931214985
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name:
1) Domestic Violence Crisis Services
2) Self Sufficiency Programs: Legal Information, Financial Education & Career Preparedness
3) Community Education & Civic Engagement

Project/Program Primary Contact and Title: Ardith Burkes, Associate Director

Telephone Number: (919) 968-4610 E-Mail: programsdirector@compassctr.org

c) Funding Request Identification

Total Project/Program Cost: $600,385.33 Total Amount of Funds Requested: $102,200.00

Proposed Use of Funds Requested (2-3 Line Maximum): To provide domestic violence crisis services, financial education and career preparedness services, legal information services, connections to community resources, youth and adult training and education on the prevention of interpersonal violence and civic engagement related to women's and gender issues.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO	$_____	☐ Grant	☐ Loan
☐ HOME Other	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $8,400 ☒ Chapel Hill $29,300 ☒ Orange County $64,500

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Executive Director — Date 1/24/16

Signature: _____ Board Chairperson — Date 1/24/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
The Women's Center, Inc. doing business as Compass Center for Women and Families was incorporated on October 19, 1979 and has operated for 36 years as a non-profit organization.

During an organizational merger in 2012 the doing business as name Compass Center for Women and Families came into use. In July 2012 Family Violence Prevention Center of Orange County, Inc. (established in 2000) and The Women's Center, Inc. (established in 1979) had a successful merger.

b) Agency's Purpose/Mission
Compass Center for Women and Families works to promote gender equity in our community through a unique blend of empowerment resources and services. We support individuals as they navigate their personal journey to self-sufficiency, interpersonal safety, and health.

Compass Center Mission Statement: Compass Center for Women and Families helps individuals and families prevent and end domestic violence and become self-sufficient. We provide domestic violence crisis services, career and financial education, assistance with legal resources, and adolescent empowerment programs.

c) Types of Services the Agency Provides
Our services span the continuum from financial literacy education, career exploration and preparedness, access to legal information, domestic violence crisis services (including crisis intervention, court advocacy and group support), adolescent empowerment programs including youth interpersonal violence prevention education, trainings for community members and professionals on interpersonal violence prevention and response, and a referral line to provide callers connections to community resources. Our services are available to any community member.

We have a wide breadth of services under one roof to increase accessibility for community members. We find that for many community members we become a home base for services and we are able to build lasting relationships with them as their needs change. This lasting relationship means that they are more likely to engage in true change behavior towards a more stable life.

d) Agency's Experience with Similar Programs as the Funding Request
We have a vision of empowerment for all of our clients that includes safety, security, and economic self-sufficiency. The services for which we are applying for funding have been our core services for many years. Since maintaining high service quality and responding to community need is important to us we continue to evaluate and refine these core services. Since their inception, both pre-merger agencies served as leaders in our community. The Women's Center, Inc. has been highly regarded for improving the lives of women and girls in the Triangle through our own work and through collaborative community partnerships. Family Violence Prevention Center was known for providing comprehensive and high-quality domestic violence crisis services. The two agencies often experienced client overlap and decided that a merger would conserve resources while providing more comprehensive and efficient services. By combining agencies, Compass Center clients are able to access a larger continuum of important services under one roof. Staff trains and works with over 200 volunteers annually, some of whom have been with us more than 15 years. Our organization is a community home for not just those seeking services but for our volunteers who want to contribute meaningfully.

e) Other Pertinent Agency Information

We are excited for the year ahead. Compass Center has a stable program staff, many of whom have been with us for a number of years, ensuring the consistency and quality of our programs. A new, permanent Executive Director joined Compass Center in August 2015. The Board of Directors is launching a new strategic planning process, with the goal of identifying strategies and setting benchmarks to help Compass Center further support our longstanding commitment to programming areas that help prevent domestic violence, promote self-sufficiency, and empower individuals. This will ensure that our work continues to reflect the needs and interests of the community we serve, and that we are working to reach traditionally underserved populations.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Compass Center for Women and Families, Domestic Violence Crisis Services

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

- ☒ **Human Services (Main Application Only)**
- ☐ **AH Non-Construction (Main Application Only)**
- ☐ **AH Construction — (Main Application AND Part B)**
- ☐ **AHDR Non-Construction (Main Application Only)**
- ☐ **AHDR Construction — (Main Application AND Part B)**
- ☐ **CDBG Non-Construction — (Main Application AND Part A)**
- ☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
- ☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
- ☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X	X	X	X
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation	X	X	X	X	X
Housing					
Other: Safety net for the vulnerable _____	X	X	X	X	X

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

The Domestic Violence Crisis Services Program provides essential crisis intervention and support services to victims of domestic violence that are unavailable through any other venue in Orange County. Specifically, the community needs we will continue to address are:

Immediate response to calls through operation of a dedicated 24-hour domestic violence hotline: All callers can expect to receive services from a compassionate, well-trained individual ready to offer emotional support, safety planning, resource information, and other available services.
Direct crisis intervention and advocacy services: Trained staff will accompany victims to criminal and civil court, provide assistance with obtaining domestic violence protective orders, help clients file for victims' compensation through the state, and help clients find emergency shelter and other needed resources.
Support Groups: We offer a variety of 8-week support groups for adults affected by domestic violence. In addition, we offer monthly art-based healing groups and workshops.
Access to emergency financial support: Most domestic violence victims are unable to leave abusive relationships without financial assistance to pay for expenses during the transition period when they are moving towards self-sufficiency. We provide limited financial assistance directly to victims of domestic violence in the form of gas cards, grocery cards, and transportation payments to assist with this transition.
Assistance accessing safe shelter: While we do not have a physical shelter specific to victims of domestic violence, and there is very limited emergency shelter for women with families in Orange County, we do help victims identify other shelter options. We work with victims to get placed in shelters in other counties and coordinate with local hotels to provide emergency shelter to our clients for free or low cost (paid by Compass Center).
The need for a cell phone to call 911: Many victims do not have the resources to purchase a cell phone (or an abusive partner may regulate use of a phone) or theirs has been destroyed or confiscated as part of the violence they are experiencing. We provide a cell phone that can contact 911 in order to expand safety options.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

North Carolina ranked 19th in 2012 for its high number of women murdered by men, an FBI figure typically used to count domestic violence-related homicides (Violence Policy Center 2014). In 2015 Compass Center provided services to 1,168 domestic violence clients, a 19% increase in demand for domestic violence crisis services since FY 13-14. This follows increases we have seen over the past 4 years. We are already experiencing a 9% increase in domestic violence victims seeking services this fiscal year. Since FY 13-14, 46% more Spanish-speaking victims have sought services. Compass Center's work seeks to provide prevention education in our community, assistance for victims who have experienced domestic violence, and ongoing support to help empower victims who identify as survivors. We have worked to expand services to meet the needs of victims in our community from diverse backgrounds, including victims with limited English proficiency, LGBTQ victims, and men.

Compass Center will be facing unique challenges in 2016-17 when trying to help clients access shelter because the Chatham County domestic violence shelter run by Family Violence Rape Crisis Center will be closing for a year starting in March 2016 to build a new facility. This means that we will have increased costs related to placing people in hotels for safety until longer-term shelter can be found and necessitates increasing our efforts to engage local hoteliers to provide free or reduced cost hotel nights.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Domestic violence is a crime that negatively impacts people regardless of age, gender, race, socio-economic status, or religion, and is unfortunately all too common in all Orange County communities. Compass Center's Domestic Violence Crisis Services Program connects with clients via community education and outreach work, our 24-hour domestic violence hotline, word of mouth, and we receive referrals from other agencies. Anyone who has any concerns related to domestic violence can access these services. Our clients are primarily people who have directly experienced

domestic violence in childhood or adulthood, their friends and loved ones or service providers needing assistance in addressing the needs of a victim. We refer batterers to batterers intervention programs and other services that might be helpful to them. We never have waiting lists.

e) Who specifically will carry out the activities and in what location will they be carried out?
The Domestic Violence Crisis Services Program is staffed by the following personnel: Associate Director, Director of Domestic Violence Crisis Services, Director of Court Advocacy and Community Response, Support Group Coordinator, Director of Latino Services, and the Client Services Specialist. They train and supervise the following volunteer positions: daytime and overnight hotline advocates, court advocates, support group facilitators, child care volunteers and interpreters.

Services are provided at our offices at 210 Henderson St. in Chapel Hill, on-site at the courthouse in Hillsborough, and at other locations in the community as needed such as the hospital, medical offices, police stations, mental health clinics, etc.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Dedicated 24-hour domestic violence hotline: In operation 24 hours per day 365 days per year.
Court advocacy services: Trained staff will accompany victims to criminal and civil domestic violence court held weekly in Hillsborough. Clients get assistance with obtaining domestic violence protective orders, help in filing for victims' compensation through the state and are educated about legal rights and remedies daily as part of our hotline and in-person services.
Support Groups: Will be offered throughout the year with staggered start times so that interested clients can quickly access group support. Generally groups start in September, October, January, February, March and June. Most last 8 weeks.
Access to safe shelter: Hotline advocates help clients find emergency shelter 24-hours per day 365 days per year.
Many clients are seen during in-person appointments on business days.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

We continue to recognize that the best response to domestic violence is a community-wide, coordinated response. Our past and ongoing collaborative relationships with numerous organizations, to ensure necessary services for our clients, include local law enforcement agencies, the District Attorney's Office, the Orange County Department of Social Services (DSS), Inter-Faith Council (IFC), Legal Aid of North Carolina, UNC Hospital's Beacon Child and Family Program, the Orange County Rape Crisis Center, Freedom House, UNC Office of the Dean of Students, UNC School of Law's Domestic Violence Advocacy Project (DVAP), El Centro Hispano, El Futuro, NC Coalition Against Domestic Violence, and domestic violence agencies in neighboring counties.

Some specific examples of ongoing collaborative efforts include:

- Over the past 2.5 years, Compass Center has successfully reinstituted the Orange County Domestic Violence Task Force. This is based on the effective coordinated community response model of engagement and problem solving between agencies that interact with victims of domestic violence. This includes law enforcement, Legal Aid, victim advocates, DSS, crisis unit personnel, medical personnel, batterer's intervention program staff, magistrates, school personnel, etc. The task force meets monthly.
- Cross-referrals and training with Orange County Rape Crisis Center, UNC's Beacon Program, CH-TOP Early Head Start/Head Start, local schools, DSS, Durham Crisis Response Center, Family Violence and Rape Crisis Services of Chatham County and Interact of Wake County.

- We partner with Orange County Department of Social Services in several ways including providing training on domestic violence issues for their staff and clients in the Work First program and other departments on a regular basis. We cross-refer on a daily basis as a portion of their clients need domestic violence services and education and our clients need emergency assistance for food and shelter or need child protective services involvement.
- We are also involved in the efforts to address the needs of child victims of crime through the exploration of the development of a child advocacy center and multi-disciplinary team.
- Collaboration and cross-referral with seven law enforcement agencies in Orange County and interaction daily or weekly with crisis unit in the Orange County Sheriff's Office and the Chapel Hill Police Department. These agencies also assist with volunteer hotline and advocate training. Several times per year we are part of the training of Crisis Intervention Team training of select law enforcement officers.
- The Orange County District Attorney's office collaborates with our court advocate and helps with hotline and advocate training.
- Work with Legal Aid of North Carolina to help clients access free legal services especially as it related to protective order representation. We have a new partnership with North Carolina Coalition Against Domestic Violence to offer free legal services to Orange County residents as it relates to protective order representation when Legal Aid services are full and child custody and divorce assistance.
- Continued partnerships with UNC School of Social Work as a field placement site for three MSW students, APPLES undergraduate service learning program, and UNC LGBTQ Center.
- Partner with local businesses to provide pro bono services for victims such as free shelter at local hotels, pet boarding and medical supplies.
- A staff member participated in the week-long Mental Health First Aid train the trainer event offered by Cardinal Innovations and UNC's Behavioral Healthcare Resource Center in order to be able to expand knowledge in our county about mental health concerns and responding to those with these issues.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Compass Center continues to experience an increase in demand for services and number of victims served (19% increase since FY 13-14 and 9% increase already this fiscal year). Due to the exponential increase in clients seeking domestic violence services we are trying to expand our capacity to meet these needs and are continually exploring additional funding sources to hire another domestic violence program staff member and provide additional direct assistance funds for transportation, shelter and other client needs. However, if these funds were reduced or cut, we would struggle to meet the needs of clients. Since the vast majority of the expense to run this program is personnel costs to deliver services, funding reduction from Orange County would likely result in a reduction of force.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

MAIN APPLICATION

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Domestic Violence Crisis Services

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	72	78	78
Female	1096	1195	1195
Total	1168	1273	1273
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	131	150	150
American Indian or Alaska Native	2	4	4
Asian	14	16	16
Caucasian	241	270	270
Native Hawaiian or other Pacific Islander	0	0	0
Other	132	150	150
Unknown	648	683	683
Total	1168	1273	1273
Of the above, how many Hispanic/Latino	121	130	130
Of the above, how many non-Hispanic/Latino	1047	1143	1143
Total	1168	1273	1273
Age			
0-5 years	10	10	10
6-18 years	18	20	20
19-50 years	211	230	230
51-61 years	28	30	30
62+ years	3	4	4
Unknown	898	979	979
Total	1168	1273	1273
Geographic Location			
Durham City	(included in Durham County #)	(included in Durham County #)	(included in Durham County #)
Durham County	90	95	95
Carrboro	86	95	95
Chapel Hill	377	410	410
Chapel Hill Public Housing Residents	Unknown	Unknown	Unknown

MAIN APPLICATION

Orange County	157	175	175
Raleigh	(included in Wake County #)	(included in Wake County #)	(included in Wake County #)
Wake County	45	50	50
Other	135	145	145
Unknown	278	303	303
Total	1168	1273	1273

Income Level – See following chart (Omit for HS)

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0

Special Needs (Omit for HS)

Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Program Dir/Assoc Dir	1.0	25% (1) 25% (2) 25% (3)	71,515.90	$57,636.82	$55,482.26	8.7%	H
Dir of Domestic Violence Services	1.0	100% (1)	42,078.73	$40,332.16	$41,124.52	6.5%	H
Dir of Court Advocacy & Community Response	1.0	100% (1)	38,466.00	$37,740.00	$39,321.00	6.2%	H
Dir of Education Programs	1.0	100% (3)	37,219.00	$37,700.00	$38,480.52	6.0%	H
Client Services Specialist	1.0	50% (1) 50% (3)	19,254.25	$35,432.16	$36,238.72	5.7%	H
Dir of Latino Services	1.0	100% (1)	33,053.88	$34,500.00	$35,190.00	5.5%	H
Dir of Teens Climb High	1.0	0% (100% Programs but 0% w/ OC Funds)	33,660.00	$34,000.08	$34,680.08	5.5%	H
Dir of Self-Sufficiency Programs	1.0	100% (2)	43,699.43	$33,222.98	$34,680.08	5.5%	H
Support Group Coordinator	.67	80% (1) 20% (3)	20,230.10	$21,442.68	$20,837.80	3.3%	
Information & Referral Coord. (Johnson Service Corps. intern)	.8	100% (3)	N/A	N/A	$13000.00	2.0%	
VITA Coordinator	.4	100% (2)	$5,684.77	$7,376.00	$7,673.99	1.2%	
Executive Director	1.0	15% (1) 15% (2) 15% (3)	$17,129.22	$63,254.00	$66,300.00	10.4%	H
Development Dir	1.0	0%	0	$33,500.00	$51,000.00	8.0%	H
Finance & HR Dir	1.0	15% (1) 15% (2) 15% (3)	$48,253.80	$44,000.00	$44,880.00	7.1%	H
Admin Manager	.67	15% (1) 15% (2) 15% (3)	$26,962.65	$22,685.52	$25,010.67	3.9%	H
Communications & Development Coord	.67	40% (3)	$46,010.58	$35,979.58	$24,000.00	3.8%	
Fringe Benefits (FICA, Insurance, Taxes, etc.)			$65,392.49	$62,471.35	$68,399.35	10.7%	

TOTAL	15.21 FTE		**548,610.80**	**$601,273.33**	**$636,299.00**	100%	
Volunteer Hours: MSW Interns, APPLES Interns, Legal Intern, Board of Directors, Hotline Advocates, First Response, Interpreters, Group Facilitators, Community Educators, TCH Interns, Event Volunteers, etc.	Volunteer FTE	33% (1) 33% (2) 33% (3)	8 FTE	8 FTE	8 FTE		

Project/Program Name:

1) Domestic Violence Crisis Services
2) Self Sufficiency Programs: Legal Information, Financial Education & Career Preparedness
3) Community Education & Civic Engagement

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☒ ☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

Board member Elisabeth Johnson's partner Kennard Winchester is a school bus driver for the Chapel Hill Carrboro City Schools and works as a basketball coach for the Phillips Middle School boys team.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Cordia Thy — Executive Director — Date 1/24/16

Signature: Laura Morris — Board Chairperson — Date 1/24/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1	Crisis Intervention: Provide direct services to victims of domestic violence including crisis intervention, support groups and advocacy in order to reduce trauma and increase clients' ability to make choices increasing their safety and that of their children	Crisis Intervention: Provide direct services to victims of domestic violence including crisis intervention, support groups and advocacy in order to reduce trauma and increase clients' ability to make choices increasing their safety and that of their children	Crisis Intervention: Provide direct services to victims of domestic violence including crisis intervention, support groups and advocacy in order to reduce trauma and increase clients' ability to make choices increasing their safety and that of their children
Program Goal	85% of clients who meet with crisis response staff will develop a safety plan that meets their needs and helps them feel that they have options to improve their safety. At least 650 clients will be served in FY 14-15.	85% of clients who meet with crisis response staff will develop a safety plan that meets their needs and helps them feel that they have options to improve their safety. At least 800 clients will be served in FY 15-16.	85% of clients who meet with crisis response staff will develop a safety plan that meets their needs and helps them feel that they have options to improve their safety. At least 1,000 clients will be served in FY 16-17.
Performance Measures	All clients who meet in person with crisis response staff or attend support group are asked to fill out a survey and responses are tracked.	All clients who meet in person with crisis response staff or attend support group are asked to fill out a survey and responses are tracked.	All clients who meet in person with crisis response staff or attend support group are asked to fill out a survey and responses are tracked.
Program Results	94% safety planned; 88% better understood options	94% at Q2	85%

Program Activity 2	Court Advocacy: Provide court services to victims of domestic violence to reduce the trauma and confusion that clients experience in the court process.	Court Advocacy: Provide court services to victims of domestic violence to reduce the trauma and confusion that clients experience in the court process.	Court Advocacy: Provide court services to victims of domestic violence to reduce the trauma and confusion that clients experience in the court process.
Program Goal	85% of clients will report feeling supported by court advocates in FY 14-15. At least 125 clients will be served.	85% of clients will report feeling supported by court advocates in FY 15-16. At least 125 clients will be served.	85% of clients will report feeling supported by court advocates in FY 16-17. At least 125 clients will be served.
Performance Measures	All clients receiving court advocacy will be asked to fill out a survey and responses are tracked.	All clients receiving court advocacy will be asked to fill out a survey and responses are tracked.	All clients receiving court advocacy will be asked to fill out a survey and responses are tracked.
Program Results	99%	100% at Q2	85%
Program Activity 3	Support Group: Provide support group services to adults who have experienced domestic violence to decrease their trauma and increase their feelings of support.	Support Group: Provide support group services to adults who have experienced domestic violence to decrease their trauma and increase their feelings of support.	Support Group: Provide support group services to adults who have experienced domestic violence to decrease their trauma and increase their feelings of support.
Program Goal	85% of clients will report they feel less alone in their experience of abuse following group participation in FY 14-15. At least 45 clients will be served.	85% of clients will report they feel less alone in their experience of abuse following group participation in FY 15-16. At least 45 clients will be served.	85% of clients will report they feel less alone in their experience of abuse following group participation in FY 16-17. At least 45 clients will be served.
Performance Measures	All support group participants will be asked to complete an evaluation survey at the end of group and results are tracked.	All support group participants will be asked to complete an evaluation survey at the end of group and results are tracked.	All support group participants will be asked to complete an evaluation survey at the end of group and results are tracked.
Program Results	98%	97% at Q2	85%
Program Activity 4	Spanish-Speaking Victim Services: Provide direct services to Spanish-speaking victims of domestic violence including crisis intervention and advocacy to reduce trauma and meet their needs as victims.	Spanish-Speaking Victim Services: Provide direct services to Spanish-speaking victims of domestic violence including crisis intervention and advocacy to reduce trauma and meet their needs as victims.	Spanish-Speaking Victim Services: Provide direct services to Spanish-speaking victims of domestic violence including crisis intervention and advocacy to reduce trauma and meet their needs as victims.

Program Goal	85% of clients will report that their needs were met and they better understood their options in FY 14-15. At least 50 clients will be served.	85% of clients will report that their needs were met and they better understood their options in FY 15-16. At least 50 clients will be served.	85% of clients will report that their needs were met and they better understood their options in FY 16-17. At least 80 clients will be served.
Performance Measures	All Spanish-speaking clients who meet in-person with crisis response staff are asked to fill out a survey and responses are tracked.	All Spanish-speaking clients who meet in-person with crisis response staff are asked to fill out a survey and responses are tracked.	All Spanish-speaking clients who meet in-person with crisis response staff are asked to fill out a survey and responses are tracked.
Program Results	94%	96% at Q2	85%

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Compass Center for Women and Families, Self-Sufficiency Programs: Legal Information, Financial Education & Career Preparedness

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

- ☒ **Human Services (Main Application Only)**
- ☐ **AH Non-Construction (Main Application Only)**
- ☐ **AH Construction — (Main Application AND Part B)**
- ☐ **AHDR Non-Construction (Main Application Only)**
- ☐ **AHDR Construction — (Main Application AND Part B)**
- ☐ **CDBG Non-Construction — (Main Application AND Part A)**
- ☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
- ☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
- ☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education		X	X	X	X
Health and Nutrition					
Job Training		X	X	X	X
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Safety net for the vulnerable		X	X	X	X

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)

Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Compass Center's Self-Sufficiency programs provide access to individual support and resources that can have a direct positive impact on clients' ability to support themselves and their families financially. These programs can help them find a job or attain a better job, provide free legal advice for clients dealing with legal issues that can be financially crippling, and help clients deal with financial concerns like paying down debt or budgeting. Compass Center's Self-Sufficiency programs provide our community with easy access to important information that educates clients about their career, financial and legal options, and represent valuable safety net services.

Legal Information:

- Legal Information Services: 15-minute telephone consultation with a volunteer attorney to discuss issues such as divorce, child custody, consumer law, and tenants' rights. Clients are informed about what they are able to do legally on their own vs. what must be done with attorney representation in order to achieve cost savings.
- Community Legal Project: University of North Carolina law students provide 30-minute in-person appointments to discuss clients' legal questions. After the initial appointment, the law student then researches the issue, composes a memo with relevant information, consults with an attorney on their information to ensure accuracy, and meets with the client for a follow-up consultation.
- Our publication *Family Law in North Carolina* is a guide with up-to-date information on legal issues like separation, divorce, child custody, child support, and property settlement written by local attorneys in an easy to use question and answer format using lay language.
- Attorney Referral Notebook: local attorney listing with information on areas of specialty and fees.

Financial Literacy Education: individual financial counseling (90 min. sessions, client determines number of sessions desired), financial education workshops and free tax preparation through the Volunteer Income Tax Assistance (VITA) Program.

Career Exploration and Preparedness: individual career advising (60 min. sessions, client determines number of sessions desired), career development workshops, and information about job openings.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Legal Information: There is significant unmet legal need in our community primarily because of the cost of representation. In North Carolina, there is only one Legal Aid attorney for every 13,170 low-income people while there is one private attorney for every 562 people in North Carolina; an estimated 80% of the civil legal needs of low-income families go unmet every year (NC Equal Access to Justice Commission). These legal needs may be related to "domestic violence, divorce, child custody, housing, consumer protection, employment, (and) health", which are all areas that have a major impact on peoples' lives and in which legal expertise is crucial (NC Equal Access to Justice Commission).

Financial Literacy Education: In Orange County between 2009 and 2013, 17.8% of the population was living below the poverty line. Female-headed households with children under 18 had the highest poverty rate in Orange County at 35.6%, compared with 7.9% for married-couple households with children under 18 (US. Census Bureau QuickFacts American Community Survey).

Also contributing to poverty among women is the reality of gender pay disparities that continues to be a problem in the United States. In 2010 North Carolina women earned just 82.5% of their male counterparts, and the wage gap is significantly larger for women of color. ("The Status of Women in North Carolina," Institute for Women's Policy Research). Nationally, women are also less likely to have health insurance and retirement plans (2015 White House Council of Economic Advisers Report). Because of these factors, women need to save more than their male counterparts throughout their lives. However, the federal government's Women in America report found that two out of three women say that they have little or no knowledge of financial products and services.

Career Exploration and Preparedness: Women are more likely to work in industries and positions that are lower-paying than men (2015 White House Council of Economic Advisers report). In addition, women tend to hold a disproportionately high percentage of minimum-wage jobs, and North Carolina has a higher than average percentage of its workforce that are minimum-wage workers. According to the U.S. Department of Labor, North Carolina had 2.3 million workers who

were paid by the hour in 2013. Of those, 73,000 earned the federal minimum wage of $7.25 per hour, while 57,000 earned less. Collectively, these workers made up 5.8% of all hourly-paid workers in the state (Bureau of Labor Statistics, U.S. Department of Labor, "Minimum Wage Workers in North Carolina – 2013"). As of 2012, women made up nearly two-thirds of the hourly paid workforce earning the federal minimum or less in North Carolina. They are 73% of tipped workers and 77% of restaurant servers, who earn just $2.13 per hour. (National Women's Law Center 2014). Compass Center's Career Exploration and Preparedness Programs give clients an opportunity to learn about resume and interview skills, about high-demand jobs where they have the potential for greater earnings, and about training resources they can access to strengthen their skills.

Many of the individuals that our agency serves are women or men who have been absent from the workforce while they worked in their home to raise children or care for other family members. After separation from a spouse or other loss of the financial support, these individuals face a unique set of challenges as they work to achieve financial independence. Other women and men may also need assistance due to the anticipated loss of public assistance as the parent of a minor child. Cash assistance to families through the Work First Family Assistance (WFFA) program is limited to 24 months. The NC Division of Social Services estimates 230 families receiving WFFA in Orange County as of January, 2012. Our program can assist those on public benefits to become self-supporting when their benefits end by providing career and financial counseling, and referrals to other community resources.

Victims of domestic violence are particularly vulnerable to economic challenges. Financial abuse is one of the most powerful and common tools abusers use to force victims to stay: research shows that it occurs in 98% of abusive relationships. This type of abuse can include control of finances, not allowing the victim to work or causing the victim to lose her job through stalking and harassment at work, forcing the victim to write bad checks or fraudulent tax returns, and charging significant debt to credit cards (National Network to End Domestic Violence, 2015). The link between financial abuse and domestic violence is of particular concern in North Carolina, which ranked 19th in 2012 for its high number of women murdered by men, an FBI figure typically used to count domestic violence-related homicides (Violence Policy Center 2014). Any services that can help domestic violence victims leave potentially lethal relationships are important. Because Compass Center also offers Domestic Violence Crisis Services, supporting financial, career and legal resources has the potential to save lives.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Compass Center's Self-Sufficiency programs are available to anyone in the Triangle region. Clients come to our services through self-referral, referrals from other organizations, and word of mouth. Additionally, Compass Center is part of two new collaborative initiatives in Orange County, the Family Success Alliance and the Comprehensive Early Childhood Initiative, to provide services to the most vulnerable families with a focus on reducing intergenerational poverty. As part of these two projects, Compass Center is providing financial education and job counseling to low-income families. By providing client-centered individual counseling and workshop services in these areas, our goal is to improve the household economic security of these families.

e) Who specifically will carry out the activities and in what location will they be carried out?

Compass Center's Self-Sufficiency Programs Director and Associate Director work with professional volunteers to provide high-quality workshops, individual counseling sessions, and referrals. Client sessions and workshops are primarily offered at our office at 210 Henderson St. in Chapel Hill. We also offer workshops at other community locations. As part of our new collaborative efforts we will also be offering services in community locations close to participating families such as at schools, community centers and libraries. The following volunteers work with these programs: career and financial counselors and workshop facilitators, attorneys, law students and interpreters.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

All services will be offered for the full July 2016 to June 2017 grant period. Legal workshops are offered 8-10 times a year. Legal information service attorneys hold appointments 4-8 times a month. Community Legal Project services are offered September through mid-November and February through April two Thursdays a month. June through August, weekly appointments are provided. Financial and career one-on-one counseling sessions are available during business hours; multiple appointments offered weekly. At least ten financial and career workshops will be offered this year.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

We collaborate with area organizations to ensure that our agency reaches a diverse client base. Current partnerships include:

- UNC School of Law: Provides students seeking pro bono opportunities for our Community Legal Project and a summer extern who helps to manage the legal program.
- Financial staff from Consumer Education Services, Inc. (CESI) lead financial education workshops for our clients.
- Chapel Hill Carrboro Chamber of Commerce and small business owners: Assists us in promoting our services and recruiting professional volunteers for programs and board service.
- Dress for Success: Accepts our referrals for clients who need to access clothing for employment purposes and we accept their referrals for Orange County community members who need self-sufficiency services.
- Durham Technical Community College: provides educational opportunities for our career counseling program participants.
- Orange County JobLink: have collaborated on workshops such as using social networking for job search.
- Family Success Alliance: Variety of community partners delivering comprehensive services in their expertise areas in two high poverty zones in Orange County.
- Orange County Comprehensive Early Childhood Initiative: Several community partners delivering services in their expertise areas with Head Start families with low-income (Partnership for Young Children, Child Care Services Assn., CH-TOP, Literacy Council, OCRCC, Freedom House, etc.).

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

We have a very long history of providing these services to the community. They were partially funded for many years by the NC Council for Women through Displaced Homemaker funds (at one point over $60,000 annually), but as of July 1, 2014 Displaced Homemaker funds no longer exist. Because these programs are so well run, using professional volunteers and achieving good outcomes, Compass Center continues to seek alternative funding and expanded collaborations in order to have them continue. We were forced to reduce our Self-Sufficiency staff last year from two to one, and a loss of funding from Orange County governments would make it difficult for us to sustain funding the staff member for these programs, even though they are an essential component to the continuum of services that we provide to our clients.

i) Include any other pertinent information.

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Self-Sufficiency Programs

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	176	175	175
Female	603	645	645
Unknown	32	30	30
Total	811	850	850
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	100	140	140
American Indian or Alaska Native	2	2	2
Asian	21	25	25
Caucasian	313	315	315
Native Hawaiian or other Pacific Islander	0	0	0
Other	23	25	25
Unknown	352	343	343
Total	811	850	850
Of the above, how many Hispanic/Latino	5	30	30
Of the above, how many non-Hispanic/Latino	806	820	820
Total	811	850	850
Age			

0-5 years	0	0	0
6-18 years	0	0	0
19-50 years	266	270	270
51-61 years	193	195	195
62+ years	29	30	30
Unknown	323	355	355
Total	811	850	850

Geographic Location

Durham City	(included in Durham County #)	(included in Durham County #)	(included in Durham County #)
Durham County	29	30	30
Carrboro	63	70	70
Chapel Hill	315	330	330
Chapel Hill Public Housing Residents	Unknown	Unknown	Unknown
Orange County	132	165	165
Raleigh	(included in Wake County #)	(included in Wake County #)	(included in Wake County #)
Wake County	49	50	50
Other	159	160	160
Unknown	64	45	45
Total	811	850	850

Income Level – See following chart (Omit for HS)

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0

Special Needs (Omit for HS)

Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Program Dir/Assoc Dir	1.0	25% (1) 25% (2) 25% (3)	71,515.90	$57,636.82	$55,482.26	8.7%	H
Dir of Domestic Violence Services	1.0	100% (1)	42,078.73	$40,332.16	$41,124.52	6.5%	H
Dir of Court Advocacy & Community Response	1.0	100% (1)	38,466.00	$37,740.00	$39,321.00	6.2%	H
Dir of Education Programs	1.0	100% (3)	37,219.00	$37,700.00	$38,480.52	6.0%	H
Client Services Specialist	1.0	50% (1) 50% (3)	19,254.25	$35,432.16	$36,238.72	5.7%	H
Dir of Latino Services	1.0	100% (1)	33,053.88	$34,500.00	$35,190.00	5.5%	H
Dir of Teens Climb High	1.0	0% (100% Programs but 0% w/ OC Funds)	33,660.00	$34,000.08	$34,680.08	5.5%	H
Dir of Self-Sufficiency Programs	1.0	100% (2)	43,699.43	$33,222.98	$34,680.08	5.5%	H
Support Group Coordinator	.67	80% (1) 20% (3)	20,230.10	$21,442.68	$20,837.80	3.3%	
Information & Referral Coord. (Johnson Service Corps. intern)	.8	100% (3)	N/A	N/A	$13000.00	2.0%	
VITA Coordinator	.4	100% (2)	$5,684.77	$7,376.00	$7,673.99	1.2%	
Executive Director	1.0	15% (1) 15% (2) 15% (3)	$17,129.22	$63,254.00	$66,300.00	10.4%	H
Development Dir	1.0	0%	0	$33,500.00	$51,000.00	8.0%	H
Finance & HR Dir	1.0	15% (1) 15% (2) 15% (3)	$48,253.80	$44,000.00	$44,880.00	7.1%	H
Admin Manager	.67	15% (1) 15% (2) 15% (3)	$26,962.65	$22,685.52	$25,010.67	3.9%	H
Communications & Development Coord	.67	40% (3)	$46,010.58	$35,979.58	$24,000.00	3.8%	
Fringe Benefits (FICA, Insurance, Taxes, etc.)			$65,392.49	$62,471.35	$68,399.35	10.7%	

TOTAL	15.21 FTE		**548,610.80**	**$601,273.33**	**$636,299.00**	100%	
Volunteer Hours: MSW Interns, APPLES Interns, Legal Intern, Board of Directors, Hotline Advocates, First Response, Interpreters, Group Facilitators, Community Educators, TCH Interns, Event Volunteers, etc.	Volunteer FTE	33% (1) 33% (2) 33% (3)	8 FTE	8 FTE	8 FTE		

Project/Program Name:

1) Domestic Violence Crisis Services
2) Self Sufficiency Programs: Legal Information, Financial Education & Career Preparedness
3) Community Education & Civic Engagement

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☒ ☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

Board member Elisabeth Johnson's partner Kennard Winchester is a school bus driver for the Chapel Hill Carrboro City Schools and works as a basketball coach for the Phillips Middle School boys team.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Cordelia Hay — Executive Director — Date 1/24/16

Signature: Laura Morris — Board Chairperson — Date 1/24/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1	Legal Information: Provide accessible, understandable, and respectful free legal information to clients who cannot afford legal representation. Services include telephone appointments with attorneys and legal workshops.	Legal Information: Provide accessible, understandable, and respectful free legal information to clients who cannot afford legal representation. Services include telephone appointments with attorneys and legal workshops.	Legal Information: Provide accessible, understandable, and respectful free legal information to clients who cannot afford legal representation. Services include telephone appointments with attorneys and legal workshops.
Program Goal	85% of clients will report the information presented was helpful to their situation in FY 14-15. At least 30 clients will be served.	85% of clients will report the information presented was helpful to their situation in FY 15-16. At least 30 clients will be served.	85% of clients will report the information presented was helpful to their situation in FY 16-17. At least 30 clients will be served.
Performance Measures	Participants attending legal workshops are asked to complete an evaluation and results are tracked.	Participants attending legal workshops are asked to complete an evaluation and results are tracked.	Participants attending legal workshops are asked to complete an evaluation and results are tracked.
Program Results	94%	95% at Q2	85%
Program Activity 2	Legal Information: Provide accessible, understandable, and respectful free legal information to clients who cannot afford legal representation. Services include in-person appointments with UNC Law students (supervised by attorneys).	Legal Information: Provide accessible, understandable, and respectful free legal information to clients who cannot afford legal representation. Services include in-person appointments with UNC Law students (supervised by attorneys).	Legal Information: Provide accessible, understandable, and respectful free legal information to clients who cannot afford legal representation. Services include in-person appointments with UNC Law students (supervised by attorneys).

Program Goal	85% of clients will report that they are more knowledgeable about their situation in FY 14-15. At least 50 clients will be served.	85% of clients will report that they are more knowledgeable about their situation in FY 15-16. At least 40 clients will be served.	85% of clients will report that they are more knowledgeable about their situation in FY 16-17. At least 40 clients will be served.
Performance Measures	Individuals who meet with law students are asked to complete an evaluation and results are tracked.	Individuals who meet with law students are asked to complete an evaluation and results are tracked.	Individuals who meet with law students are asked to complete an evaluation and results are tracked.
Program Results	100%	100% at Q2	85%
Program Activity 3	Financial Education: Assists individuals and families to successfully manage their finances, reduce debts, build assets and meet other short-and-long-term goals in individual sessions and workshops.	Financial Education: Assists individuals and families to successfully manage their finances, reduce debts, build assets and meet other short-and-long-term goals in individual sessions and workshops.	Financial Education: Assists individuals and families to successfully manage their finances, reduce debts, build assets and meet other short-and-long-term goals in individual sessions and workshops.
Program Goal	85% of clients will report that they are leaving with one goal to improve their financial situation after at least 200 total sessions in FY 14-15.	85% of clients will report that they are leaving with one goal to improve their financial situation after at least 150 total sessions in FY 15-16.	85% of clients will report that they are leaving with one goal to improve their financial situation after at least 150 total sessions in FY 16-17.
Performance Measures	Participants are asked to complete an evaluation after each session or workshop and results are tracked.	Participants are asked to complete an evaluation after each session or workshop and results are tracked.	Participants are asked to complete an evaluation after each session or workshop and results are tracked.
Program Results	98%	92% at Q2	85%
Program Activity 4	Free Income Tax Preparation: Provide free tax preparation services to low and moderate income individuals, helping them preserve as much income as possible through free preparation and full use of tax credits. Work with Dept. on Aging through our VITA program collaborative.	Free Income Tax Preparation: Provide free tax preparation services to low and moderate income individuals, helping them preserve as much income as possible through free preparation and full use of tax credits. Work with Dept. on Aging through our VITA program collaborative.	Free Income Tax Preparation: Provide free tax preparation services to low and moderate income individuals, helping them preserve as much income as possible through free preparation and full use of tax credits. Work with Dept. on Aging through our VITA program collaborative.
Program Goal	250 people will be served in the Volunteer Income Tax Assistance (VITA) Program in FY 14-15.	225 people will be served in the Volunteer Income Tax Assistance (VITA) Program in FY 15-16.	225 people will be served in the Volunteer Income Tax Assistance (VITA) Program in FY 16-17.

Performance Measures	VITA staff will maintain appointment data in an appointment scheduler and track completed appointments and taxes filed.	VITA staff will maintain appointment data in an appointment scheduler and track completed appointments and taxes filed.	VITA staff will maintain appointment data in an appointment scheduler and track completed appointments and taxes filed.
Program Results	170 (* see below)	Tax season has not begun	225 goal
Activity 5	Career Preparedness: Provide career counseling and support in individual advising and workshops. Services include help with resume writing and interviewing skills, job search skills, assessment of career and educational opportunities, development of job search process and a variety of workshops.	Career Preparedness: Provide career counseling and support in individual advising and workshops. Services include help with resume writing and interviewing skills, job search skills, assessment of career and educational opportunities, development of job search process and a variety of workshops.	Career Preparedness: Provide career counseling and support in individual advising and workshops. Services include help with resume writing and interviewing skills, job search skills, assessment of career and educational opportunities, development of job search process and a variety of workshops.
Program Goal	85% of clients will report that they are leaving with at least one item to do in their career search after at least 125 total sessions in FY 14-15.	85% of clients will report that they are leaving with at least one item to do in their career search after at least 100 total sessions in FY 15-16.	85% of clients will report that they are leaving with at least one item to do in their career search after at least 125 total sessions in FY 16-17.
Performance Measures	Participants are asked to complete an evaluation after each session and results are tracked.	Participants are asked to complete an evaluation after each session and results are tracked.	Participants are asked to complete an evaluation after each session and results are tracked.
Program Results	97%	98% at Q2	85%

*Tax: Goal was not reached this fiscal year because we were not able to offer as many appointment slots due to lack of volunteer capacity. Several long-term volunteer tax preparers who serve as mandatory experienced quality reviewers were not available due to medical or family issues in FY 14-15. They are available for FY15-16 and we have increased our volunteer recruitment efforts to bring more volunteers into the system to gain experience.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Compass Center for Women and Families, Community Education & Civic Engagement

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

- ☒ **Human Services (Main Application Only)**
- ☐ **AH Non-Construction (Main Application Only)**
- ☐ **AH Construction — (Main Application AND Part B)**
- ☐ **AHDR Non-Construction (Main Application Only)**
- ☐ **AHDR Construction — (Main Application AND Part B)**
- ☐ **CDBG Non-Construction — (Main Application AND Part A)**
- ☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
- ☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
- ☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X	X	X	X
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Civic Engagement		X	X	X	X
Other: Volunteerism		X	X	X	X
Other: Safety net for the vulnerable		X	X	X	X

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)

Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Our Information and Referral Services program works to assess the needs of clients in-person or over the phone and connect them with a host of referrals to service providers to meet their expressed needs (most common issues: housing, low-cost mental health/medical services, legal

problems, child care, financial insecurity, etc.) in addition to Compass Center services. Being a leader in referral best practices and quality control has been of particular focus to us in the last year, and after an assessment and restructuring of these services we have created greater staff support and service consistency. Last year we served 712 individuals in this program and already in fiscal year we have served 500. In order to keep up with demand and maintain quality services we are hoping to use some of these grant funds to support a restructuring of some staff roles including having a dedicated Johnson Service Corps. intern overseeing the program as an Information and Referral Specialist.

The Community Education component of our program addresses the need for youth and adult training and community education around issues of interpersonal violence prevention and response by delivering trainings and workshops to build skills and knowledge, disseminating information through various channels. Start Strong, our teen dating violence and bullying prevention program, is a two-session program delivered to 6th and 8th grade students during health class in Chapel Hill-Carrboro City Schools. We also offer professional domestic violence education events to a wide array of community members including law enforcement, attorneys, medical providers, other non-profit service providers, faith leaders, and civic organizations. Our staff and volunteers provide information at many community events and perform other outreach activities to educate our community about issues related to domestic violence, adolescent health, and employment concerns.

The Civic Engagement component of our program includes coordinating community education events and activity calendars for Domestic Violence Awareness Month, Equal Pay Day, and Women's History Month.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

In Orange County between 2009 and 2013, Female-headed households with children under 18 had the highest poverty rate in Orange County at 35.6%, compared with 7.9% for married-couple households with children under 18 (US. Census Bureau QuickFacts American Community Survey). Single, low-income women "frequently experience a lack of informational support and have difficulty connecting with others" who can provide them with knowledge and community resources (Campbell-Grossman, Hudson, Keating-Lefler & Fleck, 2005). Many of these women are not aware of the resources available in their communities, and this lack of informational, emotional, and financial support can lead to high levels of stress and feelings of depression (Campbell-Grossman et al., 2005). In addition, women in our community are more likely than men to live in poverty, be paid substandard wages, lack basic education or have the least opportunity for advancement, and be the sole caretakers of children (*Orange County Commission for Women, 2012*).

According to the Triangle Community Foundation, civic engagement refers to "individual or collective actions designed to identify and address issues of public concern." There are many types of civic engagement, including volunteerism, community group involvement, and electoral and other political participation. There is a need for increased involvement in these activities in order to change the underlying policies, cultural beliefs, and systems that prevent women from being fully engaged in their communities as decision-makers and leaders. This is why we are committed to engaging the community during Women's History Month, Domestic Violence Awareness Month, and Equal Pay Day.

As an agency that values self-sufficiency, and works with clients who are survivors of domestic violence, education is very important to us. We believe that education is the key to stopping on-

going violence and, through youth education, preventing violence in the next generation. We reach thousands of adolescent and adult community members annually in our education efforts and are very proud of what we are accomplishing. Interpersonal violence prevention programs are targeted to other community professionals, youth in middle school, faith leaders, civic organizations, and the community at large.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Compass Center aims to involve a wide array of community members in our Community Education and Civic Engagement programs, to promote life-long learning and community engagement, and to ensure that our work is continuing to reflect the needs and interests of our community. Anyone is eligible to receive services as long as we have the capacity to meet the need. We do not have wait lists for any services. Inclusiveness is an important organizational value and maintaining and strengthening our commitment to diversity is a goal of our work. Based on Compass Center's mission to serve all populations regardless of ethnic origin, race, sexual orientation, gender, gender identification, religion and socioeconomic status, we strive to serve persons from all ethnic and minority groups who are in need of our services.

Outreach efforts include:

- Community education presentations in the past year have targeted minority groups to ensure that those communities were aware of the services that we are able to provide.
- Provide domestic violence outreach sessions to Head Start families in Spanish and in Burmese dialects.
- Work with staff and clients at El Centro Hispano and El Futuro to better meet the needs of the Latino community.
- Routine presentations related to domestic violence for clients and staff at DSS.
- Participate at local school health and service fairs for Spanish and English speaking families.
- Participate in the Orange County Refugee Health Coalition.

e) Who specifically will carry out the activities and in what location will they be carried out?

Information and Referral services are provided by the Client Services Specialist, Information and Referral Specialist and volunteers. Services are provided at 210 Henderson St. in Chapel Hill or over the phone.

Community education and civic engagement services will be carried out by our Director of Education Programs, Development and Communications Coordinator, Executive Director and Associate Director in conjunction with other staff and volunteers. This programming is offered at locations throughout the county including government and non-profit service providers, community events, places of worship, libraries, and businesses. Youth education is provided in local middle schools during health classes.

The following trained volunteer positions support these programs: first response volunteers, community educators, advocacy interns, and special event volunteers.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Information and Referral Line: This service is offered during business hours all year.

Start Strong: Offered in school health classrooms September-November and February-May. Two sessions offered in each health classroom in 6th and 8th grade in Chapel-Hill-Carrboro City Schools.

Community Education: Offered as requested throughout the year. Generally offer 6-15 presentations monthly.
Professional Workshops: Offered as requested throughout the year. Generally offer 2-4 presentations monthly.
Women's History Month: March is national Women's History Month. Staff, community partners and volunteers begin planning events, constructing a community calendar, and outlining marketing for the month the previous December, and then meet monthly to coordinate plans.
Equal Pay Day: held on a Tuesday in April each year, created by the National Committee on Pay Equity in 1996 to raise awareness about the difference in men's and women's wages. Tuesday was selected to represent how far into the work week women must work to earn what men earned the previous week. Staff, community partners and volunteers begin planning an event and outlining marketing for the day in the previous January, and then meet monthly to coordinate plans.
Domestic Violence Awareness Month: October is national Domestic Violence Awareness Month. Staff, community partners and volunteers begin planning events, constructing a community calendar, and outlining marketing for the month the previous July/August, and then meet monthly to coordinate plans.
Volunteer Training: Compass Center conducts in-depth volunteer trainings for our Domestic Violence and Information and Referral volunteers. Domestic Violence Hotline trainings consist of 42 total hours and First Response volunteers for the Information and Referral Line consist of 17 hours; both occur in the fall and spring.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Chapel Hill-Carrboro City Schools: We deliver youth interpersonal violence prevention education (Start Strong) in health classes.
- Orange County Rape Crisis Center: Collaborative partner in providing Start Strong curricula for 6th through 9th grade. We work with youth in 6th and 8th grade and OCRCC works with them in 7th and 9th. We created a fluid curricula and evaluate the program together.
- University if North Carolina's Department of Women and Gender Studies: collaborate on Women's History Month and Domestic Violence Awareness Month events.
- North Carolina Coalition Against Domestic Violence: Collaborate to offer professional trainings on interpersonal violence and provide staff training on evidence-based practices.
- Johnson Service Corps: Provide infrastructure to support an Information and Referral Specialist position.
- Numerous non-profit and government agencies and community groups request our professional and community education programming for their constituents to be able to better respond to their own clients or situations.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Since the majority of the cost of these programs is personnel expenses to deliver services and train and supervise volunteers, if this funding was reduced we would likely not restructure by adding an Johnson Service Corps. intern position and possibly be in a situation of reducing our current force. This would mean fewer clients being served and fewer youth and adult education presentations. It would inhibit us from maintaining our agreements with Chapel Hill-Carrboro City schools to deliver youth education in compliance with the Healthy Youth Act. There are few funding sources for interpersonal violence prevention work with youth and adults at this time so we rely heavily on Orange County to meet this vital need.

i) Include any other pertinent information.

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Community Education and Civic Engagement

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male			
Female			
Total	3674	3700	3700
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American			
American Indian or Alaska Native			
Asian			
Caucasian			
Native Hawaiian or other Pacific Islander			
Other			
Unknown			
Total	3674	3700	3700
Of the above, how many Hispanic/Latino			
Of the above, how many non-Hispanic/Latino			
Total	3674	3700	3700
Age			
0-5 years			
6-18 years	1369	1370	1370

19-50 years			
51-61 years			
62+ years			
Unknown	2305	2330	2330
Total	3674	3700	3700

Geographic Location

Durham City			
Durham County	77	77	77
Carrboro	38	40	40
Chapel Hill	258	260	260
Chapel Hill Public Housing Residents			
Orange County	23	30	30
Raleigh			
Wake County	35	35	35
Other	29	29	29
Unknown—but all from community ed in OC, Chapel Hill and Carrboro	3214	3229	3229
Total	3674	3700	3700

Income Level – See following chart (Omit for HS)

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0

Special Needs (Omit for HS)

Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 People**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
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80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
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http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

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Program Dir/Assoc Dir	1.0	25% (1) 25% (2) 25% (3)	71,515.90	$57,636.82	$55,482.26	8.7%	H
Dir of Domestic Violence Services	1.0	100% (1)	42,078.73	$40,332.16	$41,124.52	6.5%	H
Dir of Court Advocacy & Community Response	1.0	100% (1)	38,466.00	$37,740.00	$39,321.00	6.2%	H
Dir of Education Programs	1.0	100% (3)	37,219.00	$37,700.00	$38,480.52	6.0%	H
Client Services Specialist	1.0	50% (1) 50% (3)	19,254.25	$35,432.16	$36,238.72	5.7%	H
Dir of Latino Services	1.0	100% (1)	33,053.88	$34,500.00	$35,190.00	5.5%	H
Dir of Teens Climb High	1.0	0% (100% Programs but 0% w/ OC Funds)	33,660.00	$34,000.08	$34,680.08	5.5%	H
Dir of Self-Sufficiency Programs	1.0	100% (2)	43,699.43	$33,222.98	$34,680.08	5.5%	H
Support Group Coordinator	.67	80% (1) 20% (3)	20,230.10	$21,442.68	$20,837.80	3.3%	
Information & Referral Coord. (Johnson Service Corps. intern)	.8	100% (3)	N/A	N/A	$13000.00	2.0%	
VITA Coordinator	.4	100% (2)	$5,684.77	$7,376.00	$7,673.99	1.2%	
Executive Director	1.0	15% (1) 15% (2) 15% (3)	$17,129.22	$63,254.00	$66,300.00	10.4%	H
Development Dir	1.0	0%	0	$33,500.00	$51,000.00	8.0%	H
Finance & HR Dir	1.0	15% (1) 15% (2) 15% (3)	$48,253.80	$44,000.00	$44,880.00	7.1%	H
Admin Manager	.67	15% (1) 15% (2) 15% (3)	$26,962.65	$22,685.52	$25,010.67	3.9%	H
Communications & Development Coord	.67	40% (3)	$46,010.58	$35,979.58	$24,000.00	3.8%	
Fringe Benefits (FICA, Insurance, Taxes, etc.)			$65,392.49	$62,471.35	$68,399.35	10.7%	

TOTAL	15.21 FTE		**548,610.80**	**$601,273.33**	**$636,299.00**	100%	
Volunteer Hours: MSW Interns, APPLES Interns, Legal Intern, Board of Directors, Hotline Advocates, First Response, Interpreters, Group Facilitators, Community Educators, TCH Interns, Event Volunteers, etc.	Volunteer FTE	33% (1) 33% (2) 33% (3)	8 FTE	8 FTE	8 FTE		

Project/Program Name:

1) Domestic Violence Crisis Services
2) Self Sufficiency Programs: Legal Information, Financial Education & Career Preparedness
3) Community Education & Civic Engagement

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☒ ☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

Board member Elisabeth Johnson's partner Kennard Winchester is a school bus driver for the Chapel Hill Carrboro City Schools and works as a basketball coach for the Phillips Middle School boys team.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Cordelia Heavy — Executive Director — Date 1/24/16

Signature: Laura Morris — Board Chairperson — Date 1/24/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1	Information and Referral Service: Connects community members with local resources and services after assessment of need. Resource database maintained for a multitude of services. Follow-up conducted to ensure connection was made and additional resources provided as needed.	Information and Referral Service: Connects community members with local resources and services after assessment of need. Resource database maintained for a multitude of services. Follow-up conducted to ensure connection was made and additional resources provided as needed.	Information and Referral Service: Connects community members with local resources and services after assessment of need. Resource database maintained for a multitude of services. Follow-up conducted to ensure connection was made and additional resources provided as needed.
Program Goal	85% of clients will report they received the information or help they requested in FY 14-15. At least 750 clients will be served.	85% of clients will report they received the information or help they requested in FY 15-16. At least 650 clients will be served.	85% of clients will report they received the information or help they requested in FY 16-17. At least 800 clients will be served.
Performance Measures	At the end of the contact, all clients are asked whether they received the information or help they needed. These results are tracked.	At the end of the contact, all clients are asked whether they received the information or help they needed. These results are tracked.	At the end of the contact, all clients are asked whether they received the information or help they needed. These results are tracked.
Program Results	95%	94% at Q2	85%
Program Activity 2	Youth Interpersonal Violence Prevention Education Programs: Provide age appropriate dating violence and bullying prevention education sessions in 6th and 8th grade health education classes.	Youth Interpersonal Violence Prevention Education Programs: Provide age appropriate dating violence and bullying prevention education sessions in 6th and 8th grade health education classes.	Youth Interpersonal Violence Prevention Education Programs: Provide age appropriate dating violence and bullying prevention education sessions in 6th and 8th grade health education classes.

Program Goal	Out of 2000 participants, 85% will report an increased awareness of domestic violence and resources available to victims in FY 14-15.	Out of 1200 participants, 85% will report an increased awareness of domestic violence and resources available to victims in FY 15-16. (** see below)	Out of 1200 participants, 80% will report an increased awareness of domestic violence and resources available to victims in FY 16-17.
Performance Measures	Participants will be given pre-and-post-test surveys and results will be tracked.	Participants will be given pre-and-post-test surveys and results will be tracked.	Participants will be given pre-and-post-test surveys and results will be tracked.
Program Results	89%	92% at Q2	85%
Program Activity 3	Professional Interpersonal Violence Education: Provide educational presentations to a variety of professionals about victimization, resources and legal remedies available, impact of domestic violence, reluctance of victims to disclose, effect of domestic violence on children and many other topics.	Professional Interpersonal Violence Education: Provide educational presentations to a variety of professionals about victimization, resources and legal remedies available, impact of domestic violence, reluctance of victims to disclose, effect of domestic violence on children and many other topics.	Professional Interpersonal Violence Education: Provide educational presentations to a variety of professionals about victimization, resources and legal remedies available, impact of domestic violence, reluctance of victims to disclose, effect of domestic violence on children and many other topics.
Program Goal	85% of participants will report increased awareness about domestic violence and resources available to victims in FY 14-15. At least 60 participants will be reached.	85% of participants will report increased awareness about domestic violence and resources available to victims in FY 15-16. At least 60 participants will be reached.	80% of participants will report increased awareness about domestic violence and resources available to victims in FY 16-17. At least 60 participants will be reached.
Performance Measures	Participants will be given a post-session evaluation survey and results will be tracked.	Participants will be given a post-session evaluation survey and results will be tracked.	Participants will be given a post-session evaluation survey and results will be tracked.
Program Results	88%	90% at Q2	85%
Program Activity 4	Community Interpersonal Violence Education: Provide community-wide education and information to groups through presentations on a variety of topics related to domestic violence. Will also participate in outreach efforts to reach victims and health fairs.	Community Interpersonal Violence Education: Provide community-wide education and information to groups through presentations on a variety of topics related to domestic violence. Will also participate in outreach efforts to reach victims and health fairs.	Community Interpersonal Violence Education: Provide community-wide education and information to groups through presentations on a variety of topics related to domestic violence. Will also participate in outreach efforts to reach victims and health fairs.

Program Goal	85% of participants will report increased awareness of domestic violence and resources available in FY 14-15. At least 200 participants will be reached.	85% of participants will report increased awareness of domestic violence and resources available in FY 15-16. At least 200 participants will be reached.	85% of participants will report increased awareness of domestic violence and resources available in FY 16-17. At least 200 participants will be reached.
Performance Measures	Participants will be given a post-session evaluation survey and results will be tracked.	Participants will be given a post-session evaluation survey and results will be tracked.	Participants will be given a post-session evaluation survey and results will be tracked.
Program Results	90%	88% at Q2	85%
Activity 5	Women's History Month: Civic Engagement: Plan, promote and carry-out activities to acknowledge Women's History Month based on the National Women's History Project annual theme. We will highlight contributions of, or challenges faced by, women in our community.	Women's History Month: Civic Engagement: Plan, promote and carry-out activities to acknowledge Women's History Month based on the National Women's History Project annual theme. We will highlight contributions of, or challenges faced by, women in our community.	Women's History Month: Civic Engagement: Plan, promote and carry-out activities to acknowledge Women's History Month based on the National Women's History Project annual theme. We will highlight contributions of, or challenges faced by, women in our community.
Program Goal	Educational and/or celebratory events and information to provide community awareness will be disseminated throughout the community in March 2015.	Educational and/or celebratory events and information to provide community awareness will be disseminated throughout the community in March 2016.	Educational and/or celebratory events and information to provide community awareness will be disseminated throughout the community in March 2017.
Performance Measures	Data about events held, activities completed and number of participants are compiled and tracked. Staff and committee members debrief and begin planning for the next year based on feedback.	Data about events held, activities completed and number of participants are compiled and tracked. Staff and committee members debrief and begin planning for the next year based on feedback.	Data about events held, activities completed and number of participants are compiled and tracked. Staff and committee members debrief and begin planning for the next year based on feedback.
Program Results	Information was disseminated and activities were held in March 2015. See quarterly report for full details.	Information will be disseminated and activities held in March 2016.	Information will be disseminated and activities held in March 2017.
Activity 6	Domestic Violence Awareness Month: Civic Engagement: Plan, promote and carry-out activities to educate the community and raise awareness during Domestic Violence Awareness Month.	Domestic Violence Awareness Month: Civic Engagement: Plan, promote and carry-out activities to educate the community and raise awareness during Domestic Violence Awareness Month.	Domestic Violence Awareness Month: Civic Engagement: Plan, promote and carry-out activities to educate the community and raise awareness during Domestic Violence Awareness Month.

Program Goal	Educational events, community-building activities and information disseminated for community awareness and education in October 2014.	Educational events, community-building activities and information disseminated for community awareness and education in October 2015.	Educational events, community-building activities and information disseminated for community awareness and education in October 2016.
Performance Measures	Data about events held, activities completed and number of participants are compiled and tracked. Staff and committee members debrief and begin planning for the next year based on feedback.	Data about events held, activities completed and number of participants are compiled and tracked. Staff and committee members debrief and begin planning for the next year based on feedback.	Data about events held, activities completed and number of participants are compiled and tracked. Staff and committee members debrief and begin planning for the next year based on feedback.
Program Results	Information was disseminated and activities were held in October 2014. See quarterly report for full details.	Information was disseminated and activities were held in October 2015. See quarterly report for full details.	Information will be disseminated and activities held in October 2016.

**The number of youth reached appears reduced from FY 14-15 because historically youth were reported twice because they each participated in two presentations. We feel it is more accurate to report each youth once even though they still participate in two sessions. The number of youth reach has not actually decreased.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget - Domestic Violence

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Comparative Budget for Domestic Violence Program

AGENCY NAM The Women's Center, Inc. dba Compass Center for Women and Families

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 4,414.09	$ 2,747.37	$ 6,325.78	130%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 21,500	$ 21,500	$ 21,500	0%
Town of Chapel Hill	$ 9,767	$ 9,767	$ 9,767	0%
Town of Carrboro	$ 2,800	$ 2,817	$ 2,817	0%
Other Local: Town of Hillsborough	$ 667	$ 667	$ -	-100%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 14,092	$ 28,017	$ 28,569	2%
State Government	$ 190,000	$ 190,000	$ 190,000	0%
Federal Government				0
Other Grants Private Foundations	$ 6,000	$ 2,000	$ 10,000	400%
Other Grants				0
Miscellaneous/Other Revenue	$ 28,489	$ 31,338	$ 34,472	10%

Please list 3 largest Miscellanous sources:

Art Show 3/2015	$ 28,489
Board Initiated Events FY15	$ 10,264
Cellphone recycling FY15	$ 657

Total Agency Revenue	**$277,729**	**$288,853**	**$303,450**	**5%**
AGENCY EXPENSES				
Compensation	$ 214,850	$ 235,474	$ 249,191	6%
Rent & Utilities	$ 13,401	$ 9,634	$ 9,634	0%
Supplies & Equipment	$ 4,169	$ 3,133	$ 3,133	0%
Travel & Training	$ 2,564	$ 2,271	$ 2,385	5%
Other Expenses:	$ 42,745	$ 38,340	$ 39,107	2%

Please list 3 largest "Other Expenses":

Contracted Services FY15	$ 21,130
Telepone Systems FY15	$ 5,047
Art Show 3/2015	$ 2,467

Total Agency Expenses	**$277,729**	**$288,853**	**$303,450**	**5%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Domestic Violence Crisis Services (Projected '16-'17)

Cost Elements	Cost ($)*	Quantity/Unit of measure	Subtotal ($)
Crisis Counseling	$15.29	7600 (# clients yr. X 15 min. of service)	$116,204
Information (education, all non-crisis informational contacts, and follow ups)	$15.29	7100 (# clients yr. X 15 min. of service)	$108,559
Referral	$15.29	677 (# clients yr. X 15 min. of service)	$10,351
Shelter referral & assistance/hotel placement	$15.29	270 (# clients yr. X 15 min. of service)	$4,128
Legal information	$15.29	1270 (# clients yr. X 15 min. of service)	$19,418
DV Protective Order paperwork assistance	$15.29	330 (# clients yr. X 15 min. of service)	$5,046
Advocacy (general & court)	$15.29	22000 (# clients yr. X 15 min. of service)	$33,638
Interpretation	$15.29	155 (# clients yr. X 15 min. of service)	$2,370
Financial assistance (transportation, grocery cards, gas cards, food/toiletries)	$15.29	142 (# clients yr. X 15 min. of service)	$2,171

Additional assistance (victim compensation, CPS reporting, 911 cell phones, etc.	$15.29	90 (# clients yr. X 15 min. of service)	$1,564
		Total	**$303,450**

*denotes a rounded average amount

Define one unit of service: Each discrete separate service provided to a client is counted individually based on 15 min. increments. Most of our clients receive more than one service in each contact. Services include: crisis counseling, assistance in completing protective orders, court accompaniment and advocacy, support group screenings and attendance, assistance locating shelter, legal information, information and referrals, emergency financial or transportation assistance, 911 cell phone distribution for safety, emergency child care, CPS reporting, interpretation, etc.

1 unit=up to 15 min. of time spent delivering the service to a client.

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$277,729.00**	**$288,853.00**	**$303,450.00**
Total # of Units	19,061	19,834	19,834
Cost Per Unit	$14.57	$14.56	$15.29

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Program Budget - Self-Sufficiency

Comparative Budget for Self-Sufficiency Program

AGENCY NAM The Women's Center, Inc. dba Compass Center for Women and Families

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 41,296.52	$ 32,149.98	$ 32,941.90	2%
Agency Generated Revenue (fees)	$ 911	$ 1,000	$ 1,002	0%
Local Government Grants:				
Orange County	$ 21,500	$ 21,500	$ 21,500	0%
Town of Chapel Hill	$ 9,767	$ 9,767	$ 9,767	0%
Town of Carrboro	$ 2,800	$ 2,817	$ 2,817	0%
Other Local: Town of Hillsborough	$ 667	$ 667	$ -	-100%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 6,503	$ 12,928	$ 13,183	2%
State Government	$ 14,092	$ 19,127	$ 19,674	3%
Federal Government				0
Other Grants Private Foundations	$ 12,034	$ 8,000	$ 8,000	0%
Other Grants				0
Miscellaneous/Other Revenue	$ 18,583	$ 25,330	$ 31,137	23%
Please list 3 largest Miscellanous sources:				
Art Show 3/2015	$ 13,146			
Board Initiated Events FY15	$ 4,736			
Cellphone recycling FY15	$ 303			
Total Agency Revenue	**$ 128,152**	**$ 133,285**	**$ 140,020**	**5%**
AGENCY EXPENSES				
Compensation	$ 99,138	$ 108,654	$ 114,984	6%
Rent & Utilities	$ 6,184	$ 4,445	$ 4,445	0%
Supplies & Equipment	$ 1,924	$ 1,446	$ 1,446	0%
Travel & Training	$ 1,183	$ 1,048	$ 1,101	5%
Other Expenses:	$ 19,724	$ 17,691	$ 18,045	2%
Please list 3 largest "Other Expenses":				
Contracted Services FY15	$ 21,130			
Telepone Systems FY15	$ 5,047			
Art Show 3/2015	$ 2,467			
Total Agency Expenses	**$ 128,152**	**$ 133,285**	**$ 140,020**	**5%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	

e.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Self-Sufficiency Programs (Projected '16-'17)

Cost Elements	Cost ($)*	Quantity/Unit of measure	Subtotal ($)
Legal Information Service	$26.75	190 (190 sessions/yr. X 15 min. of service)	$5,083
Community Legal Project	$26.75	104 (52 sessions x 2 units at 30min.)	$2,782
Legal Workshops	$26.75	480 (80 participants x 6 units at 1.5 hr.)	$12,840
Individual Career Counseling	$26.75	600 (150 sessions x 4 units at 1 hr.)	$16,050
Career Workshop	$26.75	180 (45 participants x 4 units at 1 hr.)	$4,815
Individual Financial Counseling	$26.75	660 (110 sessions x 6 units at 1.5 hr.)	$17,655
Financial Workshops	$26.75	260 (65 participants x4 units at 1 hr.)	$6,955
VITA	$26.75	1350 (225 clients x6 units at 1.5 hr.)	$36,113
Group	$26.75	1410 (235 contacts x6 units at 1.5 hr.)	$37,728
		Total	**$140,020**

*denotes a rounded average amount

Define one unit of service: Each discrete service provided to a client is counted in 15 min. increments to create consistency among services with varying lengths. 1 unit of service equals 15 min. for all self-sufficiency services (legal information service, community legal project, legal workshops, career counseling, career workshops, financial counseling, financial workshops, tax preparation, divorce and separation group, and self-esteem group.)

f.) Cost per Unit:

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$128,152.00**	**$133,285.00**	**$140,020.00**
Total # of Units	4761	5234	5234
Cost Per Unit	$26.92	$25.46	$26.75

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

g.) Program Budget - Community Education and Civic Engagement

Comparative Budget for Community Education & Engagement Program

AGENCY NAM The Women's Center, Inc. dba Compass Center for Women and Families

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 35,905.35	$ 10,691.11	$ 9,179.98	-14%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 21,500	$ 21,500	$ 21,500	0%
Town of Chapel Hill	$ 9,767	$ 9,767	$ 9,767	0%
Town of Carrboro	$ 2,800	$ 2,817	$ 2,817	0%
Other Local: Town of Hillsborough	$ 667	$ 667	$ -	-100%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 9,948	$ 19,777	$ 20,167	2%
State Government	$ 75,000	$ 75,000	$ 75,000	0%
Federal Government				0
Other Grants Private Foundations	$ 12,033	$ 8,000	$ 9,000	13%
Other Grants				0
Miscellaneous/Other Revenue	$ 28,428	$ 31,750	$ 41,633	31%
Please list 3 largest Miscellanous sources:				
Art Show 3/2015	$ 20,110			
Board Initiated Events FY15	$ 7,245			
Cellphone recycling FY15	$ 463			
Total Agency Revenue	**$ 196,047**	**$ 179,968**	**$ 189,063**	**5%**
AGENCY EXPENSES				
Compensation	$ 151,661	$ 166,219	$ 175,902	6%
Rent & Utilities	$ 9,460	$ 6,801	$ 6,801	0%
Supplies & Equipment	$ 2,943	$ 2,212	$ 2,212	0%
Travel & Training	$ 1,810	$ 1,603	$ 1,684	5%
Other Expenses:	$ 30,173	$ 3,133	$ 2,465	-21%
Please list 3 largest "Other Expenses":				
Contracted Services FY15	$ 14,915			
Telepone Systems FY15	$ 3,562			
Art Show 3/2015	$ 1,741			
Total Agency Expenses	**$ 196,047**	**$ 179,968**	**$ 189,063**	**5%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	

h.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost($)	Quantity/Unit of Measure	Subtotal($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Community Education and Civic Engagement (Projected '16-'17)

Cost Elements	Cost ($)*	Quantity/Unit of measure	Subtotal ($)
Teens Climb High**	$41.67	2400 (240 students x 10 sessions)	$100,00
Information and Referral	$13.35	1500 (contacts per yr.)	$20,025
Adult Community Education	$13.35	2433 (people per yr.)	$32,481
Youth Community Education	$13.35	2740 (1370 people x 2 sessions per yr.)	$36,579
		Total	**$189,063**

*denotes a rounded average amount
**This program has been and will continue to be fully funded by the state's Dept. of Public Health

Define one unit of service: Each Information and Referral Service contact, one attendee at an adult community education presentation (professional or community interpersonal violence education/prevention, agency services, DVAM, WHM), one session of participation in youth interpersonal violence education (Start Strong), each session of participation in adolescent evidence-based sexual health curricula (Teens Climb High).

Note: we are no longer counting e-newsletter opens as part of these units of service because we don't believe there is enough educational content to justify this as a service. We are adding Teens Climb High in

units of service now since it is part of this array of services but Orange County funds are not used to pay for the program, state funds are.

i.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$196,047.00**	**$179,968.00**	**$189,063.00**
Total # of Units	541 TCH* 6509 remaining	2400 TCH 6673 remaining	2400 TCH 6673 remaining
Cost Per Unit	$184.85 TCH $14.76 remaining	$41.67 TCH $11.99 remaining	$41.67 TCH $13.35 remaining

*We are adding Teens Climb High in units of service now since it is part of this array of services but Orange County funds are not used to pay for the program, state funds are.

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

j.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION
Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAM The Women's Center, Inc. dba Compass Center for Women and Families

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 87,616	$ 93,500	$ 96,378	3%
Agency Generated Revenue (fees)	$ 911	$ 1,000	$ 1,002	0%
Local Government Grants:				
Orange County	$ 64,500	$ 64,500	$ 64,500	0%
Town of Chapel Hill	$ 29,300	$ 29,300	$ 29,300	0%
Town of Carrboro	$ 8,400	$ 8,450	$ 8,450	0%
Other Local: Town of Hillsborough	$ 2,000	$ 2,000	$ -	-100%
Other Local:			$ -	0
Other Local:			$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 30,543	$ 60,723	$ 61,919	2%
State Government	$ 279,092	$ 284,127	$ 284,674	0%
Federal Government			$ -	0
Other Grants Private Foundations	$ 126,492	$ 75,000	$ 83,485	11%
Other Grants			$ -	0
Miscellaneous/Other Revenue	$ 87,282	$ 118,974	$ 146,248	23%
Please list 3 largest Miscellanous sources:				
Art Show 3/2015 $ 61,745.00				
Board Initiated Events FY15 $ 22,245.38				
Cellphone recycling FY15 $ 1,422.94				
Total Agency Revenue	**$ 716,136**	**$ 737,574**	**$ 775,956**	**5%**
AGENCY EXPENSES				
Compensation	$ 548,611	$ 601,273	$ 636,299	6%
Rent & Utilities	$ 34,219	$ 24,600	$ 24,600	0%
Supplies & Equipment	$ 10,645	$ 8,000	$ 8,000	0%
Travel & Training	$ 6,548	$ 5,800	$ 6,090	5%
Other Expenses:	$ 109,147	$ 97,900.78	$ 99,859	2%
Please list 3 largest "Other Expenses":				
Contracted Services FY15 $ 53,353.69				
Telepone Systems FY15 $ 12,886.36				
Art Show 3/2015 $ 6,298.75				
Total Agency Expenses	**$ 709,170**	**$ 737,574**	**$ 774,848**	**5%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 6,966**	**$ (0)**	**$ 1,108**	

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

a. Agency Dispute Settlement Center, Inc

Program(s) Mediation

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	***a. x Applicant Contact Information*** **b.** ***X Project/Program Contact Information*** **c.** ***X Funding Requests Identified*** **d.** ***X Signed Application Cover Page***	
2. Agency Information -	**a.** ***XAgency's Years in operation*** **b.** ***X Agency's Purpose/Mission*** **c.** ***X Agency's Types of Services Provided*** **d.** ***XAgency's Experience*** **e.** ***X Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ***X Type of Application and Program Identified*** **b.** ***X Summary of Program*** **c.** ***X Description of Identified Need*** **d.** ***X Description of Population to be Served*** **e.** ***X Activity Manager and Location Description*** **f.** ***x Activity Implementation Timeline*** **g.** ***X Agency Collaboration*** **h.** ***X Describe Impact of Reduced/No Allocation*** **i.** ***X Other Pertinent Information*** **j.** ***X Complete Target Population/Beneficiary Chart*** **k.** ***X Complete Schedule of Positions*** **l.** ***x Signed Conflict of Interest Disclosure*** **m.** ***x Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ***XProgram Budget Worksheet*** **b.** ***X Program Budget Detail*** **c.** ***X Cost Per Unit*** **d.** ***X Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ***X Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ***X IRS Federal Form 990*** **c.** ***X NC Solicitation License*** **d.** ***X IRS Federal Tax-Exemption Letter*** **e.** ***x Certificate of Insurance*** **f.** ***x List of Board of Directors*** **g.** ***X Articles of Incorporation/Bylaws*** **h.** ***x Authorization to Request Funds*** **i.** ***x Authorized official designation*** **j.** ***x 3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Dispute Settlement Center, Inc.

Applicant Organization's Physical Address: 302 Weaver Street, Carrboro, NC

Applicant Organization's Mailing Address: same

Applicant Organization's Web Address: www.disputesettlement.org

Executive Director: Frances Henderson

Telephone Number: (919) 929-8800 E-Mail: fhenderson@disputesettlement.org

DUNS Number: 361862451
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Mediation

Project/Program Primary Contact and Title: Frances Henderson, Executive Director

Telephone Number: (919) 929-8800 ext 11 E-Mail: fhenderson@disputesettlement.org

c) Funding Request Identification

Total Project/Program Cost: $110,000 Total Amount of Funds Requested: $80,000

Proposed Use of Funds Requested (2-3 Line Maximum): Intake, Information, referral and mediation for Orange County citizens in Criminal District Court; and 2) mediations for separating couples, families, and neighbors on a sliding scale basis and Medicaid Appeals mediations.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO $_____ ☐ Grant ☐ Loan
☐ HOME Other $_____ ☐ Grant ☐ Loan

X Human Services: X Carrboro $10,000 x Chapel Hill $ 14,000 ☐ Orange County $80,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Frances Henderson 1-19-16
Executive Director Date

Signature: 1/21/16
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a. Date of Incorporation: September 28, 1978

b. Agency's Purpose/Mission

"To promote and bring about the peaceful settlement of disputes and prevent the escalation of conflict through mediation, facilitation, conciliation and training."

c. Types of Services the Agency provides:

With the assistance of the Orange County Board of Commissioners the Dispute Settlement Center (DSC) was founded in 1978 in order to provide an alternative for the resolution of community disputes, including those brought to Criminal District Court. The Center relieves the local criminal court of hundreds of interpersonal cases which can be best handled through mediation.

With County and community support the DSC has grown to include youth, training and public disputes programs, serving nearly 3000 people each year. Separating couples, neighbors, family members, business people, co-workers, Medicaid recipients, school staff, local government departments, nonprofits agencies, congregations, and others call upon the DSC for conflict intervention including training, mediation, and facilitation. With the support of the Juvenile Crime Prevention Council, DSC provides a parent-teen training series for court-referred youth and their families, as well as mediations with the court-referred youth.

Dispute Settlement Center's renowned Public Disputes Program provides meeting facilitation, consensus building and process design, and group facilitation and mediation training.

Dispute Settlement Center's Youth Programs include peer mediation trainings for middle and high school students, school mediation for students, faculty, and staff, afterschool programs, and support for suspended students in the Boomerang program. The program is a leader in developing "restorative practices" for school communities, and currently contracts with the Orange County Schools and Chatham County Schools to develop ways to re-integrate suspended students (or students after infractions) in to the school community.

d. Agency's Experience with Similar Programs as the Funding Request

Our funding request is similar to ones we have made since FY13. From the early 1980s through FY11, state legislative support enabled DSC to provide mediators in Orange County Criminal District Court, relieving the system of hundreds of cases involving interpersonal disputes. Legislative cuts reduced the allocation for this service from $84,530 to $60,227 to zero for FY12.

Since FY13 Orange County support has enabled DSC to again provide mediations in Criminal District Court for which we are very grateful. This support has for the last four years consisted of $60,000 in support of mediations in Orange County Criminal District Court, and $16,000 in support of community mediations including sliding scale separation and divorce mediations.

The Orange County Board of County Commissioners in FY13 granted this funding in order to increase the efficiency of the court system (and potentially keep the jail population down) while providing Orange County citizens respectful alternatives to fighting.

Since then, our program has functioned successfully in this way, and has the strong support of the judges and the District Attorney's office. To quote Chief District Court Judge Joseph Buckner, "My court would be in lock-down without DSC."

In addition, DSC provides sliding scale separation and divorce mediation sessions on issues including parenting arrangements, financial divisions, alimony and custody. We have seen an expansion of separation/divorce mediations, with the sliding scale fee basis being very important for people who are underemployed or experiencing job loss. We also help families with eldercare issues and neighbors and small business people with disputes.

e. Other Pertinent Agency Information

It is pertinent to note that mediation is a practice which does not lend itself to easy evaluation. We maintain demographic information on clients and resolution rates, but this does not tell the whole story. In many cases, we talk the parties separately through the conflict, encourage ways of conciliation, and then they may not mediate, or one side refuses. In other cases, there may be a long mediation but no resolution – nonetheless progress has been made. Mediators are trained to not focus on resolutions but on first, doing no harm, and second, empowering the parties to communicate and negotiate for themselves.

Of course, resolutions can be great things, and we note that in well over 80% of mediations held, there is a resolution.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Dispute Settlement Center: Mediation

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

x Human Services (Main Application Only)
☐ **AH Non-Construction (Main Application Only)**
☐ **AH Construction — (Main Application AND Part B)**
☐ **AHDR Non-Construction (Main Application Only)**
☐ **AHDR Construction — (Main Application AND Part B)**
☐ **CDBG Non-Construction — (Main Application AND Part A)**
☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify MEDIATION_____		X	X	X	X – could be

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen County priority?

Dispute Settlement Center, through mediation, offers a forum for the resolution of interpersonal disputes. We propose to offer mediation in 1) Orange County Criminal District Court; 2) for families in separation and divorce and eldercare disputes; and 3) for Medicaid Appeals. Unresolved conflict can lead to public health problems and even threats to public safety. The local court system needs help with appropriate handling of a large volume of cases from civilian-generated warrants.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or

other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Orange County has a role to play in making sure that the local court system functions effectively. The increasingly crowded docket strains resources and lack of efficiency in case management could also mean increased crowding and liability in the local jail. Chief District Court Judge Joseph Buckner has said that his courthouse would "be in lock-down" without the assistance of Dispute Settlement Center mediators relieving the court of hundreds of cases each year.

In addition, we believe that offering disputants a chance to sit down with mediators helps them reach lasting resolutions so that behaviors leading to warrants are less likely to be repeated.

Families in Orange County need affordable mediation services when faced with separation and divorce, or eldercare transition issues. Numerous studies show that parental conflict can lead to behavioral issues in children (Jaffee 1997 *et alia*) According to Dr. Robert Emery's long-term research at University of Virginia's Center for Children, Families, and the Law, couples who mediate have better relationships with their children *years* later.

In addition, as the population ages, more families struggle with transitions around care of elders. We offer a different way, beyond fighting, litigation, or suffering in silence. This includes assisting the Orange County Clerk of Court with family situations at his request.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

In Orange County Criminal District Court, the judges and assistant district attorneys refer cases to us and we then screen for appropriateness and voluntariness. An appropriate case involves an interpersonal dispute (leading to, for example, charges of harassment, communicating a threat, injury to personal property, etc.) without domestic violence, in which the parties agree to mediate.

Most court clients have very few resources and often need to get back to their jobs. They also need real resolution of the problem between themselves and their neighbor, co-worker, or family member.

In the case of family mediation, clients are referred to Dispute Settlement Center through attorneys, therapists, or social services agencies, or self-referred.

Medicaid Appeals cases are referred to us through a program through Office of Administrative Hearings. This program serves the very poor and disabled in Orange County who have been denied Medicaid services or support and have appealed the denial.

e) Who specifically will carry out the activities and in what location will they be carried out?

Our trained mediation staff (Mediation Coordinator with 20 years mediation experience, Mediator with a law degree and Certificate in Dispute Resolution, and executive director with law degree and 25 years mediation experience) will oversee staff and volunteer mediators who have 60 hours+ training in mediation, an apprenticeship, and experience.

We attend court sessions for case referrals, and hold mediation sessions at our Carrboro offices.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

During FY17, we will attend Orange County Criminal District Court sessions (currently Monday and Thursday mornings) for case referral. For court settings held twice a month (called “People’s Court”) DSC sends a team of staff and volunteer mediators to be available for potentially numerous mediations.

For family cases, we maintain office hours and schedule mediations throughout the day and evenings as needed.

The services are on-going.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

We receive case referrals from these entities, among others:

Orange County Criminal District Court;
Orange County Civil District Court (50-B cases)
Orange County Magistrates;
Orange County Small Claims Court;
Orange County Animal Control;
Orange County Senior Centers;
Orange County Clerk of Court;
Orange County Department on Aging,
Homeowners’ Associations (HOAs)
Chapel Hill Police Department Crisis Unit;
Orange County DSS;
Town of Chapel Hill Ombuds Office;
Town of Chapel Hill Human Resources;
Chapel Hill Carrboro City Schools;
Orange County Schools;
Family law attorneys;
Family therapists;
NC Office of Administrative Hearings (Medicaid Appeals)
Compass Center;
Congregations, nonprofits and businesses;
Senior Care providers.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

1. Without Orange County funding we could not provide serves in court. A reduced allocation would be problematic as all court dates need to be covered.

2. Without funding or with reduced funding, we could not offer family clients a sliding scale that starts at $25 for a two-hour session. Many of these clients are unemployed or in financial distress, and would not have other options.

i) Include any other pertinent information.

We are requesting an additional 5% as our costs have grown since 2011. Our long-tenured professional staff has received 1-2% cost of living increases each year. In addition, getting in to compliance with the ACA has meant additional costs, as we now provide payments in lieu of health insurance on a taxable basis, which is more costly to staff and the agency.

The agency has also lost United Way funding due to United Way's change in emphasis. More recently, the Town of Hillsborough has stopped providing funds to nonprofit agencies including DSC.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: x **Persons** ☐ **Households** ☐ **Units**

Program: Mediation

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	274	292	300
Female	365	368	350
Total	639	660	650

Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	165	170	180
American Indian or Alaska Native			
Asian			
Caucasian	426	425	400
Native Hawaiian or other Pacific Islander			
Other	48	65	70
Total	639	660	650
Of the above, how many Hispanic/Latino	35	40	40
Of the above, how many non-Hispanic/Latino	604	620	610
Total	639	660	650
Age			
0-5 years			
6-18 years			
19-50 years			
51-61 years			
62+ years			
Total	0	0	0
Geographic Location			
Durham City			
Durham County			
Carrboro	87	90	110
Chapel Hill	190	200	200
Chapel Hill Public Housing Residents			
Orange County	362	350	340
Raleigh			
Wake County			
Total	639	660	650
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			

People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	F	20%	84626	86318	88044	18	R, H
Public Dispute Coord	F	0	69734	71129	72551	15	R, H
Mediation Coord	36	75%	51244	52269	53314	11	R, H
Training Coord	F	0	44509	45120	46022	9	R,H
Mediation/Youth	20/35	15%	20000	35000	35700	7	H
AA/Divorce Intake	32/30	40%	28762	28265	28830	6	R,H
Youth Trainer	25	0	0	0	22500	5	H
Johnson Service Corps	30	0	12085	0	0	3	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ X a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ X b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ X c) Current beneficiaries of the project/program for which funds are requested?

☐ X d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Frances Henderson 1-19-16
Executive Director Date

Signature: 1/21/16
Board Chairperson Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1	MEDIATION	MEDIATION	MEDIATION
Program Goal	650	660	650
Performance Measures	Served in mediation	Served in mediation	
Program Results	639	672	
Program Activity 2			
Program Goal			
Performance Measures			
Program Results			
Program Activity 3			
Program Goal			
Performance Measures			
Program Results			
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Activity 5			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program **MEDIATION/Dispute Settlement Center**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations				0
Agency Generated Revenue (fees)	$ 27,889	$ 28,000	$ 30,000	7%
Local Government Grants:				
Orange County	$ 76,000	$ 76,000	$ 80,000	5%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 103,889**	**$ 104,000**	**$ 110,000**	**6%**
AGENCY EXPENSES				
Compensation	$ 90,931	$ 92,268	$ 95,070	3%
Rent & Utilities	$ 2,433	$ 2,608	$ 2,658	2%
Supplies & Equipment	$ 1,938	$ 1,940	$ 1,950	1%
Travel & Training	$ 2,299	$ 2,250	$ 2,500	11%
Other Expenses:	$ 7,041	$ 8,309	$ 7,822	-6%
Please list 3 largest "Other Expenses":				
Professional fees $ -				
Telecom $ -				
Insurance $ -				
Total Agency Expenses	**$ 104,642**	**$ 107,375**	**$ 110,000**	**2%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: MEDIATION

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Personnel costs (90% of budget)	$ 95,070	Staff time allocated to program	95,070
Travel	$ 1,800	To courthouse and back, etc.	1,800
Supplies and support incl space, telecom,	$ 13,130		13,130
And Equip, printing, insurance, auditing			
		Total	**110,000**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**104,462**	**107,375**	**110,000**
Total # of Units	**639**	**660**	**650**
Cost Per Unit	**163.47**	**162.60**	**169.23**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

July 1, 2016 – June 30, 2017

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Dispute Settlement Center**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 47,323	$ 48,000	$ 50,000	4%
Agency Generated Revenue (fees)	$ 185,138	$ 224,000	$ 226,000	1%
Local Government Grants:				
Orange County	$ 76,000	$ 76,000	$ 80,000	5%
Town of Chapel Hill	$ 12,000	$ 12,000	$ 14,000	17%
Town of Carrboro	$ 7,800	$ 8,000	$ 10,000	25%
Other Local: Hillsborough	$ 2,000	$ 2,000	$ -	-100%
Other Local: Orange County match DJJ	$ 7,661	$ 7,611	$ 7,611	0%
Other Local: Chatham County DJJ			$ 6,000	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 11,320	$ 2,146	$ -	-100%
State Government				0
Federal Government				0
Other Grants: DJJ-JCPC	$ 25,538	$ 25,538	$ 25,538	0%
Other Grants: Chatham County DJJ			$ 20,000	0
Miscellaneous/Other Revenue	$ 56,826	$ 41,854	$ 47,823	14%
Please list 3 largest Miscellanous sources:				
Private Foundations				
UW designation				
Misc				
	$ 431,606	**$ 447,149**	**$ 486,972**	**9%**
AGENCY EXPENSES				
Compensation	$ 389,360	$ 405,689	$ 437,838	8%
Rent & Utilities	$ 12,285	$ 10,600	$ 10,356	-2%
Supplies & Equipment	$ 7,763	$ 7,600	$ 7,800	3%
Travel & Training	$ 7,184	$ 8,000	$ 8,000	0%
Other Expenses:	$ 14,283	$ 16,380	$ 22,978	40%
Please list 3 largest "Other Expenses":				
telecom $ 4,073.00				
printing $ 3,232.00				
prof fees $ 4,960.00				
Total Agency Expenses	**$ 430,875**	**$ 448,269**	**$ 486,972**	**9%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 731**	**$ (1,120)**	**$ -**	**100%**

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Duke University Health System, Inc. d/b/a Duke HomeCare & Hospice

Applicant Organization's Physical Address: 4321 Medical Park Drive, Suite 101, Durham, NC 27704

Applicant Organization's Mailing Address: 4321 Medical Park Drive, Suite 101, Durham, NC 27704

Applicant Organization's Web Address: https://dhch.duhs.duke.edu

Executive Director: Belle Starr Browning

Telephone Number: 919.620.3853 E-Mail: starr.browning@duke.edu

DUNS Number: _____
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Duke HomeCare & Hospice

Project/Program Primary Contact and Title: Dale Horton

Telephone Number: 919-479-0318 E-Mail: dale.horton@duke.edu

c) Funding Request Identification

Total Project/Program Cost: $13,864 Total Amount of Funds Requested: $7,800.00

Proposed Use of Funds Requested (2-3 Line Maximum): Duke Hospice Bereavement Services will use the funds to offset the costs of providing care to grieving individuals in Chapel Hill, Carrboro and Orange County. We continue to offer our services at no cost to any individual in the area who requests our support.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

X Human Services: X Carrboro $3,800 X Chapel Hill $3,000 X Orange County $1,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1-25-2016
Executive Director Date

Signature: _____ 2-2-16
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

(a.) 37 years in operation, Incorporated in 1979

(b.) The mission of the Duke Hospice Bereavement Services (DHBS) is to facilitate a safe and healing grief process for persons who are adjusting to a loss due to death. It is a direct clinical service outreach into the community for Duke HomeCare & Hospice.

(c) Duke Hospice Bereavement Services (DHBS) support to grieving people. There are two service lines provided through DHBS: hospice support and community support. The hospice benefit requires that hospice services offer grief support and education to hospice family members and operate a program through which grieving family members of hospice patients can receive counseling, information and resources to assist them in coping with the death of a loved one. In addition to the hospice level of care, DUBS extends its support to the community by offering individual grief support, access to workshops and grief groups, education and resources to help any member of the community adjust to living life after the death of a loved one. Services to both program lines:

- Grief support through individual counseling and grief group support
- Community education available to any civic or religious group which requests that type of support
- Crisis intervention after the sudden death in the work place
- School based interventions including education and workshops for administrative staff, teachers, social workers, counselors
- School based interventions including training of social workers and counselors to respond to grief in the school.
- School based grief support groups with an emphasis on providing training and supervision for school social workers and counselors to feel better equipped to address symptoms of grief which may occur in schools.
- Annual memorial services to commemorate people lost to death. These services are open to the community.
- Annual Camp ReLEAF for children kindergarten through 8th grade. An annual overnight camp to assist children in adjusting to the death of a significant person and to develop coping skills to better understand and manage their own grief responses.
- Family grief support groups to provide education to parents/guardians and children to enhance communication and understanding of the impact of grief on the family system.

(d) Now in its 37th year, Duke Hospice (formally Triangle Hospice) was founded by a group of volunteers in 1979. During this span, it became one of the largest and foremost providers of hospice care in North Carolina. During the early 1990's these volunteers, led by former governor, the late Terry Sanford, raised $2 million to build a 6-bed Inpatient Care

Facility in the Meadowlands in Hillsborough, which provides 24-hour care for those hospice patients in psychosocial crisis, unmanageable pain and/or need for respite care. In 1995, with a gift from GlaxoWellcome, the Beard House, which is on the same 11-acre site, was transformed into the Unicorn Bereavement Center. Staffed with two full-time bereavement counselors and one part-time bereavement counselor, the UBC serves both hospice families and those in the community who have lost a loved one. Each year, more than nine multi-week support groups and workshops are held at the UBC. We provide medical, psychosocial, spiritual and bereavement care for terminally ill patients and families, regardless of ability to pay. Bereavement services are provided to anyone in the community, regardless of connection to hospice, through individual, family, and group sessions, as well as in the Chapel Hill-Carrboro and Orange County School Systems.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Duke HomeCare & Hospice

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

X Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X	X		
Health and Nutrition					
Job Training	X	X	X		
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring	X	X	X		
Transportation					
Housing					
Other: Please specify grief counseling_____	X	X	X		

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

See attached

- **b)** Summarize the program services proposed and how the program will address the chosen Town/County priority?
- **c)** Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.
- **d)** Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.
- **e)** Who specifically will carry out the activities and in what location will they be carried out?
- **f)** Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.
- **g)** Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.
- **h)** Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.
- **i)** Include any other pertinent information.

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☐ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	50	60	65
Female	63	96	103
Total	113	156	168
Of the females, how many are single-female Head of Households (Omit for Human Services)			

Page 5 – Program / Project Description

(b) Programs:

Duke Hospice Bereavement Services has a vibrant and active children's bereavement program which emphasizes the importance of recognizing the developmental consequences of death and grief during the early years. We have developed a workshop which targeted all school personnel who may have contact with children. The goal of this workshop was to provide education and resources to assist school personnel to better understand the impact of grief and loss on the cognitive, physical and emotional well-being of children. The Bereavement Center is located in Hillsborough and serves as a primary resource for grief support and education for both the Chapel Hill/Carrboro and Orange County School system. We receive regular calls from school personnel in both districts requesting support, resources, education and intervention for the children in their districts.

(c) Town/county priority: Protect and Provide for a safe community

(d) Population to be served.

Duke Hospice Bereavement Services has been a leader in providing grief support and education in the Triangle Area and has partnered with local school systems to address the needs of grieving students in the school setting. For over 15 years we have consulted with and responded to requests for support in the local school systems and in the communities we serve.

(e) Who specifically will carry out?

The Bereavement Center staff consisting of 2.6 full time staff will provide the services indicated. The staff provides training to student interns who will also be available on a limited basis to provide these services. The primary location will be the Unicorn Bereavement Center located in Hillsborough. Additional sites will include any school in the districts serving student in Orange County as well as administrative offices of those districts and other gathering places which will accommodate the provision of services requested.

(f) Describe period:

Camp ReLEAF is an annual event and is next scheduled for April 29, 30 & May 1, 2016. It will be held at Camp New Hope. This schedule is followed as closely as possible each year after adjusting for holidays or religious events which may interfere with those periods of time.

School based grief support groups are located at the requesting school site and will run for a total of 6 weeks. The frequency will be determined by the number of requests received.

Individual, group and family grief support is provided as needed and according to mutual developed goals established between the requesting person and the Duke Hospice Bereavement staff.

Crisis intervention is available as requested.

School consultation is available upon request.

(g) Bulleted list of other agencies:

- Chapel Hill-Carrboro and Orange County School System
- Triangle Consortium for Suicide Prevention
- Perinatal Loss Education Consortium
- A Helping Hand
- UNC Health System
- Durham Coalition on Grief
- S.O.S
- Compassionate Friends
- Other local non-profit organizations to meet the unmet needs of patients with limited resources.

(h) Describe what would happen:

Duke Hospice Bereavement Services provides the most comprehensive children's bereavement program in the area. The area likely to be most impacted by a reduction in funding would be our ability to respond to all of the requests for support services to the schools. We would continue to provide counselling and support to any child but would be challenged in our ability to take those services to the children; instead the parents/guardians would bear some of the burden of getting their children to the site where our services are offered. We would continue to seek funding from other sources to ensure our ability to reach children where they are and not increase the burden of seeking care during a time when families lives are in disarray due to the death of a significant family member.

MAIN APPLICATION

Ethnicity			
African-American	15	14	15
American Indian or Alaska Native	0	0	0
Asian	1	0	0
Caucasian	85	116	125
Native Hawaiian or other Pacific Islander	0	0	0
Other	12	16	28
Total	113	156	168

Of the above, how many Hispanic/Latino	1	2	2
Of the above, how many non-Hispanic/Latino	112	154	166
Total	113	156	168

Age			
0-5 years	0	0	0
6-18 years	0	0	0
19-50 years	3	2	3
51-61 years	7	10	11
62+ years	103	144	154
Total	113	156	168

Geographic Location			
Durham City	0	0	0
Durham County	0	0	0
Carrboro	6	8	9
Chapel Hill	41	64	69
Chapel Hill Public Housing Residents			
Orange County	66	84	90
Raleigh	0	0	0
Wake County	0	0	0
Total	113	156	168

Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0

Special Needs (Omit for HS)			
Elderly (Over 62)	103	144	154
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	103	144	154

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
See attached Exhibit A							

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

Schedule of Positions
Exhibit A***

Position Titles	FTE	% Program Staff	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate (R) Retirement Plan (H) Health Plan
ADMINISTRATIVE ASSISTANT I	3.68						
CLINICAL NURSE II	0.16						
CLINICAL NURSE III	0.50						
FOOD PRODUCTION ASSOCIATE	1.11						
HEALTH UNIT COORD	1.01						
NURSING CARE ASSISTANT I	16.50						
NURSING CARE ASSISTANT II	6.31						
PHARMACY TECH II	0.22						
PROJECT COORDINATOR	0.51						
NURSING CARE ASST/HEALTH UNIT COORD	0.53						
PATIENT SERVICE REPRESENTATIVE	1.09						
FIELD CLINICIAN	5.74						
CHAPLAIN	2.10						
CLINICAL SOCIAL WORKER	6.86						
CLINICAL PHARMACIST	0.07						
SOCIAL WORKER	1.00						
SUPERVISOR, CLINICAL SERVICES	2.00						
MANAGER, CLINICAL SERVICES	2.00						
SUPERVISOR, PATIENT ACCESS	0.50						
SUPERVISOR, VOLUNTEER SVCS, PS	1.00						
CLINICAL SERVICES NURSE II	17.02						
CLINICAL SERVICES NURSE III	4.15						
CLINICAL SERVICES NURSE IV	4.65						

***We prefer not to share staffing costs by job title.

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ X a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ X b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ X c) Current beneficiaries of the project/program for which funds are requested?

☐ X d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ 1-25-2016
Executive Director — Date

Signature: _____ 2-2-16
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

(Please See Attached)

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1			
Program Goal			
Performance Measures			
Program Results			
Program Activity 2			
Program Goal			
Performance Measures			
Program Results			
Program Activity 3			
Program Goal			
Performance Measures			
Program Results			
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Program Activity 5			
Program Goal			
Performance Measures			
Program Results			

Work Statement
(Page 11)

Goals: Duke Hospice Bereavement Services (DHBS) offers bereavement support to both hospice and community clients

1) DHBS will schedule 250 community adult client encounters in FY16
2) DHBS will schedule 30 community child/teen clients in FY16
3) DHBS will schedule 330 hospice adult client encounters in FY16
4) DHBS will schedule 30 hospice child/teen clients in FY16
5) Camp ReLEAF will provide an overnight camp experience for children K-8th grade
6) DHBS will provide grief education and support to local educational and civic organizations as requested

Goal #	Actual 14-15	estimated 15-16	Projected 16-17
1	277	175	150
2	24	30	30
3	446	440	450
4	38	42	45
5	10 = .334 of total	10 = .334 of total	10 = .334 of total
6	17	15	13

Performance measures for all of the listed activities will be through service evaluation requested at the time of the event or at the conclusion of a series of related events. Related events would be ongoing individual or group counseling.

Goal 5 Camp ReLEAF: each camper provides feedback regarding likes and dislikes of camp activities and overall participation. Each activity scored well in different age groups. There are no numbers associated with the scoring of satisfaction. Parents provide feedback about their children's reported experience with approximately 30% of campers requesting to come back the next year. 31 campers out of 34 total campers completed a group evaluation with 96% responding favorably to the camp experience. Predominant responses from campers indicated the importance of meeting other children their age who had experience something similar which reduces the isolation, loneliness and sense of being different.

Goal #			
3	98% satisfaction	97%	95%
	100 refer services	100 refer services	95% refer services
4	95% satisfaction	96% satisfaction	95% satisfaction
	98% refer services	100% refer services	95% refer services
6	94% satisfaction	95% satisfaction	95% satisfaction
	100% refer	100%refer	95% refer 'services

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget Worksheet

AGENCY NAME: Duke HomeCare & Hospice

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 344,833	$ 467,200	$ 467,200	0%
Program Generated Revenue (fees)	$ 10,319,858	$ 11,008,000	$ 11,251,000	2%
Local Government Grants:				
Orange County	$ 1,000	$ 1,000	$ 1,000	0%
Town of Chapel Hill	$ 3,000	$ 3,000	$ 3,000	0%
Town of Carrboro	$ 3,800	$ 3,800	$ 3,800	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Program Revenue	**$10,672,491**	**$11,483,000**	**$11,726,000**	**2%**
PROGRAM EXPENSES				
Compensation	$ 5,344,986	$ 5,723,000	$ 5,927,000	4%
Rent & Utilities	$ 233,663	$ 243,009	$ 252,730	4%
Supplies & Equipment	$ 1,184,951	$ 1,208,000	$ 1,284,000	6%
Travel & Training	$ 166,535	$ 173,196	$ 180,124	4%
Other Expenses:	$ 4,090,343	$ 4,170,794	$ 4,237,146	2%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Program Expenses	**$11,020,478**	**$11,518,000**	**$11,881,000**	**3%**
	$ (347,987)	$ (35,000)	$ (155,000)	-343%

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Duke HomeCare & Hospice

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
School Grief Group	$125 session	6	$750
Staff Supervision/Training	$150 /6 sessions	1	$150
Mileage	24 sessions	6	$144
Camp ReLEAF – 13 students	$340/Student	13	$4420
Counseling for 30 children	$30 / child	30	$900
Counseling for 250 Adults	$30 / Adult	250	$7500
		Total	**$13,864**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$11,020,478	$11,518,000	$11,881,000
Total # of Units	$53,931	$57,183	$58,775
Cost Per Unit	$204.34	$201.42	$20214

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Operation Budget

AGENCY NAME: Duke HomeCare & Hospice

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 344,833	$ 467,200	$ 467,200	0%
Program Generated Revenue (fees)	$ 10,319,858	$ 11,008,000	$ 11,251,000	2%
Local Government Grants:				
Orange County	$ 1,000	$ 1,000	$ 1,000	0%
Town of Chapel Hill	$ 3,000	$ 3,000	$ 3,000	0%
Town of Carrboro	$ 3,800	$ 3,800	$ 3,800	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Program Revenue	$10,672,491	$11,483,000	$11,726,000	2%
PROGRAM EXPENSES				
Compensation	$ 5,344,986	$ 5,723,000	$ 5,927,000	4%
Rent & Utilities	$ 233,663	$ 243,009	$ 252,730	4%
Supplies & Equipment	$ 1,184,951	$ 1,208,000	$ 1,284,000	6%
Travel & Training	$ 166,535	$ 173,196	$ 180,124	4%
Other Expenses:	$ 4,090,343	$ 4,170,794	$ 4,237,146	2%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Program Expenses	$11,020,478	$11,518,000	$11,881,000	3%
	$ (347,987)	$ (35,000)	$ (155,000)	-343%

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: El Centro Hispano, Inc

Applicant Organization's Physical Address: 600 E. Main Street, Durham, NC 27701

Applicant Organization's Mailing Address: same as above

Applicant Organization's Web Address: www.elcentronc.org

Executive Director: Pilar Rocha Goldberg

Telephone Number: (919) 687-4635 Ext. 43 E-Mail: procha@elcentronc.org

DUNS Number: 159206015
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Center for Employment & Leadership Development

Project/Program Primary Contact and Title: Pilar Rocha-Goldberg, President/CEO

Telephone Number: (919) 687-4635 Ext. 43 E-Mail: procha@elcentronc.org

c) Funding Request Identification

Total Project/Program Cost: $$211,338 Total Amount of Funds Requested: $25,040

Proposed Use of Funds Requested (2-3 Line Maximum): Requesting funds to support activities through the Center for Employment and Leadership focused on outreach to workers/employers, public safety, workforce training, job placement, small biz counseling, and worker support services

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

X Human Services: x Carrboro $ 5,000 x Chapel Hill $7,500 x Orange County $12,540

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Pilar Rocha — Executive Director — Date 01/25/16

Signature: [illegible] — Board Chairperson — Date 01/25/16

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: El Centro Hispano, Inc

Applicant Organization's Physical Address: 600 E. Main Street, Durham, NC 27701

Applicant Organization's Mailing Address: same as above

Applicant Organization's Web Address: www.elcentronc.org

Executive Director: Pilar Rocha Goldberg

Telephone Number: (919) 687-4635 Ext. 43 E-Mail: procha@elcentronc.org

DUNS Number: 159206015
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Community Services & Support
Project/Program Primary Contact and Title: Pilar Rocha-Goldberg, President CEO
Telephone Number: (919) 687-4635 Ext. 43 E-Mail: procha@elcentronc.org

c) Funding Request Identification

Total Project/Program Cost: $185,491 Total Amount of Funds Requested: $25,040

Proposed Use of Funds Requested (2-3 Line Maximum): Requesting funds to support provision of community services for Latino individuals and families in Orange County and its municipalities. Services include information, referral, and support services, legal assistance, community education & outreach, citizenship classes, and linkage to area resources.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

X Human Services: x Carrboro $5,000 x Chapel Hill $7,500 x Orange County $12,540

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: M Edel Pilar Rocha — 01/25/16
Executive Director — Date

Signature: E R Vill — 01/25/16
Board Chairperson — Date

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: El Centro Hispano, Inc

Applicant Organization's Physical Address: 600 E. Main Street, Durham, NC 27701

Applicant Organization's Mailing Address: same as above

Applicant Organization's Web Address: www.elcentronc.org

Executive Director: Pilar Rocha Goldberg

Telephone Number: (919) 687-4635 Ext. 43 E-Mail: procha@elcentronc.org

DUNS Number: 159206015
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Education Initiatives
Project/Program Primary Contact and Title: Pilar Rocha-Goldberg, President/CEO
Telephone Number: (919) 687-4635 Ext. 43 E-Mail: procha@elcentronc.org

c) Funding Request Identification

Total Project/Program Cost: $97,865 Total Amount of Funds Requested: $25,040

Proposed Use of Funds Requested (2-3 Line Maximum): Requesting funds to support education initiatives for children, youth, and adults in Carrboro-Chapel Hill and surrounding areas.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

X Human Services: x Carrboro $5,000 x Chapel Hill $7,500 x Orange County ~~$25,040~~ $12,540

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Pilar Rocha — Executive Director — Date 01/25/16

Signature: [illegible] — Board Chairperson — Date 01/25/16

MAIN APPLICATION

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: El Centro Hispano, Inc

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 17,168	$ 20,300	$ 20,625	2%
Agency Generated Revenue (fees)	$ 149,374	$ 234,656	$ 234,656	0%
Local Government Grants:				
Orange County	$ 15,000	$ 20,000	$ 37,620	88%
Town of Chapel Hill	$ 6,500	$ 15,000	$ 15,000	0%
Town of Carrboro	$ 14,000	$ 9,500	$ 15,000	58%
Town of Carrboro-Outreach	$ 36,970	$ 36,970	$ 36,970	
Other Local: Orange Co ABC Board	$ 6,651	$ 15,000	$ 15,000	0%
Other Local: Durham County	$ 29,421	$ 29,421	$ 29,421	0%
Other Local: Durham ABC	$ 20,000	$ 20,000	$ 20,000	0%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government	$ 72,456	$ 40,000	$ 40,000	0%
Federal Government				0
Other Grants: Foundations	$ 99,960	$ 107,502	$ 107,502	0%
Other Grants: Non-Profit Grants	$ 188,689	$ 202,772	$ 179,652	-11%
Miscellaneous/Other Revenue	$ 66,352	$ 160,325	$ 160,000	0%
Please list 3 largest Miscellanous sources:				
Revenue from Programs $ 44,135.00				
Other Income $ 22,217.00				
$ -				
Total Agency Revenue	**$ 722,541**	**$ 911,446**	**$ 911,446**	**0%**
AGENCY EXPENSES				
Compensation	$ 353,738	$ 474,807	$ 474,807	0%
Rent & Utilities	$ 124,791	$ 117,762	$ 117,762	0%
Supplies & Equipment	$ 6,860	$ 10,020	$ 10,020	0%
Travel & Training	$ 15,850	$ 15,850	$ 15,850	0%
Other Expenses:	$ 316,785	$ 293,007	$ 293,007	0%
Please list 3 largest "Other Expenses":				
Contracted Services $ 190,225.00				
Program Expenses $ 115,495.00				
Dues, fees, etc $ 11,065.00				
Total Agency Expenses	**$ 818,024**	**$ 911,446**	**$ 911,446**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (95,483)**	**$ -**	**$ -**	**0**

MAIN APPLICATION

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ x a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ x b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ x c) Current beneficiaries of the project/program for which funds are requested?

☐ x d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Miguel Angel Rocha — 01/25/16
Executive Director — Date

Signature: [illegible] — 01/25/16
Board Chairperson — Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

El Centro Hispano, Inc (ECH) is the largest Latino-led/Latino-serving organization in the State and has been working with and on behalf of the Hispanic/Latino community in Durham, Orange, and neighboring counties since 1992 in an effort to provide representation, address issues affecting the lives of Hispanics/Latinos, link individuals and families to area resources, and to build community capacity for inclusion, integration, and engagement.

In July 2010, ECH opened a satellite office in Carrboro-Chapel Hill in Orange County at the request of county leaders to fill the gap in services for the large Latino population in the area. In January 2014, ECH relocated its Carrboro-Chapel Hill office to the 201 W. Weaver Street location to be more centrally located and in April 2015, it officially opened the Center for Leadership and Employment (CEL) to address concerns with domestic and day laborers in the area.

ECH has two locations, one in the City of Durham, Durham County and the other in the Town of Carrboro, Orange County.

b) Agency's Purpose/Mission

El Centro Hispano, Inc works to strengthen the community, build bridges, and serve as advocates for equity and inclusion of Hispanics /Latinos in the Triangle area of North Carolina. The Triangle Area encompasses cities and towns with Durham, Orange, and neighboring counties.

We achieve these purposes by making advancements in Education, Economic Development, and Health and Well-being.

c) Types of Services the Agency Provides

Education interventions include 1) Academic focused programs such as Pre-K prep, K-12 Tutoring, Adult Literacy and ESOL, Adult Elementary Education, and Job skills Training, and 2) Community Education/Engagement efforts such as information & referral services, community forums, citizenship classes, immigration counseling & legal assistance, and youth/adult leadership programs.

Economic Development initiatives are under the leadership of our Center for Employment and Leadership located in Carrboro (CEL). The center helps connect job seekers with employment, particularly that of day laborers. It also works on worker rights, work protection/worksite safety, and/or financial literacy through trainings, job placement services, community outreach, and community organizing.

Our Health & Wellbeing programs focus on health promotion and access to healthcare/health insurance through outreach, community education, health screenings, linkages to health services, and training of agencies/organizations. Health promotion focuses on building healthy behaviors and linking to services. This is achieved by working through peer educators/health ambassadors.

d) Agency's Experience with Similar Programs as the Funding Request

The organization has been providing education, outreach, direct support, and human services referrals since its inception and has partnered with community and government organizations to provide services that benefit the community in general, particularly to address community needs.

e) Other Pertinent Agency Information

While the primary population served are individuals of Hispanic/Latino origins across the life span and the individuals/entities that seek to reach, work with, and serve this population, the organization also serves other racial, ethnic, and gender minorities, new immigrants, and low-income/poor communities. Our Carrboro-Chapel Hill Office, in particular, has experienced an increase of individuals of different ethnic/cultural/socio-economic backgrounds seeking assistance, such as African Americans, Asians, homeless individuals, and displaced workers.

All initiatives work to improve outcomes for community members but also to inform service and policy improvements of institutions serving the population. The organization and staff is grounded in the language and culture of the Hispanic/Latino community being served and strives to serve as a bridge and cultural broker. It works with other community groups to serve other ethnic minorities with limited English proficiency and/or of low socio-economic backgrounds.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Center for Employment and Leadership

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

X Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition		x			x
Job Training		x			x
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify: Job Placement, Public safety, Community Education & Outreach		x			x

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

The Center for Employment and Leadership opened doors April 2015 in response to a need identified by the Day Laborer Task Force in Carrboro-Chapel Hill to develop a Workers' Center to 1) provide a safe and comfortable space for workers of all races/ethnicities to seek work with dignity; 2) connect workers and employers; 3) empower workers to access local services, develop

new employment skills, and learn about occupational safety and labor rights; 4) strengthen social relationships among community members by easing tensions with neighborhoods surrounding the current informal hiring location on Jones Ferry Road and Davie Road in Carrboro; and 5) improve the quality of life of low-wage workers and promote social equality and inclusive economic growth in Carrboro, Chapel Hill and surrounding areas in Orange County.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

This project aligns with the goals and objectives of the Economic Development Priority of the Consolidated Plan to increase employment, self-sufficiency, education, job training, technical assistance, and economic empowerment of low and moderate income residents in the County and addresses the Jobs and Jobs Training and Community Engagement priorities of the 2012 Human Services Report. Furthermore, it addresses a need identified by community members.

Between 1995 and 2005, the number of Hispanic/Latino workers in North Carolina increased 431%, which accounted for 35% of the state's total workforce.1 By the end of 2005, three out of four Latinos residing in North Carolina were employed in construction, wholesale, manufacturing, and the retail industries.2

Given the dramatic growth of Latinos residing in North Carolina over the years and unstable economies, men were gathering daily at the corner of Jones Ferry Road and Davie Road in Carrboro to obtain work. The majority of the workers gathering at the Carrboro site are from Mexico, Guatemala, Honduras and El Salvador; however, Caucasian and African American day laborers also frequent the site.

While Orange County was holding its own with a 3.5% unemployment rate, there was a upsurge in that rate, 4.20%, toward the end of 2015. This site has become an informal Day Laborer hiring site (also known as "the corner"). People who stand there are sought out to do work in construction, landscaping, painting, housekeeping, food, moving and service industries in Carrboro, Chapel Hill and other areas throughout Orange County and the Triangle.

Some workers reported being victimized by presumed employers; others were promised a day's wage that was never paid; others were paid less than promised, and so on. In addition, neighbors and police have cited problems at the corner such as littering and public consumption of alcohol at the site, which led to a 2007 town ordinance prohibiting loitering at the site between 11 am and 5 am; limiting opportunities to get work for the day.

Surveys conducted by outreach workers gathered information from day laborers about their employment needs and they cited need of a safe place to go to connect with employment, further education, job training, information and assistance with worker rights, health insurance, and more. Other issues affecting day laborers that the center will address include lack of opportunities to access local resources and need for a collective voice.

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[1] Kasarda, J. D., & Johnson, J. H. (2006). *The Economic Impact of the Hispanic Population on the State of North Carolina*. Chapel Hill, NC: Frank Hawkins Kenan Institute of Private Enterprise.

[2] Ibid.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

ECH's Center for Employment and Leadership serves primarily Hispanic/Latino residents in Orange County and surrounding areas as well as those seeking to work with, reach, and/or serve this population. Day laborers are the primary beneficiaries of this intervention in that they can secure employment and fair wage through services. Staff serve as mediators and advocates for the workers before employers. Employers that seek workers through CEL are also beneficiaries of the program in that they have a place to connect with skilled workers. Staff ensure workers understand the job to be done, proper worksite safety precautions, and/or all labor related agreements. The general community also benefit in that there is a reduction of individuals loitering at "the corner" contributing to public safety and community appeal. Also, residents of Orange County are also seeking workers from CEL to do small jobs for their homes which present another source of employment for the Day laborers and affordable services for Home owners. Staff connect with day laborers and potential employers through outreach efforts to the corner, neighborhood canvassing, presentations to community groups, social media, and word of mouth.

e) Who specifically will carry out the activities and in what location will they be carried out?

All activities will be carried out by staff of El Center Hispano who operate the Center of Employment and Leadership located within the Carrboro-Chapel Hill office as well as the partner agencies that collaborate on this project; particularly those on the Day Laborers Task Force.

Staff includes a Program Coordinator, Worker's Project Leader, Community Organizer/Outreach Workers, AmeriCrops/Interns, and volunteers. The Program Coordinator is primarily responsible for all Program related interventions and outcomes, coordination of activities, and supervision of staff. Worker's Project Leader is the in-office staff responsible for workers intake, job placement, job training, employer communications, worker support, and all other activities related to the assuring improvements and deliverable for the workers. The Community Organizer/Outreach is the in-the-field staff person that goes out to the corner and other areas to conduct outreach to workers, provide information on CEL, worker rights, worker protection, worksite safety and mobilizes worker to address issues affecting day laborers; building community leaders. This staff person also conducts outreach and presentation to potential employers and other partner agencies. This year will recruit an AmeriCorp volunteer, interns, and additional volunteers to assist with the project.

Additional staff like the President/CEO, Financial Director, Human Resources Directors, Grant Officer, and Community Engagement Director assist with supporting different administrative components of the grant as well as participate in meetings related to the project.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The activities will be conducted daily through the 2016 – 2017 fiscal year during the hours the center is open from 6am to 2pm in the afternoon. Outreach occurs throughout the day, evenings, and weekend hours.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Chapel Hill-Carrboro Chamber of Commerce: ECH is a member of the Chapel Hill-Carrboro Chamber of Commerce and participates in the Carrboro Day Laborer Task Force.
- Day Laborer Task Force: ECH is very active in the Carrboro Day Laborer Task force, which includes representatives from the Carrboro Mayor's office, the Chapel Hill-Carrboro Chamber of Commerce, Justice United, Carrboro Day Laborers, the Human Rights Center and El Centro Hispano. ECH has hired an Outreach Worker with funds from the Town of Carrboro to work as a liaison between all of these groups and to help develop a Worker's Center for Carrboro Day Laborers and domestic workers.
- El Futuro, Inc.: Accepts referrals for mental health and substance abuse treatment from ECH.
- Human Rights Center: Through the Carrboro Day Laborer Task Force, ECH partners with the Human Rights Center to develop initiatives for Carrboro day laborers. In addition, the Human Rights Center will be using ECH's space to operate some of its community programs during its transition to a new location.
- Immigrant Rights Project: Help hold immigration related forums, especially those related to DACA applications and learning about their legal rights when faced with deportation or other immigration-related questions.
- National Day Laborer Organizing Network – ECH has joined this network which has at least 30 centers nationwide and helps identify funding options and engage workers in the process of establishing a Workers' Center.
- El Centro Hispano (ECH) continued our partnership with Humans Rights Center, lending our office space to host their programs.
- ECH collaborated with a group of fellows from UNC Public Health to provide a series of workshops in health and safety to Day Laborers.
- ECH staff attended workshops in California to develop and gather useful information for the Workers Center through NDLON.
- Partnership with Community Church of Chapel Hill to distribute information about our programs and recruit volunteers, they also helped out with a fundraising event hold at the church for the construction of the Workers Center within the ECH building.
- ECH Carrboro staff member Natalia Lenis received recognition of WCHL as a Hometown Hero for the hard work in the community.
- Partnership with OWASA to develop a video and new brochure for the Latino community and for those who can't read and write.
- New partnership with Durham Tech to create special ESL curriculum for Day Laborers.
- Informative session with the community for Deferred Action for Parental Accountability (We had an attendance of 42 community members).
- Collaboration with the Health Department project to detect the communities and zones at risk, due that we are the only Latino agency in the area we are participating providing information for the 6 zones.
- ECH Developed a relationship with the Home Builder's Association to collaborate with CEL

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

It would impact our ability to provide services and meet all program components

i) Include any other pertinent information.

Since it first opened its doors in April 2015, CEL has served a diverse group of individuals from all cultural and socio-economic backgrounds. While originally, it was meant to reach and work with Latino Day Laborers, it is serving all individuals that are seeking employment. In particular, CEL is seeing an increasing number of homeless people seeking assistance and there is a need to connect them with human service and mental health services already available through the county.

Staff has reported many success stories regarding workers who have been able to acquire and sustain employment in a more regular basis and who report wages are being paid as agreed upon.

Three such examples are the following:

- Two workers that arrived from Texas saw the CEL sign as they walked on the street toward "the corner". They asked what the organization was about and staff informed them of services. They were able to assist them that day with information about local shelters. They continued going to the center to look for work on the online database until one of them found work at a local Waffle House. He was found to be a good worker and was given permanent employment. This allowed him to leave the shelter and now rents from a Latino family. He visits the center on occasions to update staff of his progress. He is now a supervisor at the restaurant and on his own time sings Mexican rancheras.

- Another success story is that of a Day Laborer that frequented "the corner". When CEL opened its doors, he was among the first to use the center. He was able to find work for each day until one employer from Weaver Street company liked the way he worked so much that he hired him as a full-time employee.

- Mr.G (name withheld for privacy) arrived from Honduras. He is married to a US born and reside in the area. He did not speak English so he visited CEL to help find work. He had experience in pating, carpentry, welding, and in doing all form of renovations. He attend the ESL classes at CEL all summer and part of fall and has recently secured a full-time job as a plumber. He still attends CEL for classes and to get weekend work as a Day Laborer.

More employers are beginning to seek workers from CEL and the process for hiring a day laborer has been formalized so as to ensure safe working conditions and a fair wage. Workers are seeking educational opportunities and learning how to review contracts and budget services. Residents in the area also use the center and employ laborers to do work in their homes.

In order to continue providing services and better focus job training/placement efforts, ECH has secure staff and resources allocated to this project. When the building was first opened, ECH had to invest funds for upgrades and construction that had not been budgeted for. Now that it is coming on a year of operation, it has a better grasp of the amount of resources needed to provide services and seeks support from the County and its Towns to help us get people back to work. We are also quickly outgrowing our facility and hope to expand space to meet the needs of the increasing number of workers seeking assistance.

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: X **Persons** ☐ **Households** ☐ **Units**

Program: ECH Center for Education and Leadership

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	90	120	275
Female	21	45	50
Total	111	165	325
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	22	25	30
American Indian or Alaska Native	0		
Asian	1		
Caucasian	10	15	15
Native Hawaiian or other Pacific Islander			
Other	78	125	280
Total	111	165	325
Of the above, how many Hispanic/Latino	78	125	280
Of the above, how many non-Hispanic/Latino	33	40	45
Total	111	165	325
Age			
0-5 years			
6-18 years	1	1	7
19-50 years	79	137	280

51-61 years	20	25	33
62+ years	1	2	5
Unknown	10		
Total	111	165	325
Geographic Location			
Durham City	9	15	28
Durham County			
Carrboro	32	70	95
Chapel Hill	59	65	177
Chapel Hill Public Housing Residents			
Orange County	3	7	15
Raleigh			
Wake County			
Other	8	8	10
Total	111	165	325
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)	1		
Disabled (not elderly)			
Homeless	17	25	30
People with HIV/Aids			
Total	18	25	30

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
President/CEO	0.15	1		$9,360.00	$9,360	3.7	(R)
Director of Finances	0.08	1		0	$4,160	1.6	(R) (H)
Human Resources/ Development Dir	0.08	1		$3,910.00	$3,910	1.6	(R) (H)
Grant Officer	0.08	1		$2,330.00	$2,330	0.9	(H)
Administrative Assist	0.08	1		0	$2,496	1	
Comm Engagement Director	0.10	1		$3,744.00	$3,744	1.5	(H)
CEL Program Coordinator	1.00	1		$37,440.00	$37,440	15	(H)
Worker's Project Leader	1.00	1		$33,280.00	$33,280	13	(H)
Community Organizer	1.00	1		$33,290.00	$33,280	13	(H)
AmeriCorps	1.00	1		0	$12,500	5	(H)
Volunteers/Interns	0.5	2		0	$3,000	1.2	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

m.) Work Statement

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Outreach / Worker Protection	Outreach / Worker Protection	
Program Goal	Carrboro Day Laborers will no longer use the informal hiring site in Carrboro in order to obtain work.	Carrboro Day Laborers will no longer use the informal hiring site in Carrboro in order to obtain work.	Carrboro Day Laborers will no longer use the informal hiring site in Carrboro in order to obtain work.
Performance Measures	Of the 30 workers that are at the corener, 18 will use CEL to find work	At least 160 workers will use CEL for work-related services	At least 325 workers will use CEL for work-related services
Program Results	67 workers used CEL to find work since April 2015		
Program Activity 2	Outreach/Employers	Outreach/Employers	Outreach/Employers
Program Goal	Employers will use CEL rather than the corner to find laborers	Employers will use CEL to find workers	Employers will use CEL to find workers
Performance Measures	Contact at least 10 employers about using CEL	Contact at least 100 potential employers bout CEL services	Contact at least 100 potential employers bout CEL services
Program Results	90 employers were contacted		
Program Activity 3	Job Skills Training	Job Skills Training	Job Skills Training
Program Goal	At least 60% of Carrboro Day Laborers will learn a new skill, such as ESOL, Spanish literacy, computer skills or job-related skills through ECH's Workers' Center.	At least 60% of Carrboro Day Laborers will learn a new skill, such as ESOL, Sanish Literacy, OSHA, and toehr job-related skills training	At least 60% of Carrboro Day Laborers will learn a new skill, such as ESOL, Sanish Literacy, OSHA, and toehr job-related skills training
Performance Measures	At least 15 workers will participate in jobs skills trainin	AT least 96 workers will participate in job skills training	At least 150 workers will use CEL for work-related servcies
Program Results	36 workers participated in ESL classes and 24 workers participated in occupational safety, employment skills, and labor rights workshps		
Program Activity 4			Financial Literacy
Program Goal			Workers will learn budgeting, tax prep, and financial management skills, particularly related to self employement
Performance Measures			At least 30% of the workers will participate in Fiancial Literacy counseling/training
Program Results			At least 74 workers will particpate in financial literacy education/counseling

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Community Engagement & Support Services

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

X Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**
☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	x	x	x		x
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities	x				
After-School Activities	x				
Mentoring					
Transportation					
Housing					
Other: ESL classes, secondary education, computer training, etc.		x			x

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

El Centro Hispano seeks funding to support offering Education initiatives at the Carrboro-Chapel Hill Office. Education priorities include Adult Education and Literacy program, and Youth Tutoring, Parenting Education, and leadership development activities.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

This initiative aligns with the following priorities listed in the 2012 Human Services Report, such as: 1) Education and Family Support and 2) increasing language services to individuals with limited English proficiency.

The ECH Education Program addresses many of the educational needs among the Latino Community in Carrboro, Chapel Hill and Orange County. In North Carolina, 69.4% of foreign-born Spanish speakers older than age 5 have Limited English Proficiency (LEP). Thirty-one percent of NC Spanish-speaking households are linguistically isolated, meaning all persons ages 14 and over in the household are LEP, which is higher than other immigrant groups.1

In addition to limited English proficiency, many Latino immigrants have very low education levels as compared to the general population. In the U.S., 23.5% of all Latinos and 34% of foreign-born Latinos have less than a 9th grade education.2 In Chapel Hill-Carrboro City Schools, only 66.2% of Latino youth graduated from high school in 4 years in 2010, as compared to 92.5% for white students.3 Research shows that low literacy and education levels make it difficult to get a job, access resources, and assist with children's education or literacy development. Furthermore, low literacy levels in Spanish make it more difficult for native Spanish speakers to learn English. Developing English proficiency is an important pathway to improving employability and economic success in the United States for immigrant families.4

Many Orange County Latino families also face additional barriers to improving their education and economic situation as well as to raising healthy and academically successful children. In North Carolina, Latina women are at a higher risk than white women for unintended pregnancy and reporting physical violence during pregnancy. North Carolina's Latina formal maternal education level is among the lowest in the nation.5 In North Carolina, only 25% of Latina mothers read to their children at least once a day in 2005, compared to more than 50% of mothers in the general state population.6 Latino parents in North Carolina are more likely to report that their children have fair or poor health and have had no health insurance in the past year than White parents.7

Moreover, national evidence shows that Latinos are less likely than children of any other racial or ethnic group to be enrolled in an early childhood program or to receive early intervention services. In 2005-06, 27% of Latino four-year-olds lacked regular, non-parental arrangements for child care, compared with 18% of white preschoolers and 16% of black preschoolers.[8] Thus, many Latino children reach school age without having been exposed to developmentally appropriate preschool settings. Such preschool education engages children in activities that get them ready to learn; these activities are designed to build cognitive, social, and emotional skills. Lack of mastery of these important developmental steps makes it difficult for children to begin learning when they enter a formal kindergarten classroom. In 2008-09, a national evaluation found that more than 80% of

[1] Migration Policy Institute, 2010
[2] 2008 National Survey of Latinos, Pew Hispanic Center
[3] 2011 Orange County Health Assessment
[4] Annie E. Casey Foundation 2005
[5] Action for Children NC, 2010
[6] Ibid.
[7] SCHS, 2010
[8] Action for Children NC, 2010

Latino fourth graders were not reading proficiently, compared with 68% of all fourth graders.[9] By providing children with a developmentally appropriate preschool experience with certified Early Childhood Education Specialists, the ECH Education program helps to prepare children for success in kindergarten

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

El Centro Hispano Carrboro-Chapel Hill serves primarily Hispanic/Latino residents in Orange County and surrounding areas as well as those seeking to work with, reach, and/or serve this population. Since ECH does not discriminate, all services are open and available to all residents notwithstanding their ethnic, racial, gender, and socio-economic status. Individuals learn about our resources by word of mouth but we also conduct outreach to the community through neighborhood canvassing, participating in area events, presentations to community groups, radio show, social media, and more.

Our Education programs serve children, teens, and adults. Pre-K aged children are granted an early preschool experience to prepare them for Kindergarten. Children and teens are supported with the assistance of tutors to help them with reading and math. Adults participate in basic literacy and/or ESL classes offered in collaboration with Orange Literacy Council. Secondary education is provided to adults through "Plazas Comunitaria" in collaboration with Department of Education through the Mexican Embassy. Families are supported through the "Circle of Parents" program that provides parent education and support.

e) Who specifically will carry out the activities and in what location will they be carried out?

The Education staff made up of the Education Program Director, Education Supervisor/Educator, for Education Specialist, AmeriCorps worker, and interns/volunteers will help provide services to residents in the Carrboro-Chapel Hill area.

The Education Director helps coordinate and implement education interventions as well as supervises staff. She works to secure tutors for afterschool and summer camps. The Education Supervisor/Educator works directly with individuals and families providing instruction and supporting learning through "Circle of Parents" & "Plaza Comunitaria". She also supervises Education Specialist that work with children in the pre-school experience program.

Additional staff like the President/CEO, Financial Director, Human Resources Directors, Grant Officer, and Community Engagement Director assist with supporting different administrative components of the grant as well as participate in meetings related to the project.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Services are delivered year-round. Office hours are 9am – 5pm with some evening and weekend hours available for some services. Outreach is conducted during day, evenings, and weekend hours.

[9] Ibid.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Orange County Literacy Council: Provides ESOL at ECH-Carrboro and collaborates with ECH on the Family Literacy Program for Latino and Burmese families with children ages 0-5 (funded by the Orange County Partnership for Young Children).
- The Mexican Embassy "Plaza Comunitaria" Program provides secondary education for Mexican residents. Once they complete their education they receive a certificate that is recognized in Mexico attesting they have completed their schooling.
- UNC Chapel Hill: Students volunteer services at ECH-Carrboro including providing referrals and helping Latino community members complete employment application forms, and after school tutoring for students grades K-12.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

It would impact the amount of services rendered

i) Include any other pertinent information.

This program establishing itself at the Carrboro-Chapel Hill office and seeks to build literacy, academic excellence, and build language/work skills of Latinos and other minority populations in order to assist them in assuring a better quality of life and participation in society. Staff is working to replicate interventions that have been successful at our Durham location and meet a request from community members to have such programs in Orange County.

ESL classes were expanded to day laborers and many have taken advantage of these classes when they do not secure work for the day. When made available, 51 workers took advantage of the service. Additionally, we have seen an increase of Burmese community members attending classes.

The tutoring program was also very successful in recruiting and maintaining participation of area kids need homework assistance. Staff has also incorporated music instruction and made presentations about career, like that of engineering, to engage kids and keep them interested. Kids were also taken to participate in small field trips to the library and other community organization.

A summer camp was held and 13 children participated. Program included diverse topics to include archeology, reading, painting, music, and more. Children interacted kids of diverse backgrounds.

Parent education has focused on how families can support learning at home; however, in collaboration with the Rape Crisis Center, four workshops were held to discuss "safe touching" of children. Unemployed mothers who sought services from CEL were able to get assistance through our community support component at the Carrboro-Chapel Hill office thanks to bags of food donated to the center. Some stop by to just get food bags.

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: X **Persons** ☐ **Households** ☐ **Units**

Program: Community Engagement and Support

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	60	12	60
Female	90	29	90
Total	150	41	150
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American			
American Indian or Alaska Native			
Asian			
Caucasian			
Native Hawaiian or other Pacific Islander			
Other	150	41	150
Total	150	41	150
Of the above, how many Hispanic/Latino	130	34	130
Of the above, how many non-Hispanic/Latino	20	7	20
Total	150	41	150
Age			
0-5 years	35	n/a	
6-18 years	40	n/a	

19-50 years	75	n/a	
51-61 years			
62+ years			
Unknown			
Total	150	44	150
Geographic Location			
Durham City			
Durham County			
Carrboro	50		50
Chapel Hill	60	20	60
Chapel Hill Public Housing Residents		13	
Orange County	30	4	30
Raleigh			
Wake County			
Other	10	7	10
Total	150	44	150
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total			

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
President/CEO	0.08	1		$9,360.00	$4,992	5.9	(R)

Director of Finances	0.08	1		0	$4,160	4.9	(R) (H)
Human Resources/ Development Dir	0.08	1		$3,910.00	$3,910	4.6	(R) (H)
Grant Officer	0.08	1		$2,330.00	$2,330	2.7	(H)
Administrative Assist	0.08	1		0	$2,496	2.9	(H)
Education Program Director	0.50	1		$37,440	$18,720	22.1	(H)
Education Supervisor/Educator	0.50	1		$33,280	$16,640	19.7	(H)
AmeriCorps	0.50	1		0	$6,250	7.4	(H)
Volunteers/Interns	0.50	1		0	$1,500	1.7	(H)

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

m.) **Work Statement**

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	ESL Instruction	ESL Instruction	ESL Instruction
Program Goal	Provide 100 adults w ith 4 hours per w eek of education related to literacy and/or language skills through ESOL classes. This w ill be accomplished through collaboration w ith the Orange County Literacy Council.	Provide 100 adults w ith 4 hours per w eek of education related to literacy and/or language skills through ESOL classes. This w ill be accomplished through collaboration w ith the Orange County Literacy Council.	Provide 100 adults w ith 4 hours per w eek of education related to literacy and/or language skills through ESOL classes. This w ill be accomplished through collaboration w ith the Orange County Literacy Council.
Performance Measures	100 individual in class	100 individuals	100 individuals
Program Results	30 ppl paraticpated; 36% demontstrated english	As of 12/31, fifteen individuals served	
Program Activity 2	"Circle of Parents"	"Circle of Parents"	"Circle of Parents"
Program Goal	Provide parenting support classes to at least 20 parents using the Prevent Child Abuse North Carolina's Circle of Parents program model	Provide parenting support classes to at least 20 parents using the Prevent Child Abuse North Carolina's Circle of Parents program model	Provide parenting support classes to at least 20 parents using the Prevent Child Abuse North Carolina's Circle of Parents program model
Performance Measures	At least 20 parents	At least 20 parents	At least 20 parents
Program Results	32 parents participated	Listed in final report	
Program Activity 3	PreSchool Experience	PreSchool Experience	PreSchool Experience
Program Goal	Provide developmentally appropriate preschool experience for at least 25 children.	Provide developmentally appropriate preschool experience for at least 25 children.	Provide developmentally appropriate preschool experience for at least 25 children.
Performance Measures	25 children	25 children	25 children
Program Results	15 children	Listed in final report	
Program Activity 4	Tutoring	Tutoring	Tutoring
Program Goal	Provide 4 hours per w eek of homew ork tutoring to 25 children from grades K-12.	Provide 4 hours per w eek of homew ork tutoring to 25 children from grades K-12.	Provide 4 hours per w eek of homew ork tutoring to 25 children from grades K-12.
Performance Measures	25 children	25 childrenc	25 children
Program Results	29 children particpated	As of 12/31/2015, 25 children serviced	

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below. It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 1,081	$ 350	$ 500	43%
Agency Generated Revenue (fees)	$ 2,445			0
Local Government Grants:				
Orange County	$ 20,000	$ 11,400	$ 12,540	10%
Town of Chapel Hill	$ 13,000	$ 5,700	$ 7,500	32%
Town of Carrboro	$ 14,000	$ 3,610	$ 5,000	39%
Other Local: Town of Carr-Outreach	$ 27,728	$ 36,970	$ 40,667	10%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Foundations	$ 95,954	$ 28,126	$ 104,284	271%
Other Grants:				0
Miscellaneous/Other Revenue	$ 20,611		$ 15,000	0
Please list 3 largest Miscellanous sources:				
Program Revenue $ 15,000.00				
$ -				
$ -				
Total Agency Revenue	**$ 194,819**	**$ 86,156**	**$ 185,491**	**115%**
AGENCY EXPENSES				
Compensation	$ 73,836	$ 75,938	$ 145,673	92%
Rent & Utilities	$ 44,413	$ 17,792	$ 17,792	0%
Supplies & Equipment	$ 2,878	$ 3,100	$ 3,600	16%
Travel & Training	$ 6,132	$ 1,900	$ 2,345	23%
Other Expenses:	$ 59,971	$ 17,615	$ 16,081	-9%
Please list 3 largest "Other Expenses":				
IT Servcies $ 2,366.00				
Project Expenses $ 13,125.00				
other fees dues $ 590.00				
Total Agency Expenses	**$ 187,230**	**$ 116,345**	**$ 185,491**	**59%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 7,588**	**$ (30,189)**	**$ -**	**100%**

Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

a.) Program: Center for Employment and Leadership

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Direct Project Staff: Director, Project Leaders, Outreach Staff, AmeriCorps, Interns	*$15.15*	*9610 hrs (800 hrs x 12 mths)*	*$145,673*
Rent & Utilities	*$1,483*	*$1483 x 12 mths*	*$17,792*
Project Expenses: Educational Materials & supplies, communications, printing, etc	*$1,094*	*$1094 x 12 mths*	*$13,125*
Travel & Training: (9) Project Staff, (1)AmeriCorps, (2) Interns, & volunteers	*$195*	*$195 x 12 mths*	*$2,345*
Meetings: Forums, seminars, gatherings with community members/leaders	*$100*	*$100 x 10 months or $250 x 4 large events/year*	*$1,000*
Other Direct Expenses; Dues, fees, IT support, etc.	*$463.8*	*$464 x 12 mths*	*$5,556*
		Total	***$185,491***

b.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**n/a**	**n/a**	**$185,491**
Total # of Units	**n/a**	**n/a**	**1200**
Cost Per Unit	**n/a**	**n/a**	**$15.49**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 17,168	$ 20,300	$ 20,625	2%
Agency Generated Revenue (fees)	$ 149,374	$ 234,656	$ 234,656	0%
Local Government Grants:				
Orange County	$ 15,000	$ 20,000	$ 20,000	0%
Town of Chapel Hill	$ 6,500	$ 15,000	$ 15,000	0%
Town of Carrboro	$ 14,000	$ 9,500	$ 15,000	58%
Town of Carrboro-Outreach	$ 36,970	$ 36,970	$ 36,970	
Other Local: Orange Co ABC Board	$ 6,651	$ 15,000	$ 15,000	0%
Other Local: Durham County	$ 29,421	$ 29,421	$ 29,421	0%
Other Local: Durham ABC	$ 20,000	$ 20,000	$ 20,000	0%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government	$ 72,456	$ 40,000	$ 40,000	0%
Federal Government				0
Other Grants: Foundations	$ 99,960	$ 107,502	$ 107,502	0%
Other Grants: Non-Profit Grants	$ 188,689	$ 202,772	$ 197,272	-3%
Miscellaneous/Other Revenue	$ 66,352	$ 160,325	$ 160,000	0%
Please list 3 largest Miscellanous sources:				
Revenue from Programs $ 44,135.00				
Other Income $ 22,217.00				
$ -				
Total Agency Revenue	**$ 722,541**	**$ 911,446**	**$ 911,446**	**0%**
AGENCY EXPENSES				
Compensation	$ 353,738	$ 474,807	$ 474,807	0%
Rent & Utilities	$ 124,791	$ 117,762	$ 117,762	0%
Supplies & Equipment	$ 6,860	$ 10,020	$ 10,020	0%
Travel & Training	$ 15,850	$ 15,850	$ 15,850	0%
Other Expenses:	$ 316,785	$ 293,007	$ 293,007	0%
Please list 3 largest "Other Expenses":				
Contracted Services $ 190,225.00				
Program Expenses $ 115,495.00				
Dues, fees, etc $ 11,065.00				
Total Agency Expenses	**$ 818,024**	**$ 911,446**	**$ 911,446**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (95,483)**	**$ -**	**$ -**	**0**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y/N

Agency El Futuro, Inc

Program(s) Latino Immigrant Child and Family Mental Health Treatment Program

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☒ *Applicant Contact Information* b. ☒ *Project/Program Contact Information* c. ☒ *Funding Requests Identified* d. ☒ *Signed Application Cover Page*	
2. Agency Information -	a. ☒ *Agency's Years in operation* b. ☒ *Agency's Purpose/Mission* c. ☒ *Agency's Types of Services Provided* d. ☒ *Agency's Experience* e. ☒ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☒ *Type of Application and Program Identified* b. ☒ *Summary of Program* c. ☒ *Description of Identified Need* d. ☒ *Description of Population to be Served* e. ☒ *Activity Manager and Location Description* f. ☒ *Activity Implementation Timeline* g. ☒ *Agency Collaboration* h. ☒ *Describe Impact of Reduced/No Allocation* i. ☒ *Other Pertinent Information* j. ☒ *Complete Target Population/Beneficiary Chart* k. ☒ *Complete Schedule of Positions* l. ☒ *Signed Conflict of Interest Disclosure* m. ☒ *Complete Work Statement*	*24 CFR 570.200(a), 570.201-570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: El Futuro, Inc

Applicant Organization's Physical Address: 136 E. Chapel Hill Street, Durham, NC 27701

Applicant Organization's Mailing Address: Same as above

Applicant Organization's Web Address: www.elfuturo-nc.org

Executive Director: D. Luke Smith, MD

Telephone Number: 919-688-7101 ext 604 E-Mail: lsmith@elfuturo-nc.org

DUNS Number: 61-974-2997
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Latino Immigrant Child and Family Mental Health Treatment Program

Project/Program Primary Contact and Title: Jennifer Casanova, Grants Manager

Telephone Number: 919-688-7101 ext 607 E-Mail: jcasanova@elfuturo-nc.org

c) Funding Request Identification

Total Project/Program Cost: $456,030 Total Amount of Funds Requested: $38,500

Proposed Use of Funds Requested (2-3 Line Maximum): El Futuro seeks funding to address the gap in services in Orange County to help uninsured Latino residents who suffer mental illness and substance use disorders

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $5,000 ☒ Chapel Hill $6,000 ☒ Orange County $27,500

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Executive Director — Date: 1/25/16

Signature: _____ Board Chairperson — Date: 1/25/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

El Futuro has been in operation for 11 years. El Futuro was incorporated in November 2004 and patients were first seen in November 2005. Since its formation, El Futuro has been committed to helping those in the Latino community of Orange County who have mental health and substance use disorders (behavioral health disorders).

b) Agency's Purpose/Mission

Our mission is to strengthen the whole community by providing and advancing bilingual and culturally informed behavioral health treatment for underserved Spanish speaking individuals and families. We do this by providing 1) high impact (evidence based) clinical services; 2) training for professionals who work with this population; and 3) prevention, education and outreach in the community.

c) Types of Services the Agency Provides

El Futuro is a unique place where the Latino community is welcomed and receives specialized mental health and substance abuse treatment delivered in a way that honors each individual and empowers the Latino community. El Futuro is considered a pioneer and leader in North Carolina's mental health sector. We are known not only for our commitment to providing behavioral health services to members of the Latino community, but for doing so in a caring, respectful and culturally sensitive way. Many of those we help have experienced sexual abuse, physical abuse, human trafficking, migration trauma and many other traumas associated with poverty and immigration. In fact,the majority of those who come to us for help endorse having suffered a traumatic event such as migration trauma, domestic violence, or suffering a crime perpetrated against them.

El Futuro's multidisciplinary team includes clinically trained social workers, child psychologists, child and adolescent psychiatrists, substance abuse counselors and a marriage and family therapist. Our bilingual staff provides informed and culturally sensitive treatment that is designed to provide lasting care not only for the individual but for the entire family.

Because we provide such a unique and needed service, individuals come from throughout the region to find help at one of our clinics. We do not seek a quick fix solution but rather work towards long-term sustainable changes that will help individuals feel better (clinical improvement) and function better (socially, physically, occupationally, scholastically and in the home setting). At El Futuro we work to fulfill our name by offering a hopeful future or "El Futuro" for youth and their families.

Statistics from FiscalY 2015:

- 1,496 people served with 8,958 sessions of psychiatry and therapy treatment; averaging 6 visits per person
- Of these, 261 were from Orange County.
- 99% of people served were financially needy per Federal Poverty Level guidelines.
- We closely monitor our services to ensure quality.
  - 82% demonstrated clinical improvement or maintained their symptoms(less depressed, anxious, psychotic, improved behavior, less substance use, etc.)
  - 87% had improved or maintained functioning (socially, physically, occupationally, academically, in home)
  - In surveys of our former clients, 96% of respondents reported feeling helped, respected and indicated they would recommend El Futuro's services to friends or family.

In 2014, El Futuro received the state's highest honor for nonprofits from the N.C. Center for Nonprofits - the Nonprofit Sector Stewardship Award.

d) Agency's Experience with Similar Programs as the Funding Request

Over the last 11 years, El Futuro has consistently provided such programs for residents of Orange County. We have routinely met deliverables and yielded positive annual financial audits by an independent firm. Foundations and government entities have provided repeat funding based upon the excellent performance of El Futuro in carrying out programs and accomplishing goals set forth. The quality of work has been high. Each year, local universities send professional students to El Futuro for year-long training internships.

e) Other Pertinent Agency Information

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Latino Immigrant Child and Family Mental Health Treatment Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition	x	x	x	x	x
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

The program directly addresses high priority needs of the Towns and County - accessible and affordable mental health and substance use treatment for low income Latino residents. The proposed services are a continuation of successful efforts made by El Futuro and further development of these services.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The Orange County Board of Health 2014 - 2016 Strategic Plan identifies three main priorities. One of those is Substance Abuse/Mental Health. The plan specifies increasing capacity of available mental health and substance abuse services as well as increasing access to those services. The strategic plan is consistent with past Orange County community health assessments that have highlighted issues faced by the Latino population in accessing affordable and appropriate mental health/substance use treatment.

Over the last year and a half, the Orange County Health Department has led an impressive collaboration known as the Family Success Alliance (FSA) to eliminate the disparities in health, academic and employment outcomes for children and families in Orange County. Two high needs zones were identified to focus efforts on in order to create a pipeline of cradle to career services. The FSA conducted a comprehensive community survey of residents in those zones to establish priorities. Top priorities include increasing support for Latino families and mental health support/treatment.

Town of Chapel Hill Human Service Needs Assessment of 2012 identified needs that continue to be palpable today. Access to affordable health services was the second greatest need behind affordable housing. The report cited problems with many providers not accepting Medicaid, problems with access to affordable healthcare for low to middle income and Limited English Proficiency (LEP) populations, the need for mental health services for low income populations, and lack of substance use treatment programs.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

El Futuro is committed to helping the underserved Latino community of Orange County. We are committed to growing our services especially in zones 4 and 6 as defined by the Family Success Alliance collaborative. However, our services are open to individuals from any location within the county. Eighty-percent of Orange County residents served in the last 6 months by El Futuro live in the two identified zones. Zone Navigators who are working with the FSA collaborative are identifying children and families in need and facilitating referrals to El Futuro. In addition, our community partners also refer individuals for help when needed. El Futuro also works in the schools and closely with school personnel to identify at-risk students. Ninety-eight percent of those served by El Futuro identify as Latino or Hispanic. The majority of those who come to El Futuro are uninsured and almost all have a family income below 200% of the federal poverty level. Family separation, exposure to trauma, and the need to escape violence in their home countries, combined with acculturation stresses here in the US, can predispose the Latino community to a trajectory of school/work failure, mental illness, and addictions. Many El Futuro helps have come to the US as unaccompanied minors, victims of human trafficking, and/or survivors of traumas known as Adverse Childhood Experiences (ACE's). The term ACE has developed over the last several years because many individuals in low wealth communities have suffered an Adverse Childhood Experiences. These experiences are known to significantly affect the developing brain and have long term negative consequences if the individual is not treated and helped.

e) Who specifically will carry out the activities and in what location will they be carried out?

Our staff of bilingual, culturally appreciative staff has clinical licenses in their respective areas of psychotherapy and psychiatry. They have extensive experience with Spanish speaking youth and families in Orange County and will use these skills and areas of expertise to their work in the program.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The activities are ongoing with an overall goal to grow El Futuro's service delivery in Orange County over the coming year. El Futuro provides services at our Durham clinic location Monday through Saturday but most of the services with this program will occur during the work week. At this time, the main locations for services El Futuro provides in Orange County are at area schools in Orange County and at Piedmont Health Center clinics in Orange County. Through our collaboration with the FSA, we hope to expand our work during the funding period. This will follow strategic planning priorities of the FSA.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

Over the last eleven years of providing clinical services to Orange County, Chapel Hill and Carrboro residents, El Futuro has been able to build strong relationships with outside agencies to accomplish and enhance our program goals. El Futuro's Executive Director is a member of the Family Success Alliance (FSA) Advisory Council and part of the Changing Generations United Way FSA Collaborative with eight other Orange County nonprofits. Through open communication and collaboration, these community partners work with us daily:

- **Chapel Hill-Carrboro City Schools and Orange County Schools** - We have grown our work in the schools. We provide informative parent nights, work with school teachers and staff daily to address behavior problems, emotional issues kids are having, and work to support families. We offer treatment groups for high-risk students and family members.
- **Crisis Counseling Agencies and Programs** - The Compass Center, Orange County Rape Crisis Center, Chapel Hill Police Crisis Unit, Chapel Hill Police Department Crisis Unit - individuals present to these agencies who provide crisis counseling and often find the person suffering from mental health or substance use disorders. They in turn call El Futuro to provide the needed services for Spanish speaking Latino victims.
- **Piedmont Health Services** - We provide treatment to individuals at the Prospect Hill and Carrboro Community Health Centers. Because many people present to their primary doctor with mental health and substance abuse issues and because many feel a bond of trust with providers at those centers, we have adapted our services to help individuals and families on-site when the problems are present and individuals are ready for treatment.
- **Cardinal Innovations Managed Care Organization (MCO)** - while Cardinal Innovations does not provide support to individuals unless they provide proof of citizenship, they do manage Medicaid funding and provide reimbursement for those who can prove citizenship and so we contract to provide those services.
- **Allied Behavioral Health Organizations:** UNC Hospital and Medical School, the Department of Psychiatry "Center for Excellence", Freedom House, Kidscope, and Mental Health America of the Triangle are several organizations who provide services in our community who work with El Futuro to help Latino Spanish speaking individuals get the level of care they need.
  El Centro Hispano is a trusted partner we routinely collaborate with to help reduce the stigma of mental illness in the Latino community and El Centro refers many people to El Futuro for help.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

This funding is instrumental in several ways and the program would be negatively affected if the full amount is not awarded at all or if a reduced allocation is recommended. First and foremost, fewer individuals who desperately need treatment would receive services in Orange County. By

not offering timely help, individuals would be forced to seek help elsewhere. Unfortunately, in our community, despite Orange County being relatively resource rich, behavioral health services for Latinos are very lacking outside of those offered by El Futuro. Second, funding from local government is a key way El Futuro demonstrates buy-in, support and credibility. This is leveraged to gain other funding from foundations and individuals. Iif not funded, El Futuro would not have as strong a case for such additional funding.

i) Include any other pertinent information.

In early 2015, El Futuro closed its Carrboro clinic due to the continued lack of support from Cardinal Innovations MCO to give reimbursement for services provided to undocumented individuals. The result has been mixed. Our overall level of service has dropped with a 31% reduction in number of individuals served during 2015 compared to the previous calendar year 2014 (from 296 to 204). However, El Futuro has worked to redevelop its service delivery model in order to adapt to the funding realities and changing landscape of community need. We have been part of developing collaborations with the Family Success Alliance to address that need. In early 2016 we finalized an MOU with Orange County Schools and now are delivering services in the school setting. We continue to provide daily walk-in services at our nearby Durham clinic where many individuals make the short drive to our office to seek help. We have grown our partnership with Piedmont Health Services to integrate behavioral healthcare in the primary care setting at their Orange County Clinics. All of these efforts and other emerging partnerships illustrate how El Futuro is growing its services through an adapted model in order to have a long term, sustained presence in the County.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Latino Immigrant Child and Family Mental Health Treatment Program

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	120	83	91
Female	141	97	107
Total	261	180	198

Of the females, how many are single-female Head of Households (Omit for Human Services)	N/A	N/A	N/A
Ethnicity			
African-American			
American Indian or Alaska Native			
Asian			
Caucasian	3	3	3
Native Hawaiian or other Pacific Islander			
Other	258	177	195
Total	261	180	198
Of the above, how many Hispanic/Latino	258	177	195
Of the above, how many non-Hispanic/Latino	3	3	3
Total	261	180	198
Age			
0-5 years	4	4	5
6-18 years	92	63	69
19-50 years	147	101	111
51-61 years	13	9	10
62+ years	5	3	3
Total	261	180	198
Geographic Location			
Durham City			
Durham County			
Carrboro	61	42	46
Chapel Hill	155	107	118
Chapel Hill Public Housing Residents			
Orange County	45	31	34
Raleigh			
Wake County			
Total	261	180	198
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			

MAIN APPLICATION

Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	0.5	30%	52,605	53,605	53,605	3.53%	
Psychiatrist	0.5	30%	100,000	100,000	100,000	6.58%	
4 Support Staff	1	30%	233,803	235,000	238,000	15.67%	
2 Office Assistants	0.5	40%	39,184	40,884	42,000	2.76%	
1 Licensed Clinical Social Worker	1	30%	46,127	48,537	50,000	3.29%	
1 Licensed Clinical Social Worker	1	30%	55,668	56,000	57,000	3.75%	
1 Licensed Clinical Social Worker	0.4	30%	15,120	16,000	16,500	1.09%	
4 Licensed Professional Counselors	1	30%	210,677	212,000	214,000	14.09%	
3 Support Staff	1	30%	84,983	86,000	87,500	5.76%	
2 Licensed Substance Abuse Counselors	0.75	40%	69,994	72,994	75,000	4.94%	
1 Licensed Professional Counselor	0.4	30%	16,001	0	0	0.00%	
1 Development Director	0.5	0%	0	39,185	42,000	2.76%	
1 Psychiatrist	1	30%	0	114,795	150,000	9.87%	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:
  Total Volunteer Hours = Volunteer FTE 1,960

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below.**

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date: 1/25/16

Signature: _____ Board Chairperson — Date: 1/25/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

MAIN APPLICATION

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1			
Program Goal	225 individuals served	225 individuals served	225 individuals served
Performance Measures	Contact sheets kept of every client contact.	Contact sheets kept of every client contact.	Contact sheets kept of every client contact.
Program Results	261	180	198
Program Activity 2			
Program Goal	70% percent of individuals served will experience an improvement or stabilization in clinical symptoms such as depression, anxiety and PTSD	70% percent of individuals served will experience an improvement or stabilization in clinical symptoms such as depression, anxiety and PTSD	70% percent of individuals served will experience an improvement or stabilization in clinical symptoms such as depression, anxiety and PTSD
Performance Measures	Demographic information from the contact sheets will be compiled, reviewed and compared to the baseline data. Clinical symptoms will be measured with several standardized instruments administered pre/post intervention.	Demographic information from the contact sheets will be compiled, reviewed and compared to the baseline data. Clinical symptoms will be measured with several standardized instruments administered pre/post intervention.	Demographic information from the contact sheets will be compiled, reviewed and compared to the baseline data. Clinical symptoms will be measured with several standardized instruments administered pre/post intervention.
Program Results	82%	70%	70%
Program Activity 3			
Program Goal	60% of individuals served will experience an improvement or stabilization in functional indicators, such as the ability to work, etc.	60% of individuals served will experience an improvement or stabilization in functional indicators, such as the ability to work, etc.	60% of individuals served will experience an improvement or stabilization in functional indicators, such as the ability to work, etc.
Performance Measures	Demographic information from the contact sheets will be compiled, reviewed and compared to the baseline data. Functional symptoms will be measured with several standardized instruments administered pre/post intervention.	Demographic information from the contact sheets will be compiled, reviewed and compared to the baseline data. Functional symptoms will be measured with several standardized instruments administered pre/post intervention.	Demographic information from the contact sheets will be compiled, reviewed and compared to the baseline data. Functional symptoms will be measured with several standardized instruments administered pre/post intervention.
Program Results	87%	60%	60%
Program Activity 4			
Program Goal	90% of clients served will express satisfaction with the services received at El Futuro and state they are helped with their presenting problem	90% of clients served will express satisfaction with the services received at El Futuro and state they are helped with their presenting problem	90% of clients served will express satisfaction with the services received at El Futuro and state they are helped with their presenting problem
	Volunteers will call individuals within one month of the date they receive their service at El Futuro and ask questions	Volunteers will call individuals within one month of the date they receive their service at El Futuro and ask questions	Volunteers will call individuals within one month of the date they receive their service at El Futuro and ask questions

Program Activity 4			
Program Goal	90% of clients served will express satisfaction with the services received at El Futuro and state they are helped with their presenting problem	90% of clients served will express satisfaction with the services received at El Futuro and state they are helped with their presenting problem	90% of clients served will express satisfaction with the services received at El Futuro and state they are helped with their presenting problem
Performance Measures	Volunteers will call individuals within one month of the date they receive their service at El Futuro and ask questions from a survey.	Volunteers will call individuals within one month of the date they receive their service at El Futuro and ask questions from a survey.	Volunteers will call individuals within one month of the date they receive their service at El Futuro and ask questions from a survey.
Program Results	96%	90%	90%

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

See attached.

Section III. Program Information
Program Budget Worksheet

AGENCY NAME: El Futuro, Inc.

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
PROGRAM REVENUE				
Private Donations	$ 61,895	$ 40,000	$ 45,000	13%
Program Generated Revenue (fees)	$ 150,254	$ 105,000	$ 115,000	10%
Local Government Grants:				
Orange County	$ 27,500	$ 27,500	$ 27,500	0%
Town of Chapel Hill	$ 6,000	$ 6,000	$ 6,000	0%
Town of Carrboro	$ 5,000	$ 5,000	$ 5,000	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 18,459	$ 18,459	$ 20,000	8%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 96,787	$ 60,000	$ 64,000	7%
Please list 3 largest Miscellanous sources:				
Orange County ABC $ 18,000.00				
AHEC $ 15,600.00				
PCORI $ 14,692.00				
Total Program Revenue	**$ 365,894**	**$ 261,959**	**$ 282,500**	**8%**
PROGRAM EXPENSES				
Compensation	$ 277,248	$ 182,609	$ 198,260	9%
Rent & Utilities	$ 30,577	$ 31,500	$ 33,300	6%
Supplies & Equipment	$ 400	$ 450	$ 480	7%
Travel & Training	$ 1,974	$ 2,400	$ 2,460	3%

Other Expenses:	$ 55,695	$ 45,000	$ 48,000	7%
Please list 3 largest "Other Expenses":				
Contract clinical work $ 36,544.00				
Insurance $ 5,995.00				
Accounting/auditing $ 3,300.00				
Total Program Expenses	**$ 365,894**	**$ 261,959**	**$ 282,500**	**8%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 0**	**$ -**	**$ -**	**0**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Latino Immigrant Child and Family Mental Health Treatment Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Individual Therapy Visits	$231	1,221	$282,500
		Total	$282,500

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$365,894**	**$261,959**	**$282,500**
Total # of Units	**1,686**	**1,163**	**1,221**
Cost Per Unit	**$217**	**$225**	**$231**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section III. Program Information
Program Budget Worksheet

AGENCY NAME: El Futuro, Inc.

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
PROGRAM REVENUE				
Private Donations	$ 61,895	$ 40,000	$ 45,000	13%
Program Generated Revenue (fees)	$ 150,254	$ 105,000	$ 115,000	10%
Local Government Grants:				
Orange County	$ 27,500	$ 27,500	$ 27,500	0%
Town of Chapel Hill	$ 6,000	$ 6,000	$ 6,000	0%
Town of Carrboro	$ 5,000	$ 5,000	$ 5,000	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 18,459	$ 18,459	$ 20,000	8%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 96,787	$ 60,000	$ 64,000	7%
Please list 3 largest Miscellanous sources:	$ 3			
Orange County ABC — $ 18,000.00				
AHEC — $ 15,600.00				
PCORI — $ 14,692.00				
Total Program Revenue	**$ 365,894**	**$ 261,959**	**$ 282,500**	**8%**
PROGRAM EXPENSES				
Compensation	$ 277,248	$ 182,609	$ 198,260	9%
Rent & Utilities	$ 30,577	$ 31,500	$ 33,300	6%
Supplies & Equipment	$ 400	$ 450	$ 480	7%

Travel & Training	$ 1,974	$ 2,400	$ 2,460	3%
Other Expenses:	$ 55,695	$ 45,000	$ 48,000	7%
Total Program Expenses	**$ 365,894**	**$ 261,959**	**$ 282,500**	**8%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 0**	**$ -**	**$ -**	**0**

Please list 3 largest "Other Expenses":

Contract clinical work	$ 36,544.00
Insurance	$ 5,995.00
Accounting/auditing	$ 3,300.00

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **EmPOWERment, Inc.**

Program(s) Funding for Property Manager

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☑ *Applicant Contact Information* b. ☑ *Project/Program Contact Information* c. ☑ *Funding Requests Identified* d. ☑ *Signed Application Cover Page*	
2. Agency Information -	a. ☑ *Agency's Years in operation* b. ☑ *Agency's Purpose/Mission* c. ☑ *Agency's Types of Services Provided* d. ☑ *Agency's Experience* e. ☑ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☑ *Type of Application and Program Identified* b. ☑ *Summary of Program* c. ☑ *Description of Identified Need* d. ☑ *Description of Population to be Served* e. ☑ *Activity Manager and Location Description* f. ☑ *Activity Implementation Timeline* g. ☑ *Agency Collaboration* h. ☑ *Describe Impact of Reduced/No Allocation* i. ☑ *Other Pertinent Information* none j. ☑ *Complete Target Population/Beneficiary Chart* k. ☑ *Complete Schedule of Positions* l. ☑ *Signed Conflict of Interest Disclosure* m. ☑ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☑ ***Program Budget Worksheet*** **b.** ☑ ***Program Budget Detail*** **c.** ☑ ***Cost Per Unit*** **d.** ☑ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: EmPOWERment, Inc.

Applicant Organization's Physical Address: 109 N. Graham Street, Suite 200, Chapel Hill, NC 28516

Applicant Organization's Mailing Address: 109 N. Graham Street, Suite 200, Chapel Hill, NC 28516

Applicant Organization's Web Address: www.empowermentinc-nc.org

Executive Director: Delores Bailey

Telephone Number: 919-967-8779 E-Mail: empowermentincnc@gmail.com

DUNS Number: 00-344-2803
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Funding for Property Manager

Project/Program Primary Contact and Title: LaTanya Davis, Property Manager

Telephone Number: 919-967-8779 E-Mail: lddavis67@gmail.com

c) Funding Request Identification

Total Project/Program Cost: $185.083 Total Amount of Funds Requested: $70,000.00 $55,000 program budget

Proposed Use of Funds Requested (2-3 Line Maximum): The total use of funds requested is for property manager and property manager assistant.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$15,000	XXX☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☐ Human Services: ☐ Carrboro $10,000 ☐ Chapel Hill $20,000 ☐ Orange County $25,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Delores Bailey — 1-21-16
Executive Director — Date

Signature: Yvonne J Estrine — 1-21-16
Board Chairperson — Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
Years in Operation: 19
Date of Incorporation: March 27, 1996

b) Agency's Purpose/Mission
The mission of EmPOWERment, Inc. is to empower people and communities to determine their own destinies through affordable housing, community organizing and grassroots economic development.

c) Types of Services the Agency Provides
With funding provided through the Human Services Grant, EmPOWERment, Inc. has created a one-stop shop for affordable rental programs and services. EmPOWERment, Inc. is the primary provider of much needed affordable rentals in Orange County. Local agencies such as Social Services, the Interfaith Council, Community Empowerment Fund, and Housing for New Hope and area churches are able to refer individuals and/or families that are in need of a safe, clean and affordable place to live. This fiscal cycle the affordable rental program will increase its services to include more Housing Choice voucher holders, veterans, more individuals transitioning from homelessness, senior and disabled populations. The property manager position is responsible for the management of 46 rental units throughout Orange County. These units are made available for families and individuals at income levels that range from moderate to low-low.

d) Agency's Experience with Similar Programs as the Funding Request

- EmPOWERment Inc. collaborates with Social Services, Habitat for Humanity, Community Home Trust, Interfaith Council, Housing for New Hope, Club Nova, UNC Chapel Hill School of Medicine Department of Psychiatry and Community Empowerment Fund to help place qualified residents in affordable rental units. We provide a range of services that include: assisting with acquiring rental housing, securing utility services and transitioning into home ownership.

- We are partners with Project Homeless Connect providing counseling services when possible and making homeless persons who are ready for apartment living a priority. We work diligently with case workers to help some of these tenants secure rent or utility deposits. EmPOWERment, Inc. continues to assist families in transitioning from various states of homelessness into permanent housing. In this effort we worked closely with Housing for New Hope and Social Services on projects such as the Rapid Re-Housing Program and Orange County Partnership.

- We work constantly with the Police Department, our neighborhood Watch Program and with UNC students and administrators to address the needs of underserved individuals in our community through program assistance and information sharing.

- EmPOWERment, Inc. continues to work with the TABLE program. This collaboration allows elementary age children of our residents to participate in TABLE's weekend backpack food program.

- The Executive Director of EmPOWERment is the co-chair of Justice United, with whom we actively collaborate to bring light to neighborhood issues that may require Town Council attention. In conjunction with Justice United, the UNC Chapel Hill School of Law Clinic and the Orange County Department of Housing, Human Rights and Community Development, we have participated in discussion with landlords about the conditions of their units and necessary improvements.

- EmPOWERment, Inc. continues to collaborate with Chapel of the Cross Church and local developers to provide free gently used furniture and appliances to low income families.

- We have partnerships with local churches and faith based organizations to provide temporary financial assistance to residents in need. In early 2015 the i3Cares Foundation awarded EmPOWERment, Inc. a donation to establish an emergency assistance program. The fund provides assistance with rent and utilities when tenants are experiencing financial hardships.

- We continue to partner with Community Empowerment Fund to transition homeless individuals into permanent housing through "home sharing" as housemates when possible.

e) Other Pertinent Agency Information

EmPOWERment's, Inc. targeted neighborhoods are those that are traditionally African American, emerging Latino and low wealth. Our community outreach involves grassroots organizing primarily through our monthly Community Outreach Meeting. We stay connected to the residents by handing out flyers door-to-door to inform them about upcoming neighborhood events. The events that we sponsor include block parties, initiatives targeting student engagement in the neighborhood and the Rogers Road back to school project. We are members of Orange County Justice United (co-chaired by Delores Bailey, Executive Director) that addresses issues such as affordable housing, tenants' rights, living wage and the basic needs of the underserved populations throughout Orange County.

We work closely with the following agencies that serve a diverse clientele:

Project Connect
Department of Social Services
Rapid Rehousing
Housing Choice
Housing for New Hope
The Interfaith Council
The Orange County Public Schools
Community Empowerment Fund
Mental Health Carolina Outreach
Triangle Family Services
Orange County Justice United
Local Churches
Club Nova
Habitat for Humanity
Community Home Trust
UNC School of Law
UNC School of Medicine Dept of Psychiatry
Freedom House
Oxford House
UNC Horizons
Cardinal Innovations Health Care Solutions
TABLE
Family Success Alliance

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: EmPOWERment, Inc.

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

xxx☐ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education (Housing Counseling)		X	X	X	X
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing		X	X	X	X
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Process for filling vacancies includes the following services	
Unit Turnover	**Cleaning and repairs**
Receiving Applications	**Through online submission and in office visits**

Application Processing	**Income and Rental Verifications and Reference Check**
Pre Counseling	**Selection from verified applications on the wait list; Most recent verifications reviewed**
Lease Signing/ Document signing/ Deposit	
Move In Procedure and Check list	**Walk through, utilities transferred to tenant**
Collection/ Deposit of Rent Payments	
Late Notices and Evictions	
Generating Monthly Rent Rolls, Board Reports and Quarterly Reports	

EmPOWERment's Rental Program services also include:

Scheduling and overseeing repair requests
Counseling for tenants with financial hardship
Coordinating and facilitating Tenant Association Meetings
Performing annual HQS inspections
Managing annual tenant recertification
Managing program payable and receivables using Quickbooks
Overseeing court ordered community service workers for routine property maintenance
Maintaining rental files

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The Orange County 5 Year consolidated plan has Housing as a "High Priority" item that includes providing safe and affordable rental units for low to moderate income families. EmPOWERment's rental program fully embodies that objective.
Town/Council goal - Adopt and implement affordable housing strategies.
Town/Council Programs - Housing and Community: Rental Housing for Low-Income Families; Maintenance Services: Resident Services

The EmPOWERment, Inc., rental program has a proven track record of implementing safe, clean and affordable places for low to moderate income families to live. We have provided these services for the past 15 years. Our inventory of units has increased to 39 owned by the organization and 7 that we manage for private landlords. EmPOWERment uses a tracking log to keep account of the number of telephone calls, in office visits and applications submitted requesting housing. In 2015 we fielded approximately 575 inquiries for rental homes. Many of the individuals seeking housing are below the poverty level and were referred to us through our collaborative efforts with other social service agencies. Seventy-seven percent of the inquiries and applications submitted were from minority populations and 100% were below the 80% level. We have found that approximately 60% of our inquiries are from female heads of households that include young children. The major property management agencies in the area are no longer accepting Housing Choice Vouchers. EmPOWERment gives these individuals priority because those individuals have a limited amount of time to use their vouchers.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Orange County, with emphasis in the Northside and Pine Knolls communities of the Town of Chapel Hill, and the Town of Carrboro. The population includes those individuals whose income falls below the 80% area income. They are identified through the application and verification process.

e) Who specifically will carry out the activities and in what location will they be carried out?

The Property Manager and her team carry out all program activities. They operate out of the EmPOWERment Office located in the Midway Business Center, Chapel Hill, NC. EmPOWERment, Inc. has been in the property management business for 15 years. All of the EmPOWERment staff, UNC Bonner students (4) and volunteers are trained to help with the Rental Program. Our current property manager, LaTanya Davis, is a master's prepared Broker-in-Charge with over twenty years of experience that allows her to manage units that do not belong to EmPOWERment. We manages 7 rental properties that are privately owned along with the 39 units that we currently own. Ms. Davis has been the Property Manager for eight years, overseeing the Rental Property management program including but not limited to: rental counseling, apartment turnovers, maintenance, negotiating with vendors and rent collection. Reporting to the Property Manager is the Assistant Property Manager, Melissa Fitzpatrick. This role works with tenants, handles administrative rental duties, data collection and Website management of the Rental Program. Sarita Nwachuku, the Director of Community Programs, has a BS in Business Management and spends 30% of her time supporting the Rental Program. She manages registration of clients, phone calls, issue follow-up and resolution and rent collections. Volunteers assist with administrative duties and apartment turn-overs. The four Bonner students are UNC students who spend four years with EmPOWERment to complete their work-study hours. They are trained to work on many aspects of the Rental Program with Ms. Davis and provide tremendous support. The Executive Director, Delores Bailey, has 14 years of rental property management experience with EmPOWERment, Inc. With the approval of the Board, Ms. Bailey researches and negotiates potential affordable rental projects. These units will be included in EmPOWERment's affordable rental inventory.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Jan	Feb	March	April	May	June	July	August	September	Oct	November	Dec
				Tenant Association Meeting		HQS Inspections and Recertification				Tenant Surveys and Tenant Association Meeting	

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

1. Provide Housing and counseling for individuals that come through their programs in collaboration with:

Department of Social Services
Rapid Rehousing
Housing Choice
Housing for New Hope
Freedom House
Oxford House
UNC Horizons
Cardinal Innovations Health Care Solutions
UNC School of Medicine Department of Psychiatry

2. We work closely with the following agencies to provide Emergency funding sources to prevent evictions and utility disconnections:

The Interfaith Council
Local Churches
JOCCA

3. Collaborate to find resources for financial planning to ensure property budgeting and to provide emergency financial assistance when needed:

Community Empowerment Fund

4. Partner to provide weekend back packs to school age children:

TABLE

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

A full time property manager is essential to fulfill the many requirements of the role in order to best serve the community's growing needs. Daily issue resolution, problem solving, education and proactive counseling requires full time support. Without a full time property manager, the number of families helped would decrease because of the lack of service time and support provided. The program could continue with a reduction in services and the timeliness of response and service would be greatly diminished. The current number of 575+ community member inquiries fielded would be greatly diminished.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: xx☐ **Persons** ☐ **Households** ☐ **Units**

Program: EmpOWERment Rentals

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	196	229	240
Female	345	346	363
Total	541	575	603
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	364	387	406
American Indian or Alaska Native	0	0	0
Asian	6	3	3
Caucasian	125	171	179
Native Hawaiian or other Pacific Islander	0	0	0
Other: Hispanic	46	14	15
Total	541	575	603
Of the above, how many Hispanic/Latino	46	14	15
Of the above, how many non-Hispanic/Latino	495	561	588
Total	541	575	603
Age			
0-5 years	106	66	69
6-18 years	127	59	62
19-50 years	193	255	267
51-61 years	90	143	153
62+ years	25	47	52
Total	541	575	603
Geographic Location			
Durham City			
Durham County			
Carrboro	131	335	352
Chapel Hill	394	240	251

Chapel Hill Public Housing Residents			
Orange County	16	0	0
Raleigh			
Wake County			
Total	541	575	603
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income		61%	61%
31-50% Area Median Income		17%	17%
51-80% Area Median Income		22%	22%
> 80% Area Median Income	0	0	0
Total	0	100%	100%
Special Needs (Omit for HS)			
Elderly (Over 62)		47	52
Disabled (not elderly)			
Homeless			
People with HIV/AIDS			
Total	0	47	52

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family Income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	1 person	2 people	3 People	4 People	5 people	6 people	7 People	8 people
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Property Manager	1	100%	56272	56272	59086		H
Assistant Manager	.5	100%	3571	8000	16000		
Director of Community Programs	.8	30%	32981	32981	34630		
Executive Director	1	30%	74304	74304	78019		H
Community Service Volunteers	1	50%					
Bonner Students	1	60%					
Finance Manager	.25	40%	7689	7689	873		
Housing Counselor	1	5%	16148	0	0		
FSA Navigator	1	0%	7450	37440	37440		
Career Explorers	1	20%	1089	15000	15000		

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates?

YES NO

☐ XX☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ XX☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ XX☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ XX☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Delores Bailey — Executive Director — Date: 1-21-16

Signature: Mary J Eatmon — Board Chairperson — Date: 1-21-16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

Program Activity	Increase # of rental units	Increase # of rental units	Increase # of rental units
Program Goal	Increase by 2	Increase by 8	increase by 2
Performance Measures	Document new rental units on spreadsheet	Document new rental units on spreadsheet	Document new rental units on spreadsheet
Program Results	1		
Program Activity 2	Housing for homeless	Housing for Homeless	Housing for Homeless
Program Goal	2	2	
Performance Measures	Collaborations with other agencies to chart homeless population served	Collaborations with other agencies to chart homeless population served	Collaborations with other agencies to chart homeless population served
Program Results	2		
Program Activity 3	Work with agencies to support low vacancy rate	Work with agencies to support low vacancy rate	Work with agencies to support low vacancy rate
Program Goal	Maintain 92% vacancy	Maintain 92% vacancy	Maintain 92% vacancy
Performance Measures	Chart monthly vacancies	Chart monthly vacancies	Chart monthly vacancies
Program Results	98.50%		
Program Activity 4	Complete annual housing inspections	Complete annual housing inspections	Complete annual housing inspections
Program Goal	Complete 80% of inspections.	Complete 80% of inspections	Complete 80% of inspections
Performance Measures	Chart completed inspections on spreadsheet	Chart completed inspections on spreadsheet	Chart completed inspections on spreadsheet
Program Results	100%		
Program Activity 5	Increase Rental Stock	Increase Rental Stock	Increase Rental Stock
Program Goal	Convert unit to be leased	Convert unit to be leased	Convert unit to be leased
Performance Measures	Unit become tenant occupied	Unit become tenant occupied	Unit become tenant occupied
Program Results	1 unit converted		

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

***Program budget below does not reflect mortgage costs on rental properties.**
***This report is completed based on EmPOWERment's calender year.**

Program Budget

Agency/Program: EmPOWERment, Inc - Rentals

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations				0
Agency Generated Revenue (fees)	$ 301,832	$ 310,887	$ 320,213	3%
Local Government Grants:				
Orange County	$ 20,000	$ 20,000	$ 25,000	25%
Town of Chapel Hill	$ 13,500	$ 13,500	$ 20,000	48%
Town of Carrboro	$ 9,500	$ 10,000	$ 10,000	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 344,832**	**$ 354,387**	**$ 375,213**	**6%**
AGENCY EXPENSES				
Compensation	$ 58,707	$ 65,000	$ 75,086	16%
Rent & Utilities	$ 26,457	$ 27,251	$ 28,068	3%
Supplies & Equipment	$ 41,227	$ 42,464	$ 43,738	3%
Travel & Training				0
Other Expenses:	$ 58,692	$ 60,453	$ 62,266	3%
Please list 3 largest "Other Expenses":				
Management Fees $ 30,520.00				
HOA Dues $ 24,883.00				
Property Tax $ 2,836.00				
Total Agency Expenses	**$ 185,083**	**$ 195,168**	**$ 209,158**	**7%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 159,749**	**$ 159,219**	**$ 166,055**	**4%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Rentals

Cost Elements	Cost/hr	Quantity/Unit of measure	Subtotal ($)
Property Manager	$22.11	2080 hours (40 hrs/week X 52 wks/yr)	$46,000.00
Assistant Property Manager	$ 8.65	1040 hours (20 hrs/week X 52 wks/yr)	$ 9,000.00
		Total	**$55,000.00**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$185,083.00**	**$195,168.00**	**$209,158**
Total # of Units	**542**	**575**	**603**
Cost Per Unit	**$341.48**	**$339.42**	**$346.86**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: EmPOWERment, Inc

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 9,317	$ 9,597	$ 9,884	3%
Agency Generated Revenue (fees)	$ 18,240	$ 18,787	$ 19,351	3%
Local Government Grants:				
Orange County	$ 20,000	$ 20,000	$ 25,000	25%
Town of Chapel Hill	$ 40,897	$ 40,500	$ 47,000	16%
Town of Carrboro	$ 9,500	$ 9,500	$ 10,000	5%
Other Local:				0
Other Local:				0
Other Local: Orange County - FSA	$ 24,384	$ 24,384	$ 24,384	0%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government	$ 43,414			0
Federal Government				0
Other Grants: Initative	$ 3,250	$ 2,250		-100%
Other Grants:				0
Miscellaneous/Other Revenue	$ 394,414	$ 406,246	$ 418,434	3%
Please list 3 largest Mscellanous sources:				
Rental Income $301,832.00				
Property Sale $ 38,500.00				
MBC Income $ 44,963.00				
Total Agency Revenue	**$ 563,416**	**$ 531,264**	**$ 554,053**	**4%**
AGENCY EXPENSES				
Compensation	$ 199,504	$ 205,489	$ 211,654	3%
Rent & Utilities	$ 186,074	$ 191,656	$ 197,406	3%
Supplies & Equipment	$ 26,872	$ 27,678	$ 28,509	3%
Travel & Training	$ 3,426	$ 3,529	$ 3,635	3%
Other Expenses:	$ 153,702	$ 158,313	$ 163,062	3%
Please list 3 largest "Other Expenses":				
Rental Property $126,375.00				
Audit $ 8,548.00				
Resale Expense $ 5,016.00				
Total Agency Expenses	**$ 569,578**	**$ 586,665**	**$ 604,266**	**3%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (6,162)**	**$ (55,401)**	**$ (50,213)**	**9%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency _Fairview Community Watch____

Program(s) __Summer Park Monitors Program_____

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** x☐ ***Applicant Contact Information*** **b.** x☐ ***Project/Program Contact Information*** **c.** x☐ ***Funding Requests Identified*** **d.** x☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** x☐ ***Agency's Years in operation*** **b.** x☐ ***Agency's Purpose/Mission*** **c.** x☐ ***Agency's Types of Services Provided*** **d.** x☐ ***Agency's Experience*** **e.** x☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** x☐ ***Type of Application and Program Identified*** **b.** x☐ ***Summary of Program*** **c.** x☐ ***Description of Identified Need*** **d.** x☐ ***Description of Population to be Served*** **e.** x☐ ***Activity Manager and Location Description*** **f.** x☐ ***Activity Implementation Timeline*** **g.** x☐ ***Agency Collaboration*** **h.** x☐ ***Describe Impact of Reduced/No Allocation*** **i.** x☐ ***Other Pertinent Information*** **j.** x☐ ***Complete Target Population/Beneficiary Chart*** **k.** x☐ ***Complete Schedule of Positions*** **l.** x☐ ***Signed Conflict of Interest Disclosure*** **m.** x☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ***x☐ Program Budget Worksheet*** **b.** ***x☐ Program Budget Detail*** **c.** ***x☐ Cost Per Unit*** **d.** ***x☐ Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A. ☐ Part A:** ***CDBG & HOME*** **B. ☐ Part B*: Construction/Rehab***	
6. Attachments	**a.** ***NA☐ Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ***x☐ IRS Federal Form 990*** **c.** ***NA☐ NC Solicitation License*** **d.** ***x☐ IRS Federal Tax-Exemption Letter*** **e.** ***NA☐ Certificate of Insurance*** **f.** ***x☐ List of Board of Directors*** **g.** ***x☐ Articles of Incorporation/Bylaws*** **h.** ***x☐ Authorization to Request Funds*** **i.** ***x☐ Authorized official designation*** **j.** ***NA☐ Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Fairview Community Watch

Applicant Organization's Physical Address: 555Homemont Ave., Hillsborough

Applicant Organization's Mailing Address: Same

Applicant Organization's Web Address: _____

Executive Director: Dorothy N. Johnson

Telephone Number:919-732-5429 E-Mail: johnson555v@nc.rr.com

DUNS Number: _____
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Fairview Community Watch Park Monitors

Project/Program Primary Contact and Title: Dorothy Johnson, Executive Director (President)

Telephone Number:919-732-5429 E-Mail: johnson555v@nc.rr.com

c) Funding Request Identification

Total Project/Program Cost: $6,000 Total Amount of Funds Requested: $6,000*
* This amount includes funds to cover June 2016 and June 2017 in order to sync this program with the Orange County grant funds fiscal year of July 2016 – June 2017.
Proposed Use of Funds Requested (2-3 Line Maximum): Monies will be used to hire monitors that would support park activities for the Fairview Community Park during the period from June – September 2016 and June 2017.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

x☐ Human Services: ☐ Carrboro $_____ ☐ Chapel Hill $_____ ☐ Orange County $6,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Dorothy N. Johnson 01-23-2016
Executive Director Date
Signature: Dorothy N. Johnson 01-23-2016
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

Years in Operation: Since early 1990s. Date of Incorporation: July 24, 2014

b) Agency's Purpose/Mission

Making the Fairview Community a safe, healthy, fair and enjoyable place to live.

c) Types of Services the Agency Provides

Park monitors are needed to provide an adult presence for assuring park safety, to distribute sports equipment and games to families visiting the park, and to organize community activities for residents and visitors to the park.

d) Agency's Experience with Similar Programs as the Funding Request

This will be the fifth consecutive year of implementing the Park Monitoring program, which began in Summer 2012 with the support of a New Hope Presbytery Self Development of People grant to the Fairview Community Watch Group. Each year, Community Watch members have interviewed, hired and supervised adult park monitors and youth assistants. The group has a long history of organizing community events and has used their expertise and connections with the Hillsborough Police, local churches, the Town of Hillsborough, the Orange Tennis Club, as well as members and friends of the Fairview Community to provide activities and celebrations at the Fairview Community Park.

e) **Other Pertinent Agency Information**

Fairview Community Watch is a volunteer neighborhood organization serving Fairview residents as well as others in the broader Hillsborough community. It is the only organized group in this historic, formerly mostly African American and poor, community in Hillsborough built for the African American mill workers in the early 20th Century. The neighborhoods that Fairview Community Watch serves are comprised of over four hundred residents, including a growing population of Latino families.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Fairview Community Watch Summer Park Monitors Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

x☐ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition	x	x	x	x	
Job Training					
Sports and Arts Activities	x	x			
Pre-School Activities					
After-School Activities	x				
Mentoring	x				
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Park monitors are needed to provide an adult presence for assuring park safety, to distribute sports equipment and games to families visiting the park, and to organize community activities for residents and visitors to Fairview Park. This will help the county relieve county staff as currently this is not available at Fairview Park.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or

other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Monitors will help address safety at the park during hours when youth are out of school. For the past several years the community has worked with the Police Department along with other neighborhood groups to clean up the community. Because of these efforts the community is safer and 98% drug free. The program provides on-site access to sports equipment and games for families to borrow when using the park facilities. Without the monitors' presence, these resources contributed for Fairview families to enjoy, would not be accessible.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The Fairview community is comprised of over four hundred residents, including a growing population of Latino families. This community will be served along with any other community in Orange County since this is a county park. Park monitors maintain records of numbers and demographics of park visitors during program hours and a record of families who check out sports equipment and games.

e) Who specifically will carry out the activities and in what location will they be carried out?

Park monitors will be identified and hired from within the community which consists of African American and Latino members. All activities will take place at the Orange County Fairview Community Park.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The program will run from June 2016 through June 2017. Park monitors will be present 4 days per week (approximately 18 – 20 hours each week) for a total of 10 weeks (June – August 2016) and 2.5 weeks in June 2017. Community Events will include a National Night Out Ice Cream Social (August 2016) and a 6-hour Fairview Fun Day community event in August or September 2016 (TBD).

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Coordinate with Parks and Rec for park maintenance and use of facilities
- Work with Orange Tennis Club for free tennis lessons
- Work with Orange County Historical museum for special arts activities
- Work in close collaboration with the Hillsborough Police Department for safety backup support and National Night Out Community Watch event

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

We would not be able to operate the program as planned.

i) Include any other pertinent information.

In the coming year, we will work toward increasing opportunities for participation in organized events, some provided by the park monitors and others offered in collaboration with other organizations and institutions. For example, regularly scheduled bingo games, arts activities, and sports events will be planned for specified evenings during the summer.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: x☐ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated* 2015-16	Projected 2016-17**
Gender			
Male		1360	1630
Female		968	1170
Total	0	2328	2800
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American		1487	1787
American Indian or Alaska Native			
Asian		5	5
Caucasian		485	588
Native Hawaiian or other Pacific Islander			
Other		351	420
Total	0	2328	2800
Of the above, how many Hispanic/Latino		344	410
Of the above, how many non-Hispanic/Latino		1984	2390
Total	0	2328	2800

MAIN APPLICATION

Age* **			
0-5 years			
6-18 years			
19-50 years			
51-61 years			
62+ years			
Total	0	0	0
Geographic Location			
Durham City			
Durham County			
Carrboro			
Chapel Hill			
Chapel Hill Public Housing Residents			
Orange County		2328	2800
Raleigh			
Wake County			
Total	0	2328	2800
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

* All numbers are actual June – August 2015 totals.
**Projected numbers include participants June 2016 – June 2017.
***Age data was collected but not in these categories. Participant log will be modified in 2016 to better match these reporting categories.

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16 *	Projected 2016-17**	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Lead park monitor	.50	48%		$2,524	$3,480	58%	
Assistant youth monitor	.50	47%		$1,152	$1,784	30%	
Program Supervisor	.05	5%		$200	$300	5%	

* Actual funds distributed June – August 2015.
** Includes funds for June 2016 – June 2017.

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ x☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ x☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

x☐ ☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ x☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below.**

Mrs. Johnson, the Executive Director of the program, collects time sheets, distributes checks and supervises the park monitors. She receives a stipend of $25/week for carrying out these responsibilities.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Dorothy N. Johnson — Executive Director — Date: 01-23-2016

Signature: Dorothy N. Johnson — Board Chairperson — Date: 01-23-2016

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1		Park monitors present during specified hours June - Sept 2015	Park monitors present during specified hours June - Sept 2016 and June 2017
Program Goal		Lead and youth assistant monitors will be present in the park 4 days per week for 10 weeks during June - August 2015 to monitor park activities and promote park safety	Lead and youth assistant monitors will be present in the park 4 days per week for 10 weeks during June - August 2016 and June 2017 to monitor park activities and promote park safety
Performance Measures		Monitors will record and submit time sheets to the program supervisor every 2 weeks of the program. Monitors will complete an incident report if safety issues or accidents occur.	Monitors will record and submit time sheets to the hours supervisor every 2 weeks of the program. Monitors will complete an incident report if safety issues or accidents occur.
Program Results		Monitors were present 37 of 40 scheduled days or 92.5% of intended time. Days absent were due to inclement weather. No incidents or accidents were reported during the times monitors were present.	
Program Activity 2		Distribute sports equipment and games to families and individuals visiting the park	Distribute sports equipment and games to families and individuals visiting the park
Program Goal		Distribute games and sports equipment to an average of 4 - 5 families/individuals per day.	Distribute games and sports equipment to an average of 4 - 5 families/individuals per day.
Performance Measures		Checklists and forms will be used to document use of sports equipment and games.	Checklists and forms will be used to document use of sports equipment and games.
Program Results		120 families/individuals checked out sports equipment and games during 37 program days, averaging 3.24 families or individuals per day. Use of sports equipment and games was dependent on numbers of park visitors and their need and/or interest in using the available resources.	
Program Activity 3		Organize a Community Event: Fairview Forward Fun Day.	Organize Community Events: Fairview Forward Fun Day, National Night Out Ice Cream Social, and other organized activities.
Program Goal		Promote health and positive relationships by organizing a community event that provides an opportunity for food, fellowship, and games/sports.	Promote health and positive relationships by organizing community events that provide an opportunity for food, fellowship, games/sports and arts and crafts activities.
Performance Measures		Document attendance and activities through photos, observations, and counts of participants.	Document attendance and activities through photos, observations, and counts of participants.
Program Results		Fairview Forward Fun Day occurred on 8/22/15 with approximately 130 people in attendance. In addition, a second community event, National Night Out Ice Cream Social, was held on 8/4/15 with approximately 100 people in attendance. At each event families and individuals enjoyed organized activites such as Bingo, soccer, tennis, arts and craft activities and other individual sports and games. The program provided pizza and desserts; vegetable salads were contributed by a local church for Fairview Fun Day participants.	
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

gency/Program: **Fairview Community Watch Summer Park Monitors Program**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
GENCY REVENUE				
Private Donations	$ 1,210			0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County		$ 4,000	$ 6,000	50%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local: County Commissioners Matching 1	$ 2,000			0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: SDOP remaining park funds		$ 790	$ 218	-72%
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
otal Agency Revenue	**$ 3,210**	**$ 4,790**	**$ 6,218**	**30%**
GENCY EXPENSES				
Compensation	$ 3,138	$ 3,876	$ 5,564	44%
Rent & Utilities		$ 20	$ 40	100%
Supplies & Equipment		$ 390	$ 396	2%
Travel & Training				0
Other Expenses:		$ 286		-100%
Please list 3 largest "Other Expenses":				
sports equip/supplies purchases $ 236.00				
ional 2-weeks stipend-prgm super $ 50.00				
$ -				
otal Agency Expenses	**$ 3,138**	**$ 4,572**	**$ 6,000**	**31%**
URPLUS/(DEFICIT) FOR PERIOD:	**$ 72**	**$ 218**	**$ 218**	**0%**

Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Fairview Community Watch Summer Park Monitors Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Lead adult monitors	$15/hr	232 hours	$3,480
Assistant youth monitors	$8/hr	223 hours	$1,784
Program Supervisor	$25/week	12 weeks	$300
Community Events (Food, supplies, shelter rental for National Night Out Ice Cream Social and Fairview Forward Fun Day)			$436
		Total	**$6,000**

b.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program		**$4,286**	**$6,000**
Total # of Units		**2328**	**2800**
Cost Per Unit		**$1.84**	**$2.14**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

January 2016 through December 2016
The Fairview Community Watch Budget typically ranges from about $500 - $800 per year, depending on Community Watch member contributions. This budget is independent of the Fairview Forward Account in which program funds (documented in the program budget above) are held.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **FAIRVIEW COMMUNITY WATCH**

	Actual 2014-15	Estimated 2015-16*	Projected 2016-17**	Percent Change
AGENCY REVENUE				
Private Donations		$ 595		-100%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County				0
Town of Chapel Hill				0
Town of Carrboro				0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
'revious Years Donations remaiin($ 564.00				
$ -				
$ -				
Total Agency Revenue	$ -	$ 595	$ -	-100%
AGENCY EXPENSES				
Compensation				0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:		$ 583		-100%
Please list 3 largest "Other Expenses":				
tage Center Rental-Christmas Dir $ 375.00				
Recognition Plaques $ 75.25				
Bereavemeent cards/gifts $ 78.00				
Total Agency Expenses	$ -	$ 583	$ -	-100%
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ 12	$ -	-100%

* Actual Budget Jan-Dec 2015 **Budget is typically similar to 2015, depending on FCW member contributions

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Farmer Foodshare**

Program(s) Donation Station & POP Market_____

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** x☐ ***Applicant Contact Information*** **b.** x☐ ***Project/Program Contact Information*** **c.** x☐ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	x☐ ***Agency's Years in operation*** **a.** x☐ ***Agency's Purpose/Mission*** **b.** x☐ ***Agency's Types of Services Provided*** **c.** x☐ ***Agency's Experience*** **d.** x☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☐ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☐ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Farmer Foodshare

Applicant Organization's Physical Address: 902 N. Mangum St. Durham, NC 27701

Applicant Organization's Mailing Address: P.O. Box 2873, Chapel Hill, NC 27515

Applicant Organization's Web Address: www.farmerfoodshare.org

Executive Director: Gini Bell

Telephone Number: 919.360.6358 E-Mail: gini@farmerfoodshare.org

DUNS Number: 04-707-5380
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Donation Station/POP Market

Project/Program Primary Contact and Title: Katy Phillips

Telephone Number: 919.381.0671 E-Mail: katy@farmerfoodshare.org

c) Funding Request Identification

Total Project/Program Cost: $_____ Total Amount of Funds Requested: $10,000

Proposed Use of Funds Requested (2-3 Line Maximum): Funds will support two programs in Orange County that support small, local farmers and supply fresh, healthy food to area hunger relief agencies.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

x☐ Human Services: x☐ Carrboro $2,500 x☐ Chapel Hill $5,000 x☐ Orange County $2,500

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Gini Bell 1/26/16
Executive Director Date

Signature: Daing Knapp 1/25/2016
Board Chairperson Date

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency, which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ x☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ x☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ x☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ x☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — 1/26/16 Date

Signature: _____ Board Chairperson — 1/27/16 Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation:6 **Date of Incorporation (Month/Year)** 2010

b) Agency's Purpose/Mission

Farmer Foodshare connects people who grow food with people who need food in ways that are economically sustainable and socially just. We believe that everyone has a right to healthy, fresh food, and that farmers deserve to make a fair wage – a system where everyone wins.

c) Types of Services the Agency Provides

Both the Donation Station and POP Market program address hunger and malnutrition in our communities while supporting the local farm economy. We provide reliable markets for local farmers and fresh, healthy food for people in need, who would often receive filling, but less healthy highly processed, shelf-stable food.

Donation Station collects fresh produce and food at Farmers Markets in Orange County. It pays the farmers and shares the food with a hunger relief agency in the area.

POP Market connects local agencies with local farmers, providing reliable markets for small farmers at a fair price and fresh, healthy food for agencies to purchase at a good price from the local farmer.

d) Agency's Experience with Similar Programs as the Funding Request

Since our inception, we have collaborated with farmers, community members, and local hunger-relief agencies

e) Other Pertinent Agency Information

Both our Donation Station and our POP Market programs strengthen the health of Orange County residents, particularly people facing diet-related diseases, such as obesity, diabetes and heart disease.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Farmer Foodshare: Donation Station and POP Market

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

x☐ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition	X	X	X	X	x
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

The Donation Station program addresses the Human Services Priority Area #3: Improving the health and nutrition of needy residents. The Donation Station does this by collecting fresh, local food donated by farmers at farmers markets and bought from those farmers with funds donated by shoppers at the markets and by funds provided by Farmer Foodshare. Each market is paired with an agency of their choice, specifically chosen because the agency serves the most urgent hunger needs and the lowest income populations. The food is delivered the day it is donated for maximum freshness.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

In a state where life bursts through the cracks in the sidewalks, it is appalling that our state has consistently ranked in the top 10 states for citizens experiencing food shortage. One in four children under the age of 18 faces food insecurity. While highly processed foods are cheaper and typically line the shelves of agencies designed to help the hungry, they are shown to lead to higher rates of obesity and obesity related diseases. Farmer Foodshare attacks this problem by helping agencies provide healthy choices, and when desired Farmer Foodshare offers recipes and food demonstrations to help both agencies and the people they deserve enjoy using fresh produce.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Farmer Foodshare partners with agencies that serve populations in need: children, the elderly, individuals with disabilities or who are food insecure. Agencies are selected in conjunction with the Farmers Market in Orange County with a focus on urgent hunger and persistent need. Diverse groups are intentionally chosen.

e) Who specifically will carry out the activities and in what location will they be carried out?

Farmer Foodshare orchestrates the efforts of the following markets: Carrboro, Chapel Hill, Eno River, Hillsborough, and Southern Village. Together the Donation Stations and the POP Market partner with: Amigas en Salud, Camp Chestnut Ridge, Central Elementary School families in dire need (as identified by the school social worker), Chapel of the Cross, Charles House, Child Care Services Association of Chapel Hill, Club Nova, Community Nutrition Partnership, Friends of the DSS, Human Rights Center of Carrboro and Chapel Hill, IFC, Meals on Wheels of Chapel Hill, PORCH, and TABLE. Additionally, our programs partner with a community of more than 200 farmers.

Donation Stations are run by volunteer under the supervision of our Volunteer Manager, Katy Phillips, who also coordinates efforts of our partner agencies in retrieving donated food and sharing it with clients.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The activities occur weekly whenever the farmers markets are open.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

Donation Stations gather funds and fresh, healthy food each week at each of the following Farmers Markets:

- Carrboro,
- Chapel Hill,
- Eno River,
- Hillsborough,
- Southern Village

Donation Stations and POP Markets provide fresh, healthy food to the following agencies:

- Amigas en Salud,
- Camp Chestnut Ridge,
- Central Elementary School families in dire need (as identified by the school social worker),
- Chapel of the Cross,

- Charles House,
- Child Care Services Association of Chapel Hill,
- Club Nova,
- Community Nutrition Partnership,
- Friends of the DSS,
- Human Rights Center of Carrboro and Chapel Hill,
- IFC,
- Meals on Wheels of Chapel Hill,
- PORCH, and
- TABLE.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Less funding results in less healthy produce for each of the above agencies and the people they serve.

i) Include any other pertinent information.

Farmer Foodshare works collaboratively in all our efforts to end hunger and food insecurity. By working with agencies within the community to distribute fresh produce to their networks of individual in need, we are able to support and enhance existing efforts, while keeping overhead costs low. Additionally, we have regular dialogue with our partners to provide support like recipes and fresh food safety information and help in sourcing the right kinds of produce in the right amounts. When requested, we connect with our partner agencies to provide cooking demonstrations and provide volunteers to help with food prep and packing. We also provide support in purchasing cold storage.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: x☐ **Persons** ☐ **Households** ☐ **Units**

Because we supply goods to agencies, we rely on each agency's report of individual participants.

Program: Farmer Foodshare Donation Stations

Program Beneficiary Demographics

MAIN APPLICATION

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	9,500	2800	3000
Female	10,318	5100	5300
Total	19,818 (This included a broader region than just Orange County)	7900 (Focused on Orange County. More focused with increased educational services and more food servings)	8300(Focused on Orange County. More focused with increased educational services and more food servings)
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	8,918 (45%)	3,318 (42%)	3,486 (42%)
American Indian or Alaska Native		213 (2.7%)	224 (2.7%)
Asian		237 (3%)	249 (3%)
Caucasian	5,350 (27%)	1,580 (20%)	1,660) (20%)
Native Hawaiian or other Pacific Islander		79 (1%)	83 (1%)
Other	992 (5%)	181.7 (2.3%)	190.9 (2.3%)
Total	15,260	5,608 (more focused on Orange County)	5,893 (more focused on Orange County)
Of the above, how many Hispanic/Latino	4,558 (23%)	2,292 (29%)	2,407 (29%)
Of the above, how many non-Hispanic/Latino			
Total	19,818	7,900	8,300
Age			
0-5 years	198	958	1006
6-18 years	5250	1561	1640
19-50 years	13079	3423	3596
51-61 years	1187	760	798
62+ years	19,818	7,900	8,300
Total	0	0	0
Geographic Location			
Durham City	x	x	x
Durham County	x	x	x
Carrboro	x	x	x
Chapel Hill	x	x	x
Chapel Hill Public Housing Residents	x	x	x

Orange County	x	x	x
Raleigh			
Wake County			
Total	0	0	0
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Donation Station Program Manager	1	100%	34,000	40,000	43,000	9%	
Donation Station Intern	2	20%	N/A	N/A	N/A	N/A	
Volunteer Hours	3.25	95% P1 5% P2	N/A	N/A	N/A	N/A	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

Stated Program Goals (Donation Station)	**Program Activities**	**Actual Results for FY 14-15**	**Estimated Results for FY 15-16**	Projected Results FY 16017	**Evaluation Method**
Each week that farmers markets operate ensure that fresh produce is regularly purchased and collected from local farmers to donate to local agencies	Donation Stations are able to operate successfully every week, collecting donations of fresh produce and spending cash donations on produce at local markets. Specific activities pursued: Appropriate level of volunteers are trained and recruited by staff and volunteer network Donation Station supplies are well stocked and in good condition Advanced meetings between Market managers and Agency representatives have taken place, and roles and responsibilities agreed upon	$14,188 in donations spent at Orange County farmers markets. Stations operated at Orange County markets every week that markets ran, including an added mid-week market at the Chapel Hill Farmers Market.	$ 14,500 in donations spent at Orange County farmers markets. Stations operated at Orange County markets every week that markets ran, including an added mid-week market at the Chapel Hill Farmers Market.	$15,000 in donations spent at Orange County farmers markets,. Stations operate at Orange County markets every week that markets run.	Weekly records kept at donation Station of produce collected and purchased with cash donations. Track dollars collected and spent with farmers. Track pounds of food donated to agencies..

Each week ensure that agencies have access to healthy, local food for their clients	With volunteer and staff coordination, an agency representative regularly comes to their local market to pick up fresh food donations collected at the weekly Donation Station. Agency communicates about types and quantities of produce most needed.	Fresh food was consistently integrated into local pantry and social service agency distribution, where it was received by low-income community members at risk for hunger through the Human Rights Center (51 weeks), TABLE (30 weeks), Homestart (20 weeks), Club Nova (51 weeks), Amigas en Salud (20 weeks), Friends of the DSS (51 weeks) and Central Elementary families (40 weeks).	Fresh food was consistently integrated into local pantry and social service agency distribution, where it was received by low-income community members at risk for hunger through the Human Rights Center (51 weeks), TABLE (30 weeks), Homestart (20 weeks), Club Nova (51 weeks), Amigas en Salud (20 weeks), Friends of the DSS (51 weeks) and Central Elementary families (40 weeks	Fresh food was consistently integrated into local pantry and social service agency distribution, where it was received by low-income community members at risk for hunger through the Human Rights Center (51 weeks), TABLE (30 weeks), Homestart (20 weeks), Club Nova (51 weeks), Amigas en Salud (20 weeks), Friends of the DSS (51 weeks) and Central Elementary families (40 weeks	Track pounds of fresh produce donated to each agency. Track servings of fresh, healthy food donated to agencies weekly.
Increase capacity of Agency to handle fresh produce and recipients to use produce.	Make produce storage, usage, and recipes available to agency partners Verify that agency has appropriate storage facilities, or help agency increase storage capacity.	Cooking demos or informational recipes and fact sheets were provided for every Donation Station recipient this year. Community engagement events and regular check ins were put in place to ensure consistent feedback.	Cooking demos or informational recipes and fact sheets were provided for every Donation Station recipient this year. Community engagement events and regular check ins were put in place to ensure consistent feedback	Cooking demos or informational recipes and fact sheets were provided for every Donation Station recipient this year. Community engagement events and regular check ins were put in place to ensure consistent feedback	Create a baseline of agency capacity to handle fresh food based on agency surveys. Track need based on anecdotal evidence from agencies. Track information supplied to agencies. Compare capacity at the beginning and end of the.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section III. Program Information
Program Budget Worksheet

AGENCY NAME: Farmer Foodshare

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 21,978	$ 21,000	$ 25,399	21%
Program Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ 1,000	$ 5,000	$ 5,000	0%
Town of Chapel Hill	$ 1,000	$ 2,500	$ 2,500	0%
Town of Carrboro	$ 1,000	$ 1,500	$ 2,500	67%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Private Foundation	$ 25,000	$ 26,000	$ 30,000	15%
Other Grants:				0
Miscellaneous/Other Revenue		$ 10,000	$ 10,500	5%
Please list 3 largest Miscellanous sources:				
onsorships and business suppo $ -		$ 10,000	$ 10,500	
$ -				
$ -				
Total Program Revenue	**$ 49,978**	**$ 66,000**	**$ 75,899**	**15%**
PROGRAM EXPENSES				
Compensation	$ 37,971	$ 48,000	$ 55,959	17%
Rent & Utilities	$ 1,800	$ 5,000	$ 5,000	0%
Supplies & Equipment	$ 5,995	$ 7,500	$ 8,630	15%
Travel & Training	$ 4,212	$ 5,500	$ 6,310	15%
Other Expenses:	$ -	$ -	$ -	0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Program Expenses	**$ 49,978**	**$ 66,000**	**$ 75,899**	**15%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: __Donation Station_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Personnel	$22.30	160 hours per month x 12= 1,920	$43,000
Transportation	$0.56	937.7 miles per month	$6,310
Program Supplies	$12	719 (59 units per month x 12)	$8,630
Rent	$416.66	416.66 months Rent x12)	$5,000
		Total	

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$49,978**	**$66,000**	**$75,899**
Total # of Units			
Cost Per Unit			

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAME Farmer Foodshare

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 44,545	$ 52,733	$ 72,000	37%
Agency Generated Revenue (fees)	$ 110,643	$ 152,000	$ 315,000	107%
Local Government Grants:				
Orange County	$ 5,000	$ 5,000	$ 5,000	0%
Town of Chapel Hill	$ 1,000	$ 2,500	$ 2,500	0%
Town of Carrboro	$ 1,000	$ 1,500	$ 2,500	67%
Other Local:	$ -	$ -		0
Other Local:	$ -	$ -		0
Other Local:				0
If more than 3 sources, please provide a separate				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ 20,000	0
State Government	$ -	$ 25,000	$ -	-100%
Federal Government	$ -	$ 9,000	$ 106,000	1078%
Other Grants: Foundation grants	$ 291,569	$ 332,281	$ 217,875	-34%
Other Grants:				0
Miscellaneous/Other Revenue	$ 343	$ 1,237	$ 5,342	332%
Please list 3 largest Miscellanous sources:				
Investment Income	$ 343	$ 1,237	$ 5,342	
Released from Reserves $ -			$ 30,000	
$ -				
Total Agency Revenue	**$ 447,100**	**$ 581,251**	**$ 746,217**	**28%**
AGENCY EXPENSES				
Compensation	$ 197,767	$ 215,814	$ 324,930	51%
Rent & Utilities	$ 8,781	$ 17,063	$ 25,290	48%
Supplies & Equipment	$ 15,767	$ 20,530	$ 53,150	159%
Travel & Training	$ 10,152	$ 14,500	$ 27,595	90%
Other Expenses:	$ 214,633	$ 313,344	$ 315,252	1%
Please list 3 largest "Other Expenses":				
Cost of Goods Sold	$ 137,889	$ 185,991	$ 299,142	
Contractor Fees	$ 15,503	$ 17,052	$ 13,900	
Retained for future projec	$ 61,241	$ 110,301	$ 2,210	
Total Agency Expenses	**$ 447,100**	**$ 581,251**	**$ 746,217**	**28%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Freedom House Recovery Center**
Program(s) Residential Rehabilitation and Facility-Based Crisis and Detoxification Services

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☒ *Applicant Contact Information* b. ☒ *Project/Program Contact Information* c. ☒ *Funding Requests Identified* d. ☒ *Signed Application Cover Page*	
2. Agency Information -	a. ☒ *Agency's Years in operation* b. ☒ *Agency's Purpose/Mission* c. ☒ *Agency's Types of Services Provided* d. ☒ *Agency's Experience* e. ☒ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☒ *Type of Application and Program Identified* b. ☒ *Summary of Program* c. ☒ *Description of Identified Need* d. ☒ *Description of Population to be Served* e. ☒ *Activity Manager and Location Description* f. ☒ *Activity Implementation Timeline* g. ☒ *Agency Collaboration* h. ☒ *Describe Impact of Reduced/No Allocation* i. ☒ *Other Pertinent Information* j. ☒ *Complete Target Population/Beneficiary Chart* k. ☒ *Complete Schedule of Positions* l. ☒ *Signed Conflict of Interest Disclosure* m. ☒ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Freedom House Recovery Center, Inc.

Applicant Organization's Physical Address: 104 New Stateside Drive Chapel Hill, NC 27516

Applicant Organization's Mailing Address: 104 New Stateside Drive Chapel Hill, NC 27516

Applicant Organization's Web Address: freedomhouserecovery.org

Executive Director: Patricia E. Hussey

Telephone Number: 919-942-2803 ext. 201 E-Mail: Trish.h@fhrecovery.org

DUNS Number: 177955887

(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Chapel Hill Facility-Based Crisis, Detox and Behavioral Health Urgent Crisis Care Services and Alvis Women's and Men's Halfway Houses

Project/Program Primary Contact and Title: Trish Hussey, CEO

Telephone Number: 919-942-2803 ext. 201 E-Mail: Trish.h@fhrecovery.org

c) Funding Request Identification

Total Project/Program Cost: $2,396,990 Total Amount of Funds Requested: $57,000

Proposed Use of Funds Requested (2-3 Line Maximum): *We are asking for funding from the Orange County Government to support the day-to-day services (i.e. staffing, facility costs, supplies and equipment) in (1) our residential rehab programs, and (2) to support the Facility Based Crisis and Detox/ Behavioral Health Urgent Crisis Care Center in Chapel Hill.*

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $9,000 ☒ Chapel Hill $18,000 ☒ Orange County $30,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1-25-2016
Executive Director — Date

Signature: _____ 1-21-16
Board Chairperson — Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
Date of Incorporation: February 1974
Years in Operation: 42

b) Agency's Purpose/Mission
Our mission is to promote, enhance and support recovery for men, women and children affected by substance abuse and mental illness by using a holistic, person-centered approach. Our expertise and broad array of treatment services stabilize, nurture and enhance the personal growth and development of those we serve so that they can recover to live rich, full lives.

c) Types of Services the Agency Provides
Our services include detoxification, mobile crisis management and facility-based crisis services, short and long-term residential rehabilitation/halfway houses, intensive outpatient, aftercare, psychiatric evaluation and medication management, integrated primary health care, parenting education and community intervention support. We serve clients of all ages, regardless of their ability to pay.

d) Agency's Experience with Similar Programs as the Funding Request
Freedom House Recovery Center began over 40 years ago as a halfway house for recovering alcoholics in Chapel Hill. Since then Freedom House has consistently grown to address the critical and changing needs of the 75,000 North Carolinians in our service area affected by addiction and mental illness by expanding both our services and geographic reach through innovative programs and partnerships. We enjoy the reputation as a leader in our field and have become the largest provider of mental health and substance abuse treatment in our service area.

We serve individuals, young children through the senior years, who suffer from mental illness and/or substance use disorders. Our comprehensive, best-practice based programs serve the low-income, uninsured, indigent and homeless populations. Last year, Freedom House served 10,454 individuals, many of whom were unemployed (83%), homeless (65%) or indigent. Over 1,500 were children or adolescents. They were also generally disenfranchised when knowing how best to seek medical or behavioral health care, often using hospital Emergency Departments for this care.

Our Orange county programs served 5,690 of these individuals, including 862 who were ages 51 and over, and 651 children and adolescents. Of Orange County clients, 1,522 had annual household incomes under $10,000 and 3,754 earned less than $25,000 per household annually.

Additionally, our Chapel Hill Integrated Care Clinic provides limited primary care to our behavioral health care clients -- particularly important because chronic conditions such as diabetes, hypertension and other cardiovascular conditions have high comorbidity with mental illness and substance use disorders. Given the nature of mental health issues and lack of, or heavily burdened, community resources, medical conditions often go untreated without this critical continuity of care. Nationally, statistics show that individuals with mental illness die 25 years earlier than others, largely due to treatable medical conditions. (National Association of

Mental Health Program Directors, 2006). 75% of clients receiving integrated care at Freedom House experienced a stabilization of their chronic disease.

e) Other Pertinent Agency Information

- We have been awarded the Community Comprehensive Clinic (CCC) status in Orange County by Cardinal Innovations, which will help make outpatient services to the many indigent clients we serve more sustainable. We are also moving to an Open Access Model of care.

- In 2014, we created a stand-alone Child and Family Outpatient Services Clinic in Chapel Hill and now offer the evidence-based parenting education program, Triple Positive Parenting Program to our clients and clients referred to us by other partner agencies committed to the welfare of low-income families with young children.

- The State of North Carolina is involved in making important changes in crisis services, and two of our leadership staff are included in the Behavioral Health Urgent Care (Crisis) Task Force, as well as the Crisis Solutions committee. We have been implementing the new best practices in our Crisis Services and are currently working with the Chapel Hill Planning Department to plan for a new Adolescent Facility-Based Crisis Services facility. There is a true deficit of child and adolescent behavioral health services in our state, and we will hopefully be able to provide remedy to our region if we are able to build this new facility.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name:

Freedom House Recovery Center/Facility-Based Crisis and Detox and Alvis Women's and Men's Halfway Houses in Chapel Hill

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X	X	X	X
Health and Nutrition	X	X	X	X	X
Job Training	X	X	X	X	X
Sports and Arts Activities	X	X	X		
Pre-School Activities					
After-School Activities					
Mentoring	X	X	X	X	X
Transportation	X	X	X	X	X
Housing		X	X		X
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Freedom House provides a comprehensive array of individualized, wrap-around behavioral health care services to youth and adults through four main programs in Orange County: Facility-Based Crisis and Detox/Behavioral Health Urgent Crisis Care, Residential Rehabilitation, Outpatient, and Child and Family Services. We are one of the few providers in NC that offers a full continuum of care regardless of ability to pay. Our programs directly address the second-highest Town/County priority as outlined in the 2012 assessment, *Human Services Needs in Chapel Hill*: Affordable Health Care, with a focus on mental health options and substance abuse programs. Freedom House is seeking support from the Towns of Chapel Hill and Carrboro and Orange County to support our Facility-Based Crisis and Detox/Behavioral Health Urgent Crisis Care Program and Residential Rehabilitation Program.

Facility-Based Crisis and Detox/Behavioral Health Urgent Crisis Program This 24/7/365 program is generally the first step toward wellness and recovery for people, and it meets the community's need for immediate response to crises. Instead of going to the local ED or being incarcerated, crisis services provide the urgent treatment needed. During a stay in the crisis/detox unit, we are able to assess the person's needs, and make thoughtful and informed decisions, together with the individual, as to the next step in their treatment.

Freedom House is partnering with UNC Hospitals to provide integrated care for patients with mental illness and/or substance use disorders who are in need of continued recovery treatment and care. The goals of the partnership are: (1) to provide continuity of care and improved outcomes for patients, including low-income and indigent patients and reduce ED usage and readmission rates at UNC Hospitals. Diverting referrals to our local crisis unit instead of high cost State and local hospitals, not only saves money, but it also provides a stronger continuum of care for individuals as they discharge from the crisis unit and into longer term care. Our diversion rate was 94% last year.

Chapel Hill Residential Rehab Programs Freedom House works to provide effective, economical community services that break the cycle of poverty, substance use disorders and mental illness by providing residential rehab treatment to men and women whose illnesses have left them homeless, disenfranchised, and without work. This long-term treatment program gives the support needed for these men and women to find strong recovery and re-enter their lives with jobs and housing, and more importantly, with a sustaining recovery from their illnesses.

We provide structured case management support to meet the needs of the men and women in the residential rehab programs, often focusing on housing, job readiness, interpersonal and financial skills, education and family reunification. For example, 43% of clients are parents whose children are in custody of DSS or in temporary custody of a family member. Staff assists residents in developing an appropriate dialogue with DSS with the goal of reunification after treatment. We also involve family members in the treatment of the residents, working not only toward healing the client, but also helping to heal the relationship of the entire family. Last year, 79% of clients were reunited with their family.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Thousands of people in Orange County are touched by the diseases of alcoholism, drug addiction, and mental illness. There are more than 59,000 adolescent and adult residents are affected by alcohol drug abuse/addiction (Alcohol/Drug Council of NC). Substance abuse costs Orange County residents over $195 million every year. Additionally, mental illness afflicts 24% of North Carolina's population and costs the state $4.8 billion (28,000 of these are Orange County residents).

According to *County Health Rankings and Roadmaps*, Orange County citizens report 3.1 poor mental health days per month and 16% report they drink excessively, higher than the state average (University of Wisconsin Population Health Institute). North Carolina has a goal to reduce the number of poor mental health days to 2.8 per month by 2020 (Healthy NC 2020).

The last several years have been devastating for low-income North Carolinians in need of health care, especially those suffering from mental illness and /or substance addiction. As communities and agencies work to provide the best care for the mentally ill and addicted, as well as work toward improved health outcomes at the county and state level, the NC Mental Health system continues to be in transition. Two landmark decisions were made recently that impacted our agency, (1) the Governor's Office refused a large percentage of the Medicaid matching expansion funding from the Federal Government, and (2) the Federal government slashed block grant funding by more than 10% (funding that impacts programs for women, including crisis services.)

Although the state has a goal to reduce the rate of mental-health visits to emergency departments by 2020, reduced funding levels have led to fewer services for this vulnerable population and in turn to crowded emergency rooms. Recently, the Centers for Disease Control reported that nearly 10% of all Emergency Department visits in North Carolina list mental illness as a diagnosis. The national average is 5%.

Substance use disorders and untreated mental illness are directly connected with indigence, unemployment, adolescent pregnancy, school dropout, crime, chronic illness and death. Freedom House has developed community partnerships and programs that build the

necessary skills and connections to employment, education and housing clients will need when they reenter the community. Their recovery can diminish the societal and economic costs to their families and communities. For instance, for every $1 spent on addiction treatment, the community saves $7 in criminal justice costs and $12 in related health-care costs (Alcohol and Drug Council).

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The population to be served is men and women who suffer from mental illness and/or substance use disorders, and who often have chronic medical conditions related to their mental illness, addiction or medication used to treat illness. Our programs will serve the low-income, uninsured, indigent and homeless populations in Orange County. Clients come to Freedom House most often by referral from hospitals, clinics, physicians, local social service agencies, law enforcement or the court system. Clients also come to Freedom House on their own accord, without referral. We gather necessary demographic data during the intake process.

e) Who specifically will carry out the activities and in what location will they be carried out?

Our caring treatment team includes physicians, psychiatrists, psychologists, psychiatric nurse practitioners, nurses, licensed clinical social workers, licensed clinical addiction specialists, certified substance abuse counselors and other qualified professionals. Programs will be carried out on our Chapel Hill campus.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

These programs are well-established, ongoing programs on which the community depends. Activities are carried out daily. Our Crisis and Detox/Behavioral Health Urgent Crisis Care services are 24/7/365 and our halfway houses are staffed 24/7/365 as well. This funding request covers activities occurring in FY 2016-2017.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

Freedom House partners with numerous organizations, too many to list in space allowed. However, below are a few:

- **Job Links and the Orange site of Durham Community College:** to help individuals with their GED.
- **Orange Vocational Rehabilitation:** to provide job trainings skills.
- **Orange County Health Department and Carolina Health Net:** to refer indigent clients to a medical home, as well as to provide primary health care to indigent clients within our Freedom House Integrated Care Clinic.
- **Local police and Sheriff's departments CIT (Community Intervention Training)** project: to train law officers to understand more fully how to work with individuals in our community who are chronically mentally ill or addicted.
- **Orange Rape Crisis:** to provide the needed support for women who come to us with recent and historical sexual abuse.
- **Community Care of North Carolina:** work closely with CCNC to become a designated Access to Care Clinic for low-income and indigent individuals and families.
- **Interfaith Council:** to provide behavioral health care to their homeless clients.
- **Interfaith Food Shuttle:** to provide fresh and healthy food for our residential clients.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

The number of individuals served would be negatively impacted by a reduction in or absence of funding. Our licensed halfway houses are not a Medicaid billable service and are funded at a very low State rate that does not cover the cost of running the programs, making it difficult to sustain these critical treatment/housing programs which have a higher rate of success than other programs in the state and nation. Facility Based Crisis and Detox/Behavioral Health Urgent Crisis Care services are historically underfunded by State IPRS dollars, as well as Medicaid. The requirements of the Service Definitions that oversee these types of licensed programs exceed the billing rate for the service. Funding is tight for crisis services, and every dollar we receive is critical in maintaining crisis services.

i) Include any other pertinent information.

Freedom House tracks success through a variety of measures which relate to the quality of outcomes of our clients. Measures can include sobriety post discharge, emergency department or crisis recidivism, improvements in physical health and medication adherence, quality of life improvements such as decent housing, employment, family reunification, etc. By tracking our performance, Freedom House can monitor the effectiveness of our programs and practices and make adjustments.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Facility-Based Crisis, Detox, and Behavioral Health Urgent Crisis Care

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	1,123	1,363	1,410
Female	906	1,179	1,229
Total	2,029	2,542	2,639

Of the females, how many are single-female Head of Households (Omit for Human Services)	425	456	472

Ethnicity

African-American	929	1,062	1,324
American Indian or Alaska Native	10	18	22
Asian	19	32	36
Caucasian	984	1,328	1,212
Native Hawaiian or other Pacific Islander	0		
Other	87	102	145
Total	2,029	2,542	2,639

Of the above, how many Hispanic/Latino	87	102	145
Of the above, how many non-Hispanic/Latino	1,942	2,440	2,494
Total	2,029	2,542	2,639

Age

0-5 years			
6-18 years	24	49	58
19-50 years	1,496	1,541	1,580
51-61 years	470	870	914
62+ years	39	82	87
Total	2,029	2,542	2,639

Geographic Location

Durham City			
Durham County	21	30	32
Carrboro	624	752	778
Chapel Hill	638	764	789
Chapel Hill Public Housing Residents		32	41
Orange County	676	859	879
Raleigh			
Wake County		13	16
Other (Person, Chatham, Caswell, Alamance, Vance, Warren)	70	92	104
Total	2,029	2,542	2,639

Income Level – See following chart (Omit for HS)

< 30% Area Median Income	1,055	1,390	1,429
31-50% Area Median Income	742	891	932
51-80% Area Median Income	163	179	170
> 80% Area Median Income	69	82	108
Total	2,029	2,542	2,639

Special Needs (Omit for HS)

Elderly (Over 62)	39	82	87
Disabled (not elderly)	49	63	72

Homeless	997	1,096	1,146
People with HIV/Aids	44	41	46
Total	1,129	1.282	1,351

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Alvis Women's and Men's Halfway Houses – residential rehabilitation

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	49	50	51
Female	56	57	58
Total	105	107	109
Of the females, how many are single-female Head of Households (Omit for Human Services)	37	38	39
Ethnicity			
African-American	53	55	54
American Indian or Alaska Native			
Asian			
Caucasian	45	46	49
Native Hawaiian or other Pacific Islander			
Other	7	6	6
Total	105	107	109
Of the above, how many Hispanic/Latino	6	6	7
Of the above, how many non-Hispanic/Latino	99	101	102
Total	105	107	109
Age			
0-5 years			
6-18 years	2	3	5
19-50 years	86	89	88
51-61 years	13	15	16
62+ years	4		
Total	105	107	109
Geographic Location			
Durham City			
Durham County			
Carrboro	23	23	24

Chapel Hill	36	37	37
Chapel Hill Public Housing Residents			
Orange County	36	37	37
Raleigh			
Wake County			
Other (Person, Chatham, Caswell, Alamance, Vance, Warren)	10	12	11
Total	105	107	109

Income Level – See following chart (Omit for HS)

< 30% Area Median Income	71	72	74
31-50% Area Median Income	23	25	24
51-80% Area Median Income	10	8	9
> 80% Area Median Income	1	2	2
Total	105	107	109

Special Needs (Omit for HS)

Elderly (Over 62)	2	3	4
Disabled (not elderly)	3	3	4
Homeless	62	64	65
People with HIV/Aids	3	4	3
Total	70	74	76

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890

50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ 1-25-2016
Executive Director — Date

Signature: _____ 1-21-16
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

Facility-Based Crisis and Detox/Behavioral Health Urgent Crisis Care Services	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Provide services to all referrals from the community that meet admission criteria.	Provide services to all referrals from the community that meet admission criteria.	Provide services to all referrals from the community that meet admission criteria.
Program Goal	Provide services to 2,029 individuals in need of addiction or mental health treatment.	Provide services to 2,542 individuals in need of addiction or mental health treatment.	Provide services to 2,639 individuals in need of addiction or mental health treatment.
Performance Measures	We will use our EMR system to track these numbers.	We will use our EMR system to track these numbers.	We will use our EMR system to track these numbers.
Program Results	We anticipate seeing an increase from the previous FY in clients served in the Crisis Unit.	We anticipate seeing an increase from the previous FY in clients served in the Crisis Unit.	We anticipate seeing an increase from the previous FY in clients served in the Crisis Unit.
Program Activity 2	Crisis staff begin discharge planning with each client in the crisis unit, using motivational interviewing techniques to incentivize clients to move into the next appropriate level of care.	Crisis staff begin discharge planning with each client in the crisis unit, using motivational interviewing techniques to incentivize clients to move into the next appropriate level of care.	Crisis staff begin discharge planning with each client in the crisis unit, using motivational interviewing techniques to incentivize clients to move into the next appropriate level of care.
Program Goal	Provide treatment planning to refer 100% of those served to the next appropriate level of care.	Provide treatment planning to refer 100% of those served to the next appropriate level of care.	Provide treatment planning to refer 100% of those served to the next appropriate level of care.
Performance Measures	Our EMR system tracks this information and flow of client services.	Our EMR system tracks this information and flow of client services.	Our EMR system tracks this information and flow of client services.
Program Results	Crisis staff provide treatment and discharge planning for 100% of all clients.	Crisis staff provide treatment and discharge planning for 100% of all clients.	Crisis staff provide treatment and discharge planning for 100% of all clients.

Program Activity 3	Freedom House Crisis Care Coordinators work with UNC ER staff, individuals and our doctors and clinicians to admit difficult cases into the crisis unit, diverting them from the local or State hospitals.	Freedom House Crisis Care Coordinators work with UNC ER staff, individuals and our doctors and clinicians to admit difficult cases into the crisis unit, diverting them from the local or State hospitals.	Freedom House Crisis Care Coordinators work with UNC ER staff, individuals and our doctors and clinicians to admit difficult cases into the crisis unit, diverting them from the local or State hospitals.
Program Goal	Divert 94% of those referred to the crisis unit from our local hospital ER and expensive State hospitals.	Divert 95% of those referred to the crisis unit from our local hospital ER and expensive State hospitals.	Divert 96% of those referred to the crisis unit from our local hospital ER and expensive State hospitals.
Performance Measures	Care Coordinators track all referrals and their outcomes using a referral tracking log.	Care Coordinators track all referrals and their outcomes using a referral tracking log.	Care Coordinators track all referrals and their outcomes using a referral tracking log.
Program Results	Diverting referrals to our crisis unit instead of high cost State and local hospitals not only saves money, but it also provides a stronger continuum of care for individuals as they discharge from the crisis unit and into longer term care.	Diverting referrals to our crisis unit instead of high cost State and local hospitals not only saves money, but it also provides a stronger continuum of care for individuals as they discharge from the crisis unit and into longer term care.	Diverting referrals to our crisis unit instead of high cost State and local hospitals not only saves money, but it also provides a stronger continuum of care for individuals as they discharge from the crisis unit and into longer term care.
Residential Rehabilitation- Men's Halfway and Alvis Women's Houses			
Program Activity 1	Staff will work with stakeholders and community partners (UNC Hospitals, the Court system, IFC shelter, etc.) to identify referrals for individuals in our community who need long-term halfway house services.	Staff will work with stakeholders and community partners (UNC Hospitals, the Court system, IFC shelter, etc.) to identify referrals for individuals in our community who need long-term halfway house services.	Staff will work with stakeholders and community partners (UNC Hospitals, the Court system, IFC shelter, etc.) to identify referrals for individuals in our community who need long-term halfway house services.
Program Goal	105 men and women receive long-term (3-6 months) recovery and community support services.	107 men and women receive long-term (3-6 months) recovery and community support services.	109 men and women receive long-term (3-6 months) recovery and community support services.

Performance Measures	Outcomes are evaluated using NCTOPPS tool and our EMR.	Outcomes are evaluated using NCTOPPS tool and our EMR.	Outcomes are evaluated using NCTOPPS tool and our EMR.
Program Results	Provide services to 105 individuals and maintain a 98% utilization rate.	Provide services to 107 individuals and maintain a 98% utilization rate.	Provide services to 109 individuals and maintain a 98% utilization rate.
Program Activity 2	Staff develops a Person-Centered Plan for each individual, with a goal of self-sufficiency and sobriety upon graduation.	Staff develops a Person-Centered Plan for each individual, with a goal of self-sufficiency and sobriety upon graduation.	Staff develops a Person-Centered Plan for each individual, with a goal of self-sufficiency and sobriety upon graduation.
Program Goal	75% of all clients will graduate from the program and re-enter the community and/or family.	76 % of all clients will graduate from the program and re-enter the community and/or family.	77 % of all clients will graduate from the program and re-enter the community and/or family.
Performance Measures	Clinical staff will regularly monitor the case planning activities for each client during their stay in the program.	Clinical staff will regularly monitor the case planning activities for each client during their stay in the program.	Clinical staff will regularly monitor the case planning activities for each client during their stay in the program.
Program Results	Of the 75% of clients who graduate from the program, another 10% will successfully discharge to ADATC or other appropriate level of care.	Of the 76% of clients who graduate from the program, another 10% will successfully discharge to ADATC or other appropriate level of care.	Of the 77% of clients who graduate from the program, another 10% will successfully discharge to ADATC or other appropriate level of care.
Program Activity 3	Staff develops a Person-Centered Plan for each individual, with a goal of self-sufficiency and sobriety upon graduation.	Staff develops a Person-Centered Plan for each individual, with a goal of self-sufficiency and sobriety upon graduation.	Staff develops a Person-Centered Plan for each individual, with a goal of self-sufficiency and sobriety upon graduation.
Program Goal	62% of clients who graduate will secure housing upon discharge.	63% of clients who graduate will secure housing upon discharge.	64% of clients who graduate will secure housing upon discharge.
Performance Measures	Follow up surveys and a 3 month follow-up plan are used to gain this information regarding housing.	Follow up surveys and a 3 month follow-up plan are used to gain this information regarding housing.	Follow up surveys and a 3 month follow-up plan are used to gain this information regarding housing.
Program Results	62% of clients who graduate will secure housing upon discharge.	63% of clients who graduate will secure housing upon discharge.	64% of clients who graduate will secure housing upon discharge.

Program Activity 4	Staff develops a Person-Centered Plan for each individual, with a goal of self-sufficiency and sobriety upon graduation.	Staff develops a Person-Centered Plan for each individual, with a goal of self-sufficiency and sobriety upon graduation.	Staff develops a Person-Centered Plan for each individual, with a goal of self-sufficiency and sobriety upon graduation.
Program Goal	69% of clients will find employment while in our programs.	70% of clients will find employment while in our programs.	71% of clients will find employment while in our programs.
Performance Measures	Stable employment will be measured through client's attainment of paid employment upon discharge.	Stable employment will be measured through client's attainment of paid employment upon discharge.	Stable employment will be measured through client's attainment of paid employment upon discharge.
Program Results	69% of clients will find employment while in our programs.	70% of clients will find employment while in our programs.	71% of clients will find employment while in our programs.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

a.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Facility-Based Crisis and Detox/Behavioral Health Urgent Crisis Care Services

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Staff	$4,608.65	One Bed Day (24 hours) X 365	$1,682,160
Utilities	$119.18	One Bed Day (24 hours) X 365	$43,500
Supplies and Equipment	$270.68	One Bed Day (24 hours) X 365	$98,800
Travel and Training	$12.71	One Bed Day (24 hours) X 365	$4,640
Mortgage	$211.23	One Bed Day (24 hours) X 365	$77,100
		Total	**1,906,200**

b.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$1,824,056**	**$1,875,549**	**$1,906,200**
Total # of Units	**5673**	**5735**	**5792**
Cost Per Unit	**$321.53**	**$327.04**	**$329.11**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Chapel Hill Residential Rehab Services

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Staff	$948.12	One Bed Day (24 hours) X 365	$346,064
Utilities	$53.42	One Bed Day (24 hours) X 365	$19,500
Supplies and Equipment	$292.60	One Bed Day (24 hours) X 365	$106,800
Travel and Training	$21.17	One Bed Day (24 hours) X 365	$7,726
Other Expenses	$29.32	One Bed Day (24 hours) X 365	$10,700
		Total	**$490,790**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$465,810**	**$482,675**	**$490,790**
Total # of Units	**7201**	**7228**	**7235**
Cost Per Unit	**$64.69**	**$66.78**	**$67.84**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAME: **Freedom House Recovery Center**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 117,793	$ 125,000	$ 175,000	40%
Agency Generated Revenue (fees)	$ 197,269	$ 350,340	$ 364,000	4%
Local Government Grants:				
Orange County	$ 29,000	$ 29,000	$ 30,000	3%
Town of Chapel Hill	$ 17,000	$ 17,000	$ 18,000	6%
Town of Carrboro	$ 8,000	$ 8,100	$ 9,000	11%
Other Local: MCO Contracts	$ 11,544,351	$ 10,469,625	$ 9,431,837	-10%
Other Local: TECS Grant	$ 180,894	$ 206,600	$ 245,000	19%
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 44,187	$ 44,187	$ 44,187	0%
State Government	$ 700,000	$ 700,000	$ 700,000	0%
Federal Government				0
Other Grants: Kate B. Reynolds	$ 246,100	$ 246,100	$ 450,000	83%
Other Grants:	$ 7,500	$ 40,000	$ 45,000	13%
Miscellaneous/Other Revenue	$ 2,462	$ 3,750	$ 6,900	84%
Please list 3 largest Miscellanous sources:				
Interest Income $ 2,714.00				
Gains $ (252.00)				
$ -				
Total Agency Revenue	**$ 13,094,556**	**$ 12,239,702**	**$ 11,518,924**	**-6%**
AGENCY EXPENSES				
Compensation	$ 11,590,863	$ 10,787,099	$ 10,046,424	-7%
Rent & Utilities	$ 283,164	$ 281,799	$ 285,000	1%
Supplies & Equipment	$ 959,905	$ 932,504	$ 952,200	2%
Travel & Training	$ 79,474	$ 65,000	$ 63,000	-3%
Other Expenses:	$ 181,288	$ 173,300	$ 172,300	-1%
Please list 3 largest "Other Expenses":				
Mortgages/amortization $ 181,288.00				
Total Agency Expenses	**$ 13,094,694**	**$ 12,239,702**	**$ 11,518,924**	**-6%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (138)**	**$ -**	**$ -**	**0**

APPLICATION SUBMITTAL CHECKLIST

Agency: Habitat for Humanity of Orange County

Program(s): A Brush with Kindness

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Section	Subsection	For CDBG & HOME HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201–570. 208, 507.503*
4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122; Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	

6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.***	*OMB Circular A-133*
	b. ☒ ***IRS Federal Form 990***	
	c. ☒ ***NC Solicitation License***	
	d. ☒ ***IRS Federal Tax-Exemption Letter***	
	e. ☒ ***Certificate of Insurance***	*24 CFR Parts 84 or 85*
	f. ☒ ***List of Board of Directors***	
	g. ☒ ***Articles of Incorporation/Bylaws***	*24 CFR 570.208, 570.500(c), 570.611*
	h. ☒ ***Authorization to Request Funds***	
	i. ☒ ***Authorized official designation***	
	j. ☒ ***Solid Waste Program Fee (SWPF) Verification***	

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Habitat for Humanity of Orange County

Applicant Organization's Physical Address: 88 Vilcom Center Dr. #L110, Chapel Hill, NC 27514

Applicant Organization's Mailing Address: 88 Vilcom Center Dr. #L110, Chapel Hill, NC 27514

Applicant Organization's Web Address: www.orangehabitat.org

Executive Director: Susan Levy

Telephone Number: (919) 932-7077 ext. 211 E-Mail: slevy@orangehabitat.org

DUNS Number: 095849568 (Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: A Brush with Kindness

Project/Program Primary Contact and Title: Adwoa Asare, Community Development Manager

Telephone Number: (919) 932-7077 ext. 233 E-Mail: aasare@orangehabitat.org

c) Funding Request Identification

Total Project/Program Cost: $146,133 Total Amount of Funds Requested: $50,000

Proposed Use of Funds Requested (2-3 Line Maximum): Habitat is seeking $25,000 to assist with funding its A Brush with Kindness program. Habitat will serve 15-18 low and very low-income homeowners in Orange County who are in need of exterior repairs on their homes.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☒ CDBG Construction (CH)	$25,000	☒ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☐ Carrboro $_____ ☐ Chapel Hill $_____ ☒ Orange County $25,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ **1/22/2016**
Executive Director Date

Signature: _____ **1/22/2016**
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

Habitat was incorporated on April 13, 1984. It has been in operation for 31 years.

b) Agency's Purpose/Mission

Habitat for Humanity of Orange County changes lives by bringing together God's people and resources to help families in need build and own quality affordable homes in safe and supportive communities. Habitat's vision is an Orange County where everyone has a decent place to live.

c) Types of Services the Agency Provides

Habitat for Humanity of Orange County is a local nonprofit organization affiliated with Habitat for Humanity International (HFHI). Habitat provides affordable homeownership opportunities for families who live and/or work in Orange County, earn between 30% and 60% of the area median income (AMI), and live in substandard housing. Habitat also provides exterior and critical home repairs to low-wealth homeowners through its A Brush with Kindness program, launched in 2010. Habitat is committed to strengthening the neighborhoods where it builds, not only by building or repairing affordable homes, but also by developing relationships and supporting other neighborhood improvement initiatives identified by neighborhood residents.

Habitat was incorporated in 1984, and completed its first home in 1987. Since that first home, Habitat has built more than 250 affordable homes throughout the County. Through its New Home Construction program, Habitat uses donations and volunteer labor to construct energy-efficient, green-certified, high-quality homes, and then sells those homes to qualifying families. The buyers receive an affordable mortgage, which they pay back over 30 years. Mortgage payments are recycled to build future homes. Homebuyers are required to contribute 325 hours of sweat equity toward the construction of their own and other Habitat homes. Habitat retains the right of first refusal to repurchase a Habitat home if the owner wishes to sell. Habitat uses deferred-payment second mortgages and equity sharing to ensure that the community's investment of funds and labor will continue to benefit low-income families if the original buyer sells the home.

A Brush with Kindness (ABWK) is a Habitat program which addresses the ongoing need for exterior repairs and beautification in the communities where Habitat builds. ABWK is an important aspect of Habitat's affordable housing programs because it offers low-cost assistance to homeowners living in deteriorating or unsafe homes, improving their quality of life and the quality of life of all of the residents in the neighborhood. Habitat has completed 63 ABWK projects since launching the program in FY 2009-10.

In carrying out its affordable housing and community strengthening activities, Habitat seeks to educate and empower its homebuyers through a series of relevant workshops and one-on-one trainings. Habitat also strives to educate the broader community about the crisis in affordable housing by introducing and involving hundreds of new volunteers from all walks of life into its work each year. Habitat promotes the positive value of diversity by uniting people of varied economic, religious, social, and racial backgrounds to work together toward a common goal—building and repairing decent homes in partnership with families in need.

d) Agency's Experience with Similar Programs as the Funding Request

Habitat is requesting funding for its A Brush with Kindness exterior home repair program. Habitat first implemented this program in 2010, and has since successfully completed 63 repair projects. Habitat has received government funding for this program in the past, and has proven its ability to successfully complete and report the agreed upon work.

e) Other Pertinent Agency Information

n/a

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Habitat for Humanity of Orange County, A Brush with Kindness

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/ Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing		X	X	X	
Other: Please specify					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.) **Please provide the following information about the proposed program/project:**

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Habitat will continue to address the county's priority need for affordable homeownership for low and very low-income renters through its new home construction program. However, Habitat's experience working with residents in the communities where it builds new homes has helped to identify an underserved need among low-income homeowners, especially those who are elderly or disabled. Habitat has had direct experience with low-income families in Orange County who are struggling to maintain the exterior of their homes, and who need modifications to their homes so that they can continue to live in and enjoy them. Rot, peeling paint, sagging gutters, broken doors, unsafe porches, yard waste, and lack of accessibility impact the safety, livability, and value of individual homes in neighborhoods like Fairview, Rogers Road, Northside, and Pine Knolls, as well as in more rural areas of the county like Efland. When combined with New Home Construction, these repairs allow Habitat to impact nearly 30 new families each year.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Habitat launched A Brush with Kindness (ABWK) as a pilot program in 2009 with two projects in Hillsborough. When Habitat formalized the program in 2010, it also created an informal

Advisory Committee, inviting other repair program providers to meet to share information and referrals for repairs within the county. The services Habitat provides through ABWK complement those provided by JOCCA, Rebuilding Together of the Triangle, and Orange County's Urgent Repair and Rehab programs. All of these agencies provide referrals to Habitat's ABWK program, and Habitat refers clients to them. To date, Habitat has received a total of 169 applications. In 2015 over 85% of the Orange County residents who applied to the program were elderly and/or disabled. Overall, 30% of applicants come through agency referrals, and the remaining 70% come through targeted neighborhood marketing and word of mouth.

When Habitat expanded the ABWK program to the Rogers Road community, it utilized Success Measures, a data collection tool developed by NeighborWorks, to conduct a parcel observation survey of the Rogers Road community. Through this survey, Habitat identified 20 homes in need of minor exterior repairs such as yard clean up, siding repair, deck repair/replacement, handrail additions, gutter maintenance, and painting. Habitat developed a strategy to market the ABWK program specifically to these households, and to encourage participation among those who qualify. Of those 20 homes, Habitat has received 16 applications and completed 15 ABWK projects to date.

In 2012, Habitat was asked by the Town of Chapel Hill to implement ABWK in the Northside/Pine Knolls neighborhoods on a pilot basis. Since that time, Habitat has completed a total of 23 repairs in both neighborhoods. This is part of an ongoing retention strategy to help existing homeowners stay in their homes, while also increasing the attractiveness of the neighborhood. Habitat will continue to market the program and complete exterior repair projects in both of these neighborhoods in FY 2016-17.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

ABWK recipients must own their home and be current on their mortgage, homeowners insurance, and property taxes. Recipients must earn 80% or less of the area median income. In 2015, over 98% of the Orange County residents who participated in the program were elderly and/or disabled. The average recipient income was less than 40% area median income (this includes both County and Town residents). Habitat does not consider age, race, gender, religion, or any other protected status when evaluating applications. Habitat receives referrals from and partners with local senior support organizations and other low-income service providers.

e) Who specifically will carry out the activities and in what location will they be carried out?

The activities of Habitat's ABWK program will primarily be carried out by Adwoa Asare, Community Development Manager, and Tate Hamlet, ABWK Construction Supervisor. Ms. Asare is responsible for marketing the program, processing program applications, meeting with homeowners, and recruiting volunteers, while Mr. Hamlet is responsible for assessing the scope of the project, purchasing supplies, and supervising volunteer work. The program activities will primarily be carried out at the Habitat office and on the project site, which could be the home of any qualifying family in Orange County.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

ABWK is an ongoing program. Projects are completed throughout the year. At all times there will be projects at different stages in the process, such as application, approval, assessment of repairs needed, volunteer and funder recruitment, work days, and evaluation. There is an abundant need for home repairs in Orange County. Habitat repairs 1.5 homes on average each month. Construction work typically occurs on weekends with volunteers, while staff work throughout the week on program administration. The average family spends seven months as part of the ABWK program from the time they apply, to when the repairs are completed, until they make their final payment on the repairs and sign off that they are satisfied with the work done.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/ collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- To strengthen ABWK, Habitat created and implemented the ABWK Advisory Committee. Individuals from JOCCA, the Town of Chapel Hill Planning Department, the Orange County Housing and Community Development Department, faith congregations, and Rebuilding Together of the Triangle meet periodically to gain a greater understanding of the scope of programs and services offered by each, and to develop a more effective system of client referrals.

- Habitat staff and volunteers work with established leaders in the neighborhoods they serve, and also strive to identify and nurture new leaders, providing support and training as needed. Habitat's commitment to strengthening neighborhoods includes a variety of trainings and workshops that promote leadership specifically for the youth and adults who reside there. Collaborative efforts that began several years ago with both the Rogers-Eubanks Neighborhood Association (RENA) and the Fairview Community Watch enhance the overall quality of life in each neighborhood, and also serve to spread the word about ABWK and ensure that residents who could benefit from the program are identified and referred. Collaborative efforts in the Rogers Road community have engaged representatives from the Department on Aging, Piedmont Health Services, St. Paul AME Church, RENA, Justice United, Habitat's Youth United program, Blue Ribbon Mentor Advocates, and the UNC Habitat Campus Chapter.

- The local faith and business communities continue to provide funds and volunteer labor to support both ABWK and Habitat's new home construction program.

- When Habitat expanded ABWK to the Northside/Pine Knolls neighborhoods, the Jackson Center was instrumental in introducing Habitat to key residents of that community, helping to market the program, and identifying potentially qualified families. In addition, Habitat's Executive Director participated as a member of a resource group assembled by Self-Help Credit Union and the Jackson Center, which worked with residents to develop a variety of strategies to address complex issues affecting their neighborhood.

- Habitat coordinates with the Blue Ribbon Youth Leadership Institute to provide volunteer opportunities for high school students who can apply for a scholarship to assist with higher

education if they complete 30 hours of service with Habitat, primarily on ABWK projects. The funding for the scholarship program is provided by an anonymous donor.

- Habitat is a member of the Orange County Affordable Housing Coalition, a group of housing providers and advocates who are working together to increase resources for the full range of housing needs in Orange County, including home repair. Habitat's Executive Director currently chairs the Coalition.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

We arrived at this project design through a comprehensive strategic planning process and by identifying the critical actions necessary to achieve our mission and vision. The activities described in this project are inherently sustainable because they are aligned with our core values and are central to what we do. Funding for this project will enhance the quality and quantity of the services we provide. Our commitment to communities has been that we will partner with individuals, associations, government, and funders to carry out our mission to the best of our ability and provide safe, decent, affordable housing in Orange County to as many people as possible. If requested funding is not awarded at all, or if a reduced allocation is recommended, the core activities described in this proposal will still be carried out but to a lesser degree.

i) Include any other pertinent information.

n/a

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: A Brush with Kindness

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	12	15	15
Female	12	21	21
Total	24	36	36

Of the females, how many are single-female Head of Households (Omit for Human Services)	8	9	9
Ethnicity			
African-American	23	32	33
American Indian or Alaska Native	0	0	0
Asian	0	0	0
Caucasian	1	2	1
Native Hawaiian or other Pacific Islander	0	0	0
Other	0	2	2
Total	24	36	36
Of the above, how many Hispanic/Latino	0	0	0
Of the above, how many non-Hispanic/Latino	24	36	36
Total	24	36	36
Age			
0-5 years	0	0	0
6-18 years	2	1	1
19-50 years	5	4	2
51-61 years	2	2	2
62+ years	15	29	31
Total	24	36	36
Geographic Location			
Durham City	0	0	0
Durham County	0	0	0
Carrboro	0	4	1
Chapel Hill	15	20	29
Chapel Hill Public Housing Residents	0	0	0
Orange County	9	12	6
Raleigh	0	0	0
Wake County	0	0	0
Total	24	36	36
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	5	18	10
31-50% Area Median Income	11	10	14
51-80% Area Median Income	8	8	12
> 80% Area Median Income	0	0	0
Total	24	36	36
Special Needs (Omit for HS)			
Elderly (Over 62)	15	17	20
Disabled (not elderly)	2	4	1
Homeless	0	0	0
People with HIV/Aids	n/a	n/a	n/a

Total	17	21	21

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles (* = Position Vacant)	FTE**	% Program Staff+	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan, (H) Health Plan
Executive Director	1.0	0%	$83,512	$86,017	$88,598	2.9%	R, H
Development Director	1.0	2%	$75,000	$77,438	$79,761	2.6%	R, H
Construction Director	1.0	5%	$64,896	$67,005	$69,015	2.3%	R, H
Finance Director	0.8	1%	$54,047	$56,925	$56,650	1.9%	R, H
Family Services Director	1.0	13%	$54,786	$56,567	$58,264	1.9%	R, H
Construction Project Manager	1.0	4%	$57,115	$53,300	$53,560	1.8%	R, H
Director of Leadership Giving	1.0	0%	$50,000	$51,625	$53,174	1.8%	R, H
Associate Director of Administration	0.9	0%	$45,487	$47,347	$47,347	1.6%	R, H
Community Development Manager	1.0	95%	$41,600	$43,056	$44,348	1.5%	R, H
Homeowner Support Manager	1.0	5%	$0	$32,308	$43,260	1.4%	R, H
Partnership Manager	1.0	4%	$40,743	$42,435	$43,708	1.4%	R, H
Construction Site Supervisor (3)	3.0	0%	$115,467	$122,578	$126,255	4.2%	R, H
Mortgage Program Manager*	0.0	0%	$32,580	$0	$0	0.0%	R, H
Database and Grant Manager	1.0	0%	$29,539	$30,417	$31,330	1.0%	R, H
Communications Manager	1.0	1%	$0	$31,625	$36,823	1.2%	R, H
Volunteer and Youth Programs Coordinator	1.0	1%	$26,749	$27,077	$32,960	1.1%	R, H
ABWK/Critical Repair Supervisor	0.6	100%	$22,452	$22,500	$23,175	0.8%	R, H
Volunteer	10.6	9%	$0	$0	$0	0.0%	

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following: Total Volunteer Hours/1,960 = Volunteer FTE

l.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ **1/22/2016**
Executive Director Date

Signature: _____ **1/22/2016**
Board Chairperson Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	A Brush with Kindness	A Brush with Kindness	A Brush with Kindness
Program Goal	Provide exterior home repair/landscaping to 15-18 low and moderate-income homeowners in Orange County.	Provide exterior home repair/landscaping to 15-18 low and moderate-income homeowners in Orange County.	Provide exterior home repair/landscaping to 15-18 low and moderate-income homeowners in Orange County.
Performance Measures	By June 2015, complete 15-18 exterior repair projects for low and moderate-income homeowners in Orange County.	By June 2016, complete 15-18 exterior repair projects for low and moderate-income homeowners in Orange County.	By June 2017, complete 15-18 exterior repair projects for low and moderate-income homeowners in Orange County.
Program Results	15 repairs completed	17 repairs completed	18 repairs completed

Adwoa Asare, Community Development Manager, will be responsible for monitoring progress. Achievement of goals will be verified by counting the number of completed repairs. A repair is officially completed when the homeowner signs a document certifying that the agreed-upon work has been accomplished to their satisfaction.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget. If the program's finances experienced significant changes that you would like to explain, please use the space below.

Agency/Program: Habitat for Humanity of Orange County, A Brush with Kindness

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ -	$ -	$ -	0
Agency Generated Revenue (fees)	$ 88,687	$ 91,795	$ 71,133	-23%
Local Government Grants:				
Orange County	$ 20,000	$ 20,000	$ 25,000	25%
Town of Chapel Hill	$ 4,000	$ 3,000	$ -	-100%
Town of Carrboro	$ 2,000	$ 2,000	$ -	-100%
Other Local: CDBG Funds	$ 25,000	$ 25,000	$ 25,000	0%
Other Local: AHDR Funds	$ -	$ -	$ 25,000	0
Other Local: n/a	$ -	$ -	$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants: n/a	$ -	$ -	$ -	0
Other Grants: n/a	$ -	$ -	$ -	0
Miscellaneous/Other Revenue	$ -	$ -	$ -	0
Please list 3 largest Miscellanous sources:				
n/a				
n/a				
n/a				
Total Agency Revenue	**$ 139,687**	**$ 141,795**	**$ 146,133**	**3%**
AGENCY EXPENSES				
Compensation	$ 92,460	$ 97,130	$ 100,044	3%
Rent & Utilities	$ 7,114	$ 7,216	$ 7,474	4%
Supplies & Equipment	$ 9,185	$ 7,869	$ 7,994	2%
Travel & Training	$ 2,457	$ 2,580	$ 2,621	2%
Other Expenses:	$ 28,471	$ 27,000	$ 28,000	4%
Please list 3 largest "Other Expenses":				
Cost of Construction: $27,000				
n/a				
n/a				
Total Agency Expenses	**$ 139,687**	**$ 141,795**	**$ 146,133**	**3%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: A Brush with Kindness

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Compensation	$1,160,369	Total from agency budget x 8.6%	$100,044
Rent and utilities	$86,692	Total from agency budget x 8.6%	$7,474
Supplies and equipment	$92,718	Total from agency budget x 8.6%	$7,994
Travel and training	$30,396	Total from agency budget x 8.6%	$2,621
Cost of construction	$1,556	Average cost per project x 18	$28,000
		Total	**$146,133**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$139,687	$141,795	$146,133
Total # of Units	15	17	18
Cost Per Unit	$9,312	$8,341	$8,119

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Habitat for Humanity of Orange County**
FISCAL YEAR: **July 1 - June 30**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ -	$ -	$ -	0
Agency Generated Revenue (fees)	$1,094,199	$1,006,306	$1,026,432	2%
Local Government Grants:				
Orange County	$ 20,000	$ 20,000	$ 25,000	25%
Town of Chapel Hill	$ 4,000	$ 3,000	$ -	-100%
Town of Carrboro	$ 2,000	$ 2,000	$ -	-100%
Other Local: CDBG Funds	$ 80,000	$ 25,000	$ 25,000	0%
Other Local: HOME Funds	$ 192,500	$ 222,441	$ 258,014	16%
Other Local: AHDR Funds	$ -	$ 165,000	$ 185,000	12%
Other Local: OC/Hillsborough	$ -	$ -	$ 90,000	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 4,597	$ 5,547	$ 5,700	3%
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants: Corporate, Foundation	$ 273,800	$ 275,000	$ 280,000	2%
Other Grants:				0
Miscellaneous/Other Revenue	$1,662,712	$1,366,000	$1,396,000	2%
Please list 3 largest Miscellanous sources:				
Mortgage Payments: $550,000				
NCHFA: $463,000				
New Market Tax Credits: $420,890 (2014-15 only)				
ReStore: $230,000				
Total Agency Revenue	**$3,333,808**	**$3,090,294**	**$3,291,146**	**6%**
AGENCY EXPENSES				
Compensation	$1,014,556	$1,122,021	$1,160,369	3%
Rent & Utilities	$ 78,057	$ 83,358	$ 86,692	4%
Supplies & Equipment	$ 100,785	$ 90,900	$ 92,718	2%
Travel & Training	$ 26,964	$ 29,800	$ 30,396	2%
Other Expenses:	$1,755,113	$1,788,152	$1,919,152	7%
Please list 3 largest "Other Expenses":				
Construction, Land Costs: $1,403,845				
Tithe to Habitat International: $49,500				
Workers Comp, Directors Insurance: $36,170				
Total Agency Expenses	**$2,975,475**	**$3,114,231**	**$3,289,327**	**6%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency: **Hillsborough Arts Council**

Program(s): 2016 Sustainable Growth Plan

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☐ ***Applicant Contact Information*** **b.** ☐ ***Project/Program Contact Information*** **c.** ☐ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☐ ***Agency's Years in operation*** **b.** ☐ ***Agency's Purpose/Mission*** **c.** ☐ ***Agency's Types of Services Provided*** **d.** ☐ ***Agency's Experience*** **e.** ☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☐ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☐ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Hillsborough Arts Council

Applicant Organization's Physical Address: 102 North Churton Street, Hillsborough NC 27278

Applicant Organization's Mailing Address: Same

Applicant Organization's Web Address: WWW.hillsboroughartscouncil.org

Executive Director: Neil Stutzer, Chair (We don't have an Executive Director)

Telephone Number: 919 643-2500 cell, 919-698-1859 E-Mail: info@hillsboroughartscouncil.org

DUNS Number: 83-074-7544
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: 2016 Sustainable Growth Plan

Project/Program Primary Contact and Title: Neil Stutzer, Chair

Telephone Number: cell 919 698-1859 E-Mail: nstutzer@hillsboroughartscouncil.org

c) Funding Request Identification

Total Project/Program Cost: $30,000 Total Amount of Funds Requested: $15,000

Proposed Use of Funds Requested (2-3 Line Maximum): We ask for a combined total investment of $30,000/year from the Town of Hillsborough and Orange County that will allow HAC to professionalize its administration and develop the financial and service partnerships that will be sustainable into the future.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO	$_____	☐ Grant	☐ Loan
☐ HOME Other	$_____	☐ Grant	☐ Loan

X☐ Human Services: ☐ Carrboro $_____ ☐ Chapel Hill $_____ X☐ Orange County $15,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Neil Stutzer _____ 1-18-16 _____
Board Chairperson Date

Signature: Paul H Coley _____ 1-18-16 _____
Treasurer Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
The Hillsborough Arts council was formed 30 years ago this year as an exploratory committee for the town of Hillsborough and shortly became an all-volunteer organization until this year when we hired a part time Program Coordinator. This position is helping the organization meet the art and cultural needs of the community and surrounding areas. The organization received our nonprofit 501(3)(c) status on April 5, 2004.

b) Agency's Purpose/Mission
The mission of the Hillsborough Arts Council is to "*Enrich our community through the arts".* We have been fulfilling our purpose of education, supporting local artists and providing significant cultural events in our schools, in the Hillsborough Arts Council Gallery and Gift Shop and in public venues.

c) Types of Services the Agency Provides
The Hillsborough Arts Council and in our many partnerships provide education of the arts in our local schools, educational and entertainment events that include partnerships with local artists and writers. We also provide a reasonable outlet for local artists to sell their products through our Gallery and Gift Shop.

d) Agency's Experience with Similar Programs as the Funding Request
While the funding request is not for a program, it is for a need that will empower the Arts Council solid, sustainable growth. We seek to strengthen and centralize our administrative functions, while directing attention to developing a business plan and increasing outreach to previously underserved populations. To date marketing, outreach, development and fundraising has been the job of the program chairs and members of the board. This restructuring will allow not only solid growth to meet the growing needs of our county but assure that growth will be sustainable.

e) Other Pertinent Agency Information
We have had assistance from our Mayor, Tom Stevens as a facilitator in helping the board prepare for our strategic planning meeting on February 2nd. The planning session will be conducted by Leigh Ann Wilder, Arts in Communities Director of the North Carolina Arts Council. This is part of the Organizational Development Grant awarded to the Hillsborough Arts Council because of our standing in the community and the sound development we have and are achieving. One-to-one partnering like this, as well as with other key government departments and organizations, will help us create a firm base to work with and meet the growing needs of our community and of the County.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Hillsborough Arts Council 2016 Sustainable growth Plan

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

Type of Application and Program identified

Human Services Funding. Our interest is in receiving a three-year investment of support that will enable us to begin the work of formalizing our administrative processes and structure, building broader community partnerships, and developing a sustainable business plan. Please know that we are also open to developing a fee-for-service contract or receiving a line-item appropriation through a departmental budget, such as the Orange County Arts Commission.

X☐ Human Services (Main Application Only)
☐ AH Non-Construction (Main Application Only)
☐ AH Construction — (Main Application AND Part B)
☐ AHDR Non-Construction (Main Application Only)
☐ AHDR Construction — (Main Application AND Part B)
☐ CDBG Non-Construction — (Main Application AND Part A)
☐ CDBG Construction — (Main Application AND Part A AND Part B)
☐ HOME CHDO Set-aside — (Main Application AND Part A)
☐ HOME Other — (Main Application AND Parts A AND Part B)

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/ Residents
Education	X			X	
Health and Nutrition					
Job Training					
Sports and Arts Activities	X	X	X	X	
Pre-School Activities	X			X	
After-School Activities	X			X	
Mentoring	X			X	
Transportation					
Housing					
Other: Please specify _____	Sustainable Organizational growth				

	position				

Indicate the type of program for which you are requesting funding:

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Summary of Program

For thirty years, the Hillsborough Arts Council (HAC) has created venues for "community" and "creativity" to joyfully connect. In doing so, we generate benefits that range from the personal pleasure in attending a concert or purchasing an artist's product to broader social and financial benefits for this area. We bring people together to enjoy parades, music, and poetry, with spillover interactions with downtown merchants. We intentionally capture and share our diverse history in community events. We provide venues for local artists to showcase and share their talents.

Our traditional community services include well- known events such as the Last Friday concerts and arts walks, the handmade puppet parade, parlor concerts, Music Masters Series, and Free Spirit Freedom. Comprehensive information is available at our website at http://www.hillsboroughartscouncil.org/

In late 2015, not only did we initiate two successful new events (Stickworks and the Solstice Paper Lantern Parade), but we also hired our first Program Coordinator who will serve as the key liaison between the HAC and the community. We ask Orange County to partner with the Town of Hillsborough and private donors to initially sustain this position through the first three years.

2016 is a year to reframe the work of the Hillsborough Arts Council. The community interest in and demand for our services requires that we shift from being an informal but effective grassroots effort to professionalizing our nonprofit organization. We are also aware that most of the work has been enabled by a relatively small number of core volunteers. We need to both institutionalize their knowledge of the logistical support required to host these special events and teach others how to provide support, relieving the original volunteers of the sole responsibility for our success.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Description of Identified Need

We have a strategic planning process underway now. While the final goals have yet to be defined, we anticipate that they will include interests such as these:

- Shift information storage from individuals to the organization so we have centralized records of our transactions, progress, and history (in progress, now that we have a Program Coordinator).

- Develop a business plan that will generate more revenue from fee-for-service contracts, sales, classes, and performances, as well as traditional fundraising and development efforts (to be developed).
- Strengthen our internal capacity to sustain the HAC into the future through administrative oversight, development, and facilitation of mutually productive community partnerships (in progress, now that we have a Program Coordinator).
- Broaden our interactions with communities of color, and expand participation across individuals and organizations that are diverse in terms of economic or social status, ethnicity, physical ability, or familiarity with creative processes (in the beginning stage, with potential yet to be tapped).

We ask Orange County to invest in our infrastructure and planning as we build a sustainability blueprint for the future. We intend to formalize our administrative support and oversight while diversifying our audience and supporters, and reducing our dependency on grant support by increasing earned income.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Description of Population to Be Served

The approximately thirty individual events coordinated annually by the HAC are open to everyone. The number of participants range from less than a dozen (ongoing gatherings of the Orange Dog Poets Society) to several hundred (The Black Church, Freedom, and Civil Rights event, January, 2015) to thousands (over 1,900 people marched in the first Solstice Paper Lantern Parade in December, 2015). Total participation is estimated at 18,000 which is a duplicated count, given that we have a loyal following of repeat customers.

During the last half of 2015, we asked visitors to the HAC Gallery & Gift Shop where they called "home." People came from 48 cities and towns from across North Carolina, 33 states, Washington DC, and ten foreign countries (Mexico, Columbia, Taiwan, Japan, England, Belgium, Netherlands, Spain, Russia, and the Virgin Islands.) We enjoy representing the creative spirit of Hillsborough to these visitors.

With the new focus of our new Program Coordinator, we will be able to provide more inclusive programming by building community partnerships that will inform our program development. Invoking a practice of "doing with," and not "doing to," this programming will be designed based on the feedback we receive from the community:

- We will explore new partnerships, such as by joining the Orange County Historical Museum in their monthly outreach efforts into the historically African-American Fairview community.
- We will seek input from members of underserved communities, through one-on-one conversations and small group conversations, to learn more about the unrecognized artists within those communities, as well as the classes or events they would like to experience.

The HAC board is developing a strategic plan (spring, 2016) which will facilitate the development of a long-term business plan. Our challenge will be to develop strategic choices with a gradual plan of implementation that is sustainable. The following are a few examples of potential fee-for-service projects waiting to be developed:

- Orange County Schools are interested in after-school1[1] and summer arts programming.
- Charter school and at-home educators are interested in programming.
- Local artists are willing to host small workshops held in their studios or other suitable spaces.

In short, we intend to strengthen and institutionalize the infrastructure that will enable HAC to serve as a convener and conduit for the considerable and varied creative energy that exists in Orange County. The benefits will be social as well as financial, providing opportunities for exchange across individuals, while contributing to our positive community identity.

_____

1[1] $4,000 in support for the after school programming has been requested of the Mary Biddle Duke Foundation; the decision should be received by mid-spring, 2016.

e) Who specifically will carry out the activities and in what location will they be carried out?

Activity Manager and Location Description

The new Program Coordinator of HAC is Kristin Prelipp. Our offices are located in downtown Hillsborough at 102 North Churton.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Activity Implementation Timeline

Late Fall, 2015:	The HAC hires its first employee, a part time Program Coordinator
Spring, 2016:	The HAC works through a strategic planning process to decide on goals.
	The Program Coordinator and volunteers conduct outreach to previously underserved populations in Orange County.
Summer, 2016:	The HAC develops a business plan that emphasizes earned income, support from individuals, and private sponsors.
	The HAC completes the creation of a centralized repository of all organizational data and documentation.
	Begin developing fee-for-service opportunities with Orange County Schools, charter schools, and home school families.
	Begin developing a plan for expanded and enhanced involvement of previously underserved populations.
Winter, 2016/17:	Schedule new offerings for previously underserved populations.

_____

The HAC board works to operationalize its strategic goals, particularly as they related to board development and fundraising.

Throughout the calendar, the HAC will be offering its ongoing special events and programming.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

Agency Collaboration

Most of our informal relationships will continue as they have to date. We enjoy longstanding partnerships that support our shared interests with the Orange County Library, Burwell School, and St. Matthew's Church.

Given the focus afforded by our Program Coordinator, some key relationships will deepen in terms of contact, such as sharing in the outreach to the Fairview community with the Orange County Historical museum. A few relationships will hopefully be formalized through descriptions of mutual expectations, such as the arts programming to be offered to school age children.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Describe Impact of Reduced/No Allocation

The impact of little or no support from Orange County will show up in the form of missed opportunities and delayed development of our infrastructure. While the HAC will always rely on the passion and efforts of its volunteers, our community is demanding a higher level of service that can only be sustained with the focus of professional staff and the investment in organizational strategic planning. We want to step up and meet our community's demand for involvement in the arts. Our traditional dedicated core of volunteers have worked hard, enjoyed great success, and are beginning to show signs of fatigue. Without a focused, formal staffing and administrative structure the most likely alternative is to scale back on what we are doing, which would negatively affect both community spirit and tourism.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve:X ☐ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics

Please note that our largest events are open to the public and attract anywhere from a dozen to several thousand participants. We estimate that all of our events and services touch 18,000 individuals in a duplicated count. Informal observations tell us that most participants are residents of Hillsborough and northern Orange county and had been primarily Caucasian, but that is changing now that our Free Spirit Freedom programming is building on its success. Families are attracted to particular events, such as Last Fridays and the Puppet Parade. Adults are more likely to populate the music and poetry events. Participation by gender seems equitable.

We anticipate developing a business plan that will enable us to reach more school-aged children through fee-for-service contracts. We will be intentional in reaching out to communities of color to co-develop programming that will encourage their full participation in the arts. We project that primary outreach will be directed to African-American and Hispanic artists and community members.

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	8500	9000	9500
Female	8500	9000	9500
Total	17000	18000	19000
Of the females, how many are single-female Head of Households (Omit for Human Services)	-	-	-
Ethnicity			
African-American	5%	10%	20%
American Indian or Alaska Native	1%	1%	1%
Asian	2%	2%	2%
Caucasian	90%	85%	73%
Native Hawaiian or other Pacific Islander	-	-	-
Other	2%	2%	4%
Total	0	0	0
Of the above, how many Hispanic/Latino	Unknown	Unknown	Unknown

Of the above, how many non-Hispanic/Latino	Unknown	Unknown	Unknown
Total	0	0	0
Age - unavailable			
0-5 years			
6-18 years			
19-50 years			
51-61 years			
62+ years			
Total	0	0	0
Geographic Location – All events take place in and around Hillsborough, but participants for the events come from across Orange County, as well as the surrounding area.			
Durham City			
Durham County			
Carrboro			
Chapel Hill			
Chapel Hill Public Housing Residents			
Orange County			
Raleigh			
Wake County			
Total	0	0	0
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Our regular volunteers serve on the board and organize and staff our events. Other volunteers participate less frequently, specifically in support of a particular event or function. We estimate that the total number of volunteer hours is in the range of 4500 – 5000, with 90% of those hours coming from a core group of 30 - 40 volunteers.

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Program Coordinator, hired in the Fall of 2015	.50	100	0	.5 FTE	.75 FTE	30	None
Bookkeeper	.25	0	.25	.25	.25	10	None
Program Chairs	0		15 volunteers	15 volunteers	15 volunteers	0	None
Program Support	0		100 Volunteers average	100 Volunteers average	100 Volunteers average	0	None
Advisory and Technical	0		10 Volunteers average	10 Volunteers average	10 Volunteers average	0	None
HAC Board	0		12 Volunteers	13 Volunteers	15 Volunteers	0	None

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ X☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ X☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ X☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ X ☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Neil Stuart — Board Chairperson — Date: 1-18-16

Signature: Paul H Coley — Treasurer — Date: 1-18-16

m.) **Work Statement**

Data collection and evaluation is one of the administrative functions that we hope to strengthen over the next year. When we develop our business plan, we will specify what "success" will mean in terms of the people reached, revenue generated, and outcomes achieved. In broad terms, during 2015 the HAC hosted 56 events of various kinds, provided opportunities of 380 artists to sell their products, and involved approximately 18,000 people. The outcomes achieved range from the satisfaction of listening to music to the community interaction generated by parading together to the sales generated by our local artists. Indirect outcomes include the financial benefit gained by the downtown merchants of Hillsborough during our events, as well as the positive publicity generated in the media.

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1			
Program Goal			
Performance Measures			
Program Results			
Program Activity 2			
Program Goal			
Performance Measures			
Program Results			
Program Activity 3			
Program Goal			
Performance Measures			
Program Results			
Program Activity 4			

Program Goal			
Performance Measures			
Program Results			
Activity 5			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

We will continue to seek support of individual events from other grants, sponsors, and donors. We are asking for $15,000 to support us in expanding our outreach to underserved populations, strengthening our administrative infrastructure and business planning, and partially supporting the position of our new Program Coordinator. As she assumes the responsibility of volunteer coordination and logistical support, our tenured volunteers will be able to direct more of their attention to our organizational development process and fundraising.

Hillsborough Arts Council	4:59 PM
Profit & Loss Budget Overview FY15-16	08/12/2015
July 2015 through June 2016	Accrual Basis

	Jul '15 - Jun 16
Ordinary Income/Expense	
Income	
4000 · Contributions	
4010 · Individual Contributions	10,750.00
4011 · Sponsorships	16,950.00
4210 · Corporate Grants & Donations	1,700.00
4610 · Organization/ Foundation Grants	0.00
4810 · Government Grants	34,850.00
Total 4000 · Contributions	64,250.00
5200 · Sale of Goods	19,200.00
5410 · Program Service Fees	0.00
5540 · Event Ticket Sales	17,740.00
5560 · Vendors Fees	7,125.00
5600 · Advertising & Equipment Rental	0.00
Total Income	108,315.00
Cost of Goods Sold	
50000 · Cost of Goods Sold	11,725.00
Total COGS	11,725.00

Gross Profit	96,590.00
Expense	
700 · Payroll Expenses	
701 · Wages & Salaries	28,000.00
702 · Payroll Tax Expense	3,000.00
Total 700 · Payroll Expenses	31,000.00
7100 · Contracted Services	
7110 · Performance Services	
7110-1 · Production	5,750.00
7110 · Performance Services - Other	31,800.00
Total 7110 · Performance Services	37,550.00
7130 · Security Services	1,600.00
7160 · Accounting Service Fees	300.00
7198 · Other Contracted Services	3,710.00
Total 7100 · Contracted Services	43,160.00
73xx · Office Expenses	
7310 · Supplies	1,785.00
7311 · Software Expense	300.00
7340 · Internet Access & E-mail	1,900.00
7350 · Website Maintenance & Hosting	2,400.00
7360 · Postage and Shipping	1,300.00
7380 · Printing & Copying	3,180.00
Total 73xx · Office Expenses	10,865.00
75xx · Occupancy Expenses	
7510 · Rent & Utilities	15,290.00
Total 75xx · Occupancy Expenses	15,290.00
77xx · Travel Expenses	
7710 · Mileage Reimbursements	50.00
Total 77xx · Travel Expenses	50.00
8xxx · Other Operating Expenses	
8110 · Meeting/Event Rental	1,000.00
8120 · Reception Expenses	2,355.00
8150 · Honorarium	300.00
8160 · Materials/Supplies (not office)	2,875.00
8310 · Advertising	6,175.00
8333 · Insurance	840.00
8420 · Dues and Subscriptions	180.00
8430 · Licenses and Permits	790.00
8525 · Volunteer Recognition	260.00
8600 · Gifts for volunteers/performers	75.00
8720 · Equipment Rental	1,700.00
8730 · Repairs & Main. - Equipt.	200.00
Total 8xxx · Other Operating Expenses	16,750.00
93xx · Other Expenses	
9323 · Bank Charges	680.00
9333 · PayPal transaction fee	470.00

Total 93xx · Other Expenses	1,150.00
Total Expense	118,265.00
Net Ordinary Income	-21,675.00
Net Income *	-21,675.00

***NOTE about deficit**	**Cover by carry-over of savings for Program Director and Stickwork**

b.) Program Budget Detail

Though the budget detail for this grant is shown below, we would like to submit additional information about existing programs we provide for the community. These are the actual expences from last FY '14-'15:

Last Fridays - $5,783.65 Free Spirit Freedom - $3,658.46 Handmade Parade - $6,188.71
Artwalk - $2,409.01 Arts & Crafts Show - $2,735.92 Arts Alive - $744.08
Music Masters - $6,100.00 Sculpture Tour - $2,077.09 Gallery & Gift Shop - $14,382.92
Parlor Concert - $1,652.10 J. Watson Christmas Concert - $2,354.23
Orange Dog Poet Society - $0

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

2016-17 Projected Budget

Continuing business-as-usual for HAC with a .5 FTE Program Coordinator would require a budget of approximately $100,000. We request a three-year investment to strengthen our infrastructure and develop a sustainable business plan for the future, to be shared primarily by Hillsborough and Orange County.

This projected budget reflects increasing the Program Coordinator's time from .5 FTE to .75 FTE.

Administration	**New Goals:** 1. Centralize records. 2. Strengthen Infrastructure.	**Projected Expenses:** Staffing – All volunteer Office rent/utilities (20%) Dues/subscriptions Repairs/maintenance Communications Office supplies/software Postage/shipping	 -0- 3,020 200 500 6,000 3,000 600 **$13,320**
Services, Programs, & Sales	**Goals remain consistent.**	Staffing – .4 FTE Contracted services Office rent/utilities (80%) Advertising Materials/supplies Website maintenance Printing/copying Meeting/reception expenses Bank fees Insurance Equipment/van rental Licenses/permits	17,913 30,000 12,080 7,000 5,000 2,400 2,830 3,500 1,200 1,000 900 900

		Postage/shipping Honorariums/gifts Volunteer recognition	700 700 300 **$86,423**
Marketing & Outreach	**New Goals:** 1. Reach out to diverse and under-served populations. 2. Strengthen community partnerships.	Staffing - .1 FTE Outreach materials & supplies	4,478 1,000 **$5,478**
Fundraising & Development	**New Goal:** 1. Develop sustainable business plan.	Staffing - .25 FTE Annual fundraising letter	11,195 1,000 **$12,195**

Total Project Budget = $117,416
In the recent past, our work has primarily relied on project-specific support in the form of grants and sponsorships. Sales through our gallery are modest but steadily increasing, and we have untapped potential for fee-for-service partnerships and enhanced fundraising.

We ask for a combined total investment of $30,000/year from the Town of Hillsborough and Orange County that will allow HAC to professionalize its administration and develop the financial and service partnerships that will be sustainable into the future.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: 2016 Sustainable Growth Plan

The funding provided by Orange County and Hillsborough will be directed towards Marketing & Outreach ($5,478), Fundraising & Development ($12,195), with the remainder going to the Program Coordinators efforts to manage our services/programs/events, in order to free up other volunteer time to focus on strengthening our infrastructure and financial planning

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Program Coordinator	$20	30 hrs (30hrs x 4wks. X 12mos)	$28,800
		Total	**$28,800**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**0**	**$19,200**	**$28,800**
Total # of Units	**0**	**80 hrs./month**	**120 hrs./month**
Cost Per Unit	**0**	**$20.00**	**$20.00**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

	FY14-15 Actuals	FY15-16 Budget	FY16-17 OCOAG Projected Budget
Ordinary Income/Expense			
Income			
4000 · Contributions			
4010 · Individual Contributions	$24,527	$10,750	$15,000
4011 · Sponsorships	$10,475	$16,950	$15,000
4210 · Corporate Grants & Donations	$1,500	$1,700	$1,500
4610 · Organization/ Foundation Grants	$0	$0	$0
4810 · Government Grants	$35,767	$34,850	$41,500
Total 4000 · Contributions	$72,269	$64,250	$73,500

5200 · Sale of Goods	$19,995	$19,200	$27,000
5410 · Program Service Fees	$0	$0	$0
5540 · Event Ticket Sales	$10,040	$17,740	$15,000
5560 · Vendors Fees	$7,827	$7,125	$8,500
5600 · Advertising & Equipment Rental	$25	$0	$0
Total Income	$110,156	$108,315	$123,500
Cost of Goods Sold			
50000 · Cost of Goods Sold	$11,567	$11,725	$17,000
Total COGS	$11,567	$11,725	$17,000
Gross Profit	$98,589	$96,590	$106,500
Expense			
66900 · Reconciliation Discrepancies	$100	$0	$0
700 · Payroll Expenses			
701 · Wages & Salaries	$6,132	$28,000	$33,000
702 · Payroll Tax Expense	$502	$3,000	$3,486
Total 700 · Payroll Expenses	$6,634	$31,000	$36,486
7100 · Contracted Services			
7110 · Performance Services			
7110-1 · Production	$750	$5,750	$3,500
7110 · Performance Services - Other	$20,433	$31,800	$17,000
Total 7110 · Performance Services	$21,183	$37,550	$20,500
7120 · Instructors Fees	$1,274	$0	$1,500
7130 · Security Services	$900	$1,600	$2,000
7160 · Accounting Service Fees	$273	$300	$500
7198 · Other Contracted Services	$3,705	$3,650	$4,000
7100 · Contracted Services - Other	$1,180	$60	$500
Total 7100 · Contracted Services	$28,515	$43,160	$29,000
73xx · Office Expenses			
7310 · Supplies	$2,273	$1,785	$2,000
7311 · Software Expense	$220	$300	$1,000
7340 · Internet Access & E-mail	$2,055	$1,900	$4,000
7350 · Website Maintenance & Hosting	$2,400	$2,400	$4,400
7360 · Postage and Shipping	$1,250	$1,300	$1,300
7380 · Printing & Copying	$1,470	$3,180	$2,830
Total 73xx · Office Expenses	$9,668	$10,865	$15,530
75xx · Occupancy Expenses			
7510 · Rent & Utilities	$15,054	$15,290	$16,100
Total 75xx · Occupancy Expenses	$15,054	$15,290	$16,100
77xx · Travel Expenses			
7710 · Mileage Reimbursements	$55	$50	$0

Total 77xx · Travel Expenses	$55	$50	$0
8113 · Van Related costs	$66	$0	$0
8xxx · Other Operating Expenses			
8110 · Meeting/Event Rental	$1,716	$1,000	$1,100
8120 · Reception Expenses	$668	$2,355	$2,500
8150 · Honorarium	$600	$300	$500
8160 · Materials/Supplies (not office)	$3,582	$2,875	$4,000
8310 · Advertising	$7,035	$6,175	$7,000
8333 · Insurance	$340	$840	$1,000
8420 · Dues and Subscriptions	$186	$180	$200
8430 · Licenses and Permits	$787	$790	$900
8525 · Volunteer Recognition	$193	$260	$300
8600 · Gifts for volunteers/performers	$81	$75	$200
8720 · Equipment Rental	$680	$1,700	$900
8730 · Repairs & Main. - Equipt.	$227	$200	$500
8760 · Assests Under $500	$0	$0	$0
Total 8xxx · Other Operating Expenses	$16,095	$16,750	$19,100
93xx · Other Expenses			
9323 · Bank Charges	$759	$680	$700
9333 · PayPal transaction fee	$498	$470	$500
Total 93xx · Other Expenses	$1,257	$1,150	$1,200
99xx · Other	$0	$0	$0
Total Expense	$77,444	$118,265	$117,416
Net Ordinary Income	$21,145	-$21,675	-$10,916
Other Income/Expense			
Other Expense			
9982 · Interfund Expense	$0	$0	$0
9999 · Suspense	$0	$0	$0
Total Other Expense	$0	$0	$0
Net Other Income (carry over from savings)	$0	$21,675	$10,916
	$21,145	$0	$0

MAIN APPLICATION

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 36,502	$ 29,400	$ 31,500	7%
Agency Generated Revenue (fees)	$ 7,827	$ 7,125	$ 8,500	19%
Local Government Grants:				
Orange County	$ -	$ -	$ 15,000	0
Town of Chapel Hill				0
Town of Carrboro				0
Other Local: Town of Hillsborough	$ 4,500	$ 4,500	$ 4,500	0%
Other Local: Hillsborough Tourism Board	$ 21,000	$ 24,380	$ 16,000	-34%
Other Local: Orange Co Arts Commission	$ 9,000	$ 6,000	$ 6,000	0%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: NC Humanities Council	$ 1,200	$ -	$ -	0
Other Grants:				0
Miscellaneous/Other Revenue	$ 18,560	$ 25,185	$ 25,000	-1%
Please list 3 largest Miscellanous sources:				
Net Sale of Goods $ 8,428.00				
Event Ticket Sales $ 10,400.00				
$ -				
Total Agency Revenue	**$ 98,589**	**$ 96,590**	**$ 106,500**	**10%**
AGENCY EXPENSES				
Compensation	$ 6,634	$ 31,000	$ 36,486	18%
Rent & Utilities	$ 15,054	$ 15,290	$ 16,100	5%
Supplies & Equipment	$ 6,075	$ 4,960	$ 7,000	41%
Travel & Training	$ 55	$ 50	$ -	-100%
Other Expenses:	$ 49,647	$ 66,965	$ 57,830	-14%
Please list 3 largest "Other Expenses":				
Performance Services $ 21,183.00				
Advertising $ 7,035.00				
Other Contracted Services $ 3,705.00				
Total Agency Expenses	**$ 77,465**	**$ 118,265**	**$ 117,416**	**-1%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 21,124**	**$ (21,675)**	**$ (10,916)**	**50%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Historic Hillsborough Commission**

Program(s) ***Visitor Services at the Burwell School Historic Site***

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page		
2. Agency Information -	a. ☒ *Agency's Years in operation* b. ☒ *Agency's Purpose/Mission* c. ☒ *Agency's Types of Services Provided* d. ☒ *Agency's Experience* e. ☐ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☒ *Type of Application and Program Identified* b. ☒ *Summary of Program* c. ☒ *Description of Identified Need* d. ☒ *Description of Population to be Served* e. ☒ *Activity Manager and Location Description* f. ☒ *Activity Implementation Timeline* g. ☒ *Agency Collaboration* h. ☒ *Describe Impact of Reduced/No Allocation* i. ☒ *Other Pertinent Information* j. ☒ *Complete Target Population/Beneficiary Chart* k. ☒ *Complete Schedule of Positions* l. ☒ *Signed Conflict of Interest Disclosure* m. ☒ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** a. ☒ ***Program Budget Worksheet*** b. ☒ ***Program Budget Detail*** c. ☒ ***Cost Per Unit*** d. ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: The Hillsborough Historic Commission, Inc.

Applicant Organization's Physical Address: 319 N Churton St Hillsborough NC 27282

Applicant Organization's Mailing Address: PO Box 922 Hillsborough NC 27282

Applicant Organization's Web Address: www.burwellschool.org

Executive Director: Kate Faherty

Telephone Number: 919-732-7451 E-Mail: director@burwellschool.org

DUNS Number: 141818208
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: The Burwell School Historic Site Visitor Services

Project/Program Primary Contact and Title: Kate Faherty – Executive Director

Telephone Number: 919-732-7451 E-Mail: director@burwellschool.org

c) Funding Request Identification

$8,857.00 JS KF

Total Project/Program Cost: ~~$8500~~ Total Amount of Funds Requested: ~~$8500~~ $8,857.00 JS KF

Proposed Use of Funds Requested (2-3 Line Maximum): The HCC proposes to strengthen & expand visitor svcs @ the Burwell & to improve the walkability & safety for all visitors on property.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☐ Human Services: ☐ Carrboro $_____ ☐ Chapel Hill $_____ ☒ Orange County ~~$8500~~ $8,857.00 JS KF

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Kate Faherty — Executive Director — Date 1-25-2016

Signature: Jesse Stamer — Board Chairperson — Date 1/25/2016

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) ***Years in Operation, Date of Incorporation (Month/Year)***

The Historic Hillsborough Commission (HHC) is a statutory commission established in 1963 by the NC General Assembly and incorporated in January 1964.

b) ***Agency's Purpose/Mission***

The mission of the Historic Hillsborough Commission, as stated in its bylaws, is ***"to maintain and preserve the Burwell School Historic Site; to interpret the history of 19th century Hillsborough for the enrichment of the public; and to celebrate and promote the culture and heritage of Hillsborough and Orange County."***

c) ***Types of Services the Agency Provides***

The HHC and the Burwell School provide a range of educational programs and experiences for visitors of all ages, with an emphasis on history of the site itself and the people who lived there.

d) ***Agency's Experience with Similar Programs as the Funding Request***

The Commission and the Burwell School brings in school groups from local schools for educational modules that are very "hands - on"; Girl Scouts participate in the Burwell School Patch Program, and scores of students enjoy participation in the History Fun Days and Colonial Kids Days carried out in cooperation with the Alliance for Historic Hillsborough and the Orange County Historical Museum. The Burwell School offers a variety of educational modules for school-age participants, such as "The Story of Elizabeth Keckly," "All Dressed Up (19th C. clothing)," "Herbal Remedies," and more. It is on this strong foundation that the Commission wishes to build a new tier of tours and visitor experiences. In support of visitor services the Commission must maintain the buildings and grounds to be walkable and safe. For all historic properties -- the Burwell School is nearing its 200th anniversary -- maintenance and preservation of the site are essential to serving visitors.

e) ***Other Pertinent Agency Information-***

PROJECT/PROGRAM INFORMATION

Agency & Program Name: ***The Historic Hillsborough Commission: Visitor Services at the Burwell School Historic Site***

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	x	x	x	x	x
Health and Nutrition					
Job Training					
Sports and Arts Activities	x	x	x	x	x
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify *(local history & culture)* _____	x	x	x	x	x

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

(b) Summarize the program services proposed and how the program will address the chosen town/county priority?

The Historic Hillsborough Commission proposes to (1) implement new visitor experiences at the Burwell School Historic Site, (2) build a structure that will provide volunteer opportunities for people of ALL ages in the local community and (2) improve the safety and walkability of the site.

(c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The ***Orange County Master Aging Plan for 2012 - 2017***, Goal 5, states: "Empower older adults to engage in the community through volunteerism, lifelong learning, and civic activities; promote lifelong learning of older adults through increased access to continuing education classes and programs throughout the community." *Every proposed project element in this application supports this goal .*

The ***Orange County Board of Commissioners Statement of Goals and Priorities***, adopted in 2009, states as goal #6: "Ensure a high quality of life and lifelong learning that champions diversity, education at all levels, libraries, parks, recreation, and animal welfare." *Every project component in this application supports this goal.*

Historical and cultural literacy for all is at the forefront of the mission of the Historic Hillsborough Commission, along with a more in-depth understanding of the complexities of antebellum life and the corrosive effects of slavery that echo through our history.

(d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries

1. Older adults (identified through senior centers, retirement communities, through advertising and outreach) who are interested in history; volunteering; research

2. All local citizens interested in volunteering at the Burwell School

3. All visitors to the site interested in the story of Elizabeth Keckly and Mary Todd Lincoln

4. Visitors of all ages -- with the goal of increasing numbers and improving their experience at the Burwell School

(e) Who specifically will carry out the activities and in what location will they be carried out?

All proposed activities will be overseen by the Executive Committee of the Historic Hillsborough Commission, which is comprised of the four officers of the HHC and the chairs of all working committees. The program will be implemented by the staff of the Burwell School Historic Site, specifically the Executive Director (.5 FTE) and two Docent Guides (aggregate .4 FTE). They will design and implement the new tours in consultation with the members of the HHC's Research Committee to ensure that the information is well-presented and complete.

(f)Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

July 1 to December 30, 2016: Planning and design of handrails; planning marketing and implementation of history teas; collect feedback from all participants in new scripted tours; ongoing recruitment of Burwell Volunteers; orientation event for volunteers; identified local seamstress to replicate Elizabeth Keckly dress; complete all designs and plans for Keckly display; Application for HDC for handrail design.

Jan 1 2017 to June 30 2017: Install Keckly display for Feb opening; ongoing communication with Burwell Volunteers for Volunteer opportunities at the site; record-keeping of all volunteer hours and feedback; construction and installation of front handrails; painting accomplished by commissioner volunteers. Quarter history teas continue feedback continued and analyzed.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

The HHC and the Burwell School have been close partners with the other visitor services agencies in Orange County and Hillsborough through the **Alliance for Historic Hillsborough**, of which the Commission is a a founding member. The Commission is a very active member of the governing board of the Alliance, which also includes the following:

- Historical Foundation of Orange County (Orange Co. Historical Museum)
- **Hillsborough Chamber of Commerce**
- **Preservation Fund of Hillsborough**
- **Hillsborough Arts Council**
- **Historic District Commission**

The Alliance/Visitor Center coordinates several town-wide events with which the Burwell School is active including Colonial Kids Day, Living History Days, and more. These activities are planned and will continue for 2016 - 17 if the Commission is able to continue to raise the operational funding necessary to support staff and the facilities costs associated with the School's operation.

The Burwell School also has a very collaborative relationship with the **Hillborough Garden Club**, which carries out holiday decorating at the School and holds events such as flower shows at the site as part of their education and beautification mission in the town.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.
If allocations is not provided the Commission will not be able to make much-needed safety and accessibility upgrades to the front entrance of the Burwell School and will be unable to support the staff time required to expand services to older adults and the expansion of educational resources featuring Elizabeth Hobbs Keckly.

Program/Project Information

a) Complete the Target Population and Program Beneficiary Demographics Chart
b) Complete the Schedule of Positions Chart for Program Staff
c) Disclosure of Potential Conflicts of Interested must be signed
d) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☐ **Persons** ☐ **Households** ☒ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	45%	45%	45%
Female	55%	55%	55%
Total	100%	100%	100%

Of the females, how many are single-female Head of Households (Omit for Human Services)	n/a	n/a	n/a

Ethnicity

African-American	21%	20%	22%
American Indian or Alaska Native	4%	3%	1%
Asian	3%	2%	2%
Caucasian	71%	72%	71%
Native Hawaiian or other Pacific Islander	1%	3%	4%
Other			
Total	100%	100%	100%

Of the above, how many Hispanic/Latino	UNKNOWN	UNKNOWN	UNKNOWN
Of the above, how many non-Hispanic/Latino	UNKNOWN	UNKNOWN	UNKNOWN
Total	5,000	5,000	5,000

Age

0-5 years			
6-18 years			
19-50 years			
51-61 years			
62+ years			
Total	0	0	0

Geographic Location

Durham City	UNKNOWN	UNKNOWN	UNKNOWN
Durham County	UNKNOWN	UNKNOWN	UNKNOWN
Carrboro	UNKNOWN	UNKNOWN	UNKNOWN
Chapel Hill	UNKNOWN	UNKNOWN	UNKNOWN
Chapel Hill Public Housing Residents	UNKNOWN	UNKNOWN	UNKNOWN
Orange County	UNKNOWN	UNKNOWN	UNKNOWN
Raleigh	UNKNOWN	UNKNOWN	UNKNOWN
Wake County	UNKNOWN	UNKNOWN	UNKNOWN
Total	0	0	0

Income Level – See following chart
(Omit for HS)

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			

Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

DBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937

115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	.50	50%	27,000	25,250	27,000	*32%*	
Docent/Support	.40	40%	9,450	2,800	9,450	*11%*	
Volunteer	.25	10%	0	0	0	*0%*	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ **1/25/2016**
Executive Director Date

Signature: _____ **1/25/2016**
Board Chairperson Date

I.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

Program Activity 2	n/a	n/a	Burwell Volunteers, Community Building (year one)
Program Goal	n/a	Evaluate need for volunteer organization to support Burwell School activites and goals.	Establish The Burwell Volunteers : The Historic Hillsborough Commission established an ad hoc planning committee in 2015 to investigate the feasibility of creating a volunteer auxiliary, to be called The Burwell Volunteers, utilizing the interests and talents of community members. Individuals of all ages, including many senior citizens, have asked for an opportunity to volunteer at the Burwell School. This has the potential to meet some very pressing needs at the site which cannot be fully met by the part time staff nor the 27 Commissioners. Volunteer jobs could include: conducting tours; help with events; events management; garden maintenance and improvement; site maintenance (small repairs, upkeep, etc); genealogical research.
Performance Measures	n/a	Commission approval to establish Burwell Volunteers	Recruit, train and supervise 40 volunteers in all phases of Burwell operations.
Program Results	n/a	Commission establishes Burwell Volunteer Committee.	The Burwell Volunteers will be established and operational and evaluated on an ongoing basis.
Program Activity 3	Burwell School Site maintained and preserved.	Burwell School Site maintained and preserved.	We propose to **Install a low-voltage LED lighting system for the front access to the Burwell School,** from the steps at W. Union Street,, along a rough stepping-stone path, up to the base of the front porch. The front entrance to the Burwell School is extremely dark at night. Many visitors park along Union Street and enter the building using steps up from the street, then along a stone pathway set into the grass along a large boxwood hedge, and finally to the front steps, where there is one small porch light to illuminate the entry. Getting in and out of the main building for evening events can be treacherous and the staff have received numerous comments to this effect. Solar path lights have proven completely inadequate and often fail due to inadequate solar gain or weak batteries.
Program Goal	Maintain and preserve the Burwell School historic site as outlined in our mission statement.	Maintain and preserve the Burwell School historic site as outlined in our mission statement.	Improved walkability and safety for visitors to the front entrance of the Burwell School.
Performance Measures	Repairs and upkeep accomplished promptly.	Repairs and upkeep accomplished promptly.	Lighting System operational dark until 12am; grounds maintained safely for visitors.
Program Results	Site in safe and working condition for visitors.	Site in safe and working condition for visitors.	Front Entrance to Burwell School safely and attractively illuminated for evening events and visitors in a energy efficient manner. The low-voltage LED lighting system for the front walk will be purchased and installed and operational by the the beginning of Daylight Savings Time in October, 2016. Grounds maintained and mowed to ensure [illegible] and safe [illegible] visitors throughout the growing season.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: ***Burwell School Visitor Services – Expansion/Daytime History Teas for Older Population(Year One)***

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Speaker Honoraria	$50.00	3 events	$150.00
Planning, Marketing	$27.00	10 staff hours	$270.00
Site Preparation	$105.00	3 events	$315.00
Staffing Administration & Evaluation	$37.00	3 hrs x Exec Director, docent time x 3 events	$333.00
		Total	**$1068.00**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**NA**	**NA**	**$1,068.00**
Total # of Units	**NA**	**NA**	**$140.00**
Cost Per Unit	**NA**	**NA**	**$7.63**

Program: ***Burwell School Historic Site "Burwell Volunteers" Community – Building (YEAR ONE)***

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Administration	$27.00	4 hours/month staff x 12 months	$1,296.00
Printing & Mailing for marketing, record keeping, applications and record forms	$325.00	60 volunteer packets, files, mailings x 2/year	$650.00
Community Volunteer events	$250.00	2 x year	$500.00
		Total	**$2,446.00**

d.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**NA**	**NA**	**$2,446.00**
Total # of Units	**NA**	**NA**	**5,000 visitors**
Cost Per Unit	**NA**	**NA**	**$0.50/visitor**

Program: ***Improved Safety and Accessibility for Visitors to the Burwell School Historic Site***			
Cost Elements	**Cost ($)**	**Quantity/Unit of measure**	**Subtotal ($)**
Low Voltage LED lighting system for front pathway and entrance to site	$600	300 watt transformer +5 LED step and path lights + 100 ft low voltage line	$600.00
Installation of handrails at front entrance to the Burwell School	$480	2 handrails x 4 hrs each construction and 2 hrs installation @$40/hr	$960.00
Pressure treated millwork lumber	$200	1	$200.00
HDC Application Fee	$20	1	$20.00
Exterior latex primer and paint	$48	1 gallon	$48.00
Site Maintenance and Visitor Safety	$110	Grounds care x 24 visits	$2,640.00
	$		
		Total	**$4,468.00**

e.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$2640.00**	**$2640.00**	**$4668.00**
Total # of Units	**5,000**	**5,000**	**5,000**
Cost Per Unit	**$0.53**	**$0.53**	**$0.94**

Program: Elizabeth Keckly Exhibit Expansion			
Cost Elements	**Cost ($)**	**Quantity/Unit of measure**	**Subtotal ($)**
Small Scale 19th Century Dress Reproduction	$500	One dress, reduced size reproduction & produced by hand	$500.00
30" tall dress display form	$75	$50 estimated plus $25 shipping	$75.00
Exhibit Sign and brochure production (design and printing)	$300	200 tri fold brochures ($250) and 8 x 10 exhibit sign ($50)	$300.00
		Total	**$875.00**

f.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	NA	NA	$875.00
Total # of Units	**NA**	**NA**	**5,000**
Cost Per Unit	**NA**	**NA**	**$0.17**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Historic Hillsborough Commission**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 6,158	$ 7,500	$ 7,500	0%
Agency Generated Revenue (fees)	$ 34,090	$ 26,850	$ 26,850	0%
Local Government Grants:				
Orange County	$ 7,000	$ 7,000	$ 8,857	27%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local: Town of Hillsborough	$ 23,000	$ 16,000	$ 16,000	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Kirby	$ 10,000	$ 10,000	$ -	-100%
Other Grants: Covington Foundation	$ 9,000	$ -	$ -	0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
\ $ -				
$ -				
$ -				
Total Agency Revenue	**$ 89,248**	**$ 67,350**	**$ 59,207**	**-12%**
AGENCY EXPENSES				
Compensation	$ 47,237	$ 32,015	$ 36,450	14%
Rent & Utilities	$ 6,740	$ 7,536	$ 7,756	3%
Supplies & Equipment	$ 3,861	$ 4,200	$ 5,000	19%
Travel & Training				0
Other Expenses:	$ 32,438	$ 30,532	$ 29,294	-4%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
Total Agency Expenses	**$ 90,276**	**$ 74,283**	**$ 78,500**	**6%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (1,028)**	**$ (6,933)**	**$ (19,293)**	**-178%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Historical Foundation of Hillsborough and Orange County**

Program(s) **Orange County Historical Museum Heritage Education Programs, Community Workshops, Exhibits, Collections**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information N/A***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet SEE ATTACHMENT*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet SEE ATTACHMENT***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☒ **Part A:** ***CDBG & HOME N/A*** **B.** ☒ **Part B*: Construction/Rehab N/A***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **N/A** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☒ ***3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: The Historical Foundation of Hillsborough & Orange County

Applicant Organization's Physical Address: 201 N. Churton Street, Hillsborough NC 27278

Applicant Organization's Mailing Address: 201 N. Churton Street, Hillsborough NC 27278

Applicant Organization's Web Address: www.orangenchistory.org

Executive Director: Candace Midgett

Telephone Number: (919) 732-2201 E-Mail: director@orangenchistory.org

DUNS Number: 931145098
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information
Project/Program Name: Orange County Historical Museum Heritage Education Programs, Community Workshops, Exhibits, Collections

Project/Program Primary Contact and Title: Candace Midgett

Telephone Number: (919) 732-2201 E-Mail: director@orangenchistory.org

c) Funding Request Identification
Total Project/Program Cost: $31,787.00Total Amount of Funds Requested: $6,600

Proposed Use of Funds Requested (2-3 Line Maximum): Materials costs, transportation, personnel expenses for Heritage Education outreach to OC K-12 students; public education via museum exhibitions; preservation/collections care/research efforts to benefit museum stakeholders.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $____ ☐ Grant ☐ Loan
☐ HOME CHDO $____ ☐ Grant ☐ Loan
☐ HOME Other $____ ☐ Grant ☐ Loan

☒ Human Services: ☐ Carrboro $____ ☐ Chapel Hill $____ ☒ Orange County $6,600

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Date 1.21.2016
Executive Director

Signature: _____ Date 01/24/2016
Board Chairperson

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

a. Date of incorporation: Orange County Historical Museum (OCHM), in operation for 58 years, was incorporated in 1983. The Historical Foundation of Hillsborough and Orange County (HFHOC) was incorporated in 2007, and has been operating the museum for eight years. The museum is open six days per week, and offers free admission to visitors.

b. Mission of HFHOC: To enlighten and engage our community and visitors from around the world by preserving and interpreting the history of Orange County.

c. Types of services OCHM provides: Collection, preservation, cataloging, housing historic artifacts and documents relevant to Orange County history. Using collections as a tool for educating the public through outreach, including exhibitions, public programs, publications, and special events. Making historic documents, artifacts, photographs, and other records available to researchers. Providing support for historic preservation efforts in Orange County.

d. Agency's experiences with similar programs as the funding request: The museum has extensive experience with programs for which we seek FY16-FY17 funding:

Program 1: Heritage Education:

Traveling trunks: OCHM has had an active and successful traveling trunk program since 2002. The programs were developed in accordance with North Carolina curricular standards for elementary students. The contents and lesson plans were updated in 2012, to better meet contemporary Common Core goals, and to add a traveling trunk program for middle school students. The rental fee for this program has remained modest, to insure that it is accessible for a broad range of community users.

Outreach: The first school tours to Orange County students were given to seventh grade students at OCHM in 1957. The museum has continued to invest significant staff time in developing and executing heritage education programs, both at the museum and as outreach in Orange County public schools. The primary audience for museum heritage outreach in Orange County schools is elementary school students, grades one through five.

History Fun Days: For the past ten years, OCHM, along with Burwell School and Hughes Academy, have worked in collaboration with Alliance for Historic Hillsborough to present History Fun Day heritage education. The museum presents tours and hands-on activities to participating K-12 student groups.

Special events: Orange County Historical Museum supports Alliance of Historic Hillsborough's living history days with programs and activities designed for visiting families with children. These include Revolutionary War and Colonial Living History Days, and Hillsborough Fourth of July events. They offer workshops and demonstrations designed to highlight Hillsborough's rich history.

Program 2: Education through exhibits:

Since 1958, the museum has provided public education through museum exhibits, both temporary and permanent. The first museum tours were based on Colonial-era English weights and measures and Native American artifacts from the Eno River area. Our latest permanent exhibition looks again at weights and measures, and the critical role they play in Orange County commerce.

Program 3: Preservation and Accessibility of Orange County Artifacts:

In the early 1950s the Hillsboro Garden Club conceived of the museum as an entity that would provide 'substantial protection for these articles that have been so long cherished'.

Historic Foundation of Hillsborough and Orange County's mission statement reflects these values: 'The mission of the Historical Foundation of Hillsborough and Orange County is to enlighten and engage our community and visitors from around the world by preserving and interpreting the history of Hillsborough and Orange County'.

The museum's collection continues to be a powerful tool for offering the public an opportunity to engage with Orange County history. Collection preservation and conservation efforts allow OCHM to share historical artifacts through exhibits designed to educate and delight our visitors.

The museum offers access to its historic documents and other artifacts for those researching Hillsborough and Orange County history. It also provides collections research in support of community and individual historical projects.

OCHM's mandate supports and assists historic preservation efforts in Hillsborough and Orange County. In 2015 the museum was a supporter of and participant in the Slave Dwelling Project event in Hillsborough organized by Free Spirit Freedom and Coachman's Quarters Project. The Slave Dwelling Project's mission is to promote the interpretation and preservation of existing slave dwellings across the U.S.

e. Brief history of the museum: The Orange County Historical Museum, founded by the Hillsborough Garden Club, first opened its doors at the Orange County Courthouse in 1957. The collection focus: county history between 1754 and 1854. The museum incorporated in 1983 and moved to its present location at 201 North Churton Street. In 2007, the museum merged with the Hillsborough Historical Society to create the Historical Foundation of Hillsborough and Orange County. HFHOC continues to operate the museum.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: **Historical Foundation of Hillsborough and Orange County-Orange County Historical Museum Heritage Education, Programs, Community Workshops, Exhibits, Collections**

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

☒ **Human Services (Main Application Only)**
☐ **AH Non-Construction (Main Application Only)**
☐ **AH Construction — (Main Application AND Part B)**
☐ **AHDR Non-Construction (Main Application Only)**
☐ **AHDR Construction — (Main Application AND Part B)**
☐ **CDBG Non-Construction — (Main Application AND Part A)**
☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X	X	X	
Health and Nutrition					
Job Training					
Sports and Arts Activities	X	X	X	X	
Pre-School Activities					
After-School Activities	X	X			
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?
c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.
d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.
e) Who specifically will carry out the activities and in what location will they be carried out?

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

i) Include any other pertinent information.

Program 1: Heritage Education:

Traveling trunks:

b) Three museum trunks contain lesson plans, activities, and objects for teachers to incorporate in interactive hands-on learning experiences. Areas of study the traveling trunks support: conflict, war and peace during the Revolutionary War and Civil War periods; Colonial Orange County daily life; and life as a mill worker.
c) The program augments curricular and extracurricular learning about Orange County history; it provides hands-on interactive learning for a diverse group of students.
d) Users of the traveling trunks self-identify as interested learners. They come primarily from church groups, home school groups, and county youth organizations.
e) The museum distributes trunks to user groups. They contain sufficient instructions and materials to facilitate teaching by group leaders or other interested adults.
f) The trunks are part of the museum's current outreach program. Available year-round, groups may rent them for a two-week period. We plan to rescript lesson plans and execute more frequent publicity FY16-17 to increase their use by a more diverse cohort of users.
g) We collaborate with no other agencies on this project.
h) If requested funding is not received, it will inhibit our ability to refit traveling trunks for more diverse audiences, and to more vigorously publicize the program's availability.

School outreach:

b) The museum's outreach programs for K-5 Orange County students enrich history curriculum opportunities for elementary school teachers. Multiple interactive programs are offered: a 'junior curator' activity on two different topics, Native American artifacts and Civil War artifacts; a Colonial quilt activity; interactive looks at the daily lives of Revolutionary War and Civil War soldiers; lives of Orange County textile mill workers.
c) Created to support and enrich NC's Standard Course of Study in history, museum outreach gives students an opportunity to directly engage with Orange County history.
d) Each program is modifiable for different grade levels and classroom needs. Classroom teachers self-select outreach programs by booking classes directly with the museum.
e) Programs are delivered in elementary school classrooms by the executive director.
f) This program is already being implemented. Outreach opportunities are offered to teachers on weekdays from September through May, and serve approximately 2500 students during that period.
g) We collaborate with no other agencies on this project.
h) If requested funding is not received, it will inhibit our ability to modify K-5 program elements to more closely conform to NC Essential Standards, to renew and refresh interactive materials that support program lesson plans, and to more effectively publicize outreach programs to the Orange County K-5 teaching community.

Teaching with Historic Hillsborough sites:

b) The museum offers on-site tours and activities to school groups participating in the Alliance of Historic Hillsborough's History Fun Day programs.
c) These programs help to enrich the teaching of North Carolina history in Orange County K-12 public schools. Participating students have the opportunity to experience history directly by visiting Hillsborough's historic sites.

d) This program benefits students in grades K-12 in the Orange County public school system. Classroom teachers self-select students who will participate in the program by booking outreach tours with the Alliance of Historic Hillsborough.
e) These programs are delivered at Orange County Historical Museum by the executive director.
f) This program is already being implemented. Tour days are offered to teachers on Fridays during the academic school term by the Alliance for Historic Hillsborough (scheduler for these tours). There are approximately five to ten History Fun Day dates made available to Orange County teachers throughout the calendar year.
g) Tours of non-profit sites address site-specific topics, and are given independently by each educator. Students attend tours in rotation at the following sites:
•Alliance for Historic Hillsborough
•Burwell School
•Hughes Academy
•Orange County Historical Museum
h) If requested funding is not received, it will inhibit our ability to provide new lesson plans and supporting materials that would allow us to present a broader scope of topics for tour participants.

Special historic events:

b) Orange County Historical Museum also supports Alliance of Historic Hillsborough's living history days with programs and activities designed for visiting families with children. For example, we participate in Revolutionary War and Colonial Living History Days, and Hillsborough Fourth of July events.
c) These special events attract visitors to Hillsborough. They allow visiting families to experience Hillsborough through programs offered by the museum and other historic sites, and to become familiar with the cultural resources Orange County has to offer.
d) Orange County Historical Museum's programs for special historical events are designed to attract families with children to the area. Empirical evidence has shown that these families have been predominantly white and middle class. In FY15-16 the museum began a significant effort to attract a more diverse audience of families to the museum through new programs. For example, December workshops in support of Hillsborough's Hometown Holidays program focused on Diwali, Kwanzaa and Hanukkah family traditions in Orange County.
e) The museum's Historic Hillsborough tours, activities and programs are delivered at the museum by the executive director.
f) Special historic events happen throughout the calendar year. We participate in approximately four to six special historic events yearly.
g) Although done in conjunction with the Alliance for Historic Hillsborough's special events schedule, the museum collaborates with no other agencies on these projects.
h) If requested funding is not received, we will be unable to purchase the materials that would allow us to create and offer new workshops during the FY16-17 period.

Program 2: Education through exhibits:

b) Museum exhibits offer visitors a connection to the past by presenting the rich history of Orange County, one of the oldest counties in the state, and a center for Native American, Colonial, antebellum, and twentieth century history. Admission to museum is free; museum is open six days per week. OCHM is the only history museum in Orange County, and has the singular responsibility and privilege of preserving and interpreting Orange County history.
c) The museum researches, creates and installs exhibits covering a wide variety of topics, from post-Reconstruction African American education, to the Orange Guards commemorative flag, the only known Civil War Era flag from Orange County still in existence, to the 15th annual art show for Orange Smart Start children. These exhibits enrich the cultural resources and opportunities available to the Orange County community and its visitors.
d) Exhibit topics are carefully chosen to educate and entertain the broad audience of diverse museum goers that represents the Orange County community, as identified by US census data about the county (http://quickfacts.census.gov/qfd/states/37/37135.html).
e) The executive director is directly responsible for exhibits created for and installed in the museum.
f) Exhibits are on display at the museum throughout the year. New temporary exhibits are offered three to four times a year. Permanent exhibit installations, more costly and time-intensive, are created every few years.

g) OCHM generally collaborates with no other agencies on exhibits. On occasion, the museum hosts exhibits for other agencies. These exhibits are generally researched, created, and installed by museum personnel without assistance from those agencies.
h) Grant funding is the primary source for the costs incurred in the creation and installation of new exhibits. If requested funding is not received, it will curtail our ability in the FY16-17 period to invest the staff time required for the research and planning required to create an exhibit, and to purchase supplies and materials required to complete the installation process.

Program 3: Preservation and accessibility of Orange County artifacts:

b) The museum acts as steward for the county's historical artifacts. It offers security, preservation, and conservation for the objects in its collections. The museum makes its collections and archives available to the public. Historical context, provided by museum scholarship, makes objects more accessible to the museum's community of users. OCHM offers UNCG and UNCH interns/volunteers collections management experience.
•Museum staff members assist the public with collection-related research. The museum coordinator and historical interpreter work directly with visitors to fulfill research requests.
•The museum's mandate also extends to seeking conservation for at-risk Orange County artifacts. One such artifact, a portrait of a Saponi-African American woman donated by a descendant, and conserved by Etherington Conservation Services, has become a favorite part of our collection.
•These activities offer community members the chance to engage directly with the history of Orange County.
c) The preservation, conservation, and interpretation of Orange County's most important historical artifacts provide context and depth to the cultural richness of Orange County. Museum visitors come from all over the county, state, and world to experience the museum's collections, and to explore its archives.
d). Virtual and onsite visitors, outreach participants, event participants, and the Orange County community are potential museum stakeholders and beneficiaries of these services.
e) The director works with the HFHOC board and other engaged and interested stakeholders in the Orange County community to make collection, preservation and conservation decisions that are in the best interest of all potential users of the museum. Preservation and research are ongoing on-site activities. Conservation is generally done by contracted specialists at their offsite facilities.
f) The museum offers research services by request to interested stakeholders throughout the year. Continuous preservation management is the principal responsibility of the museum director. Artifact conservation occurs intermittently, as artifacts in need are identified and budgets allocated to meet requisite costs.
g) We generally collaborate with no other agencies on research projects and preservation management. Conservation activities are most often conducted with partner funding agencies (see example above of conservation project by Etherington Conservation Services).
h) Reduced or denied funding would negatively affect our ability to budget staff time for artifact-based research that informs the interpretation of objects for exhibits and purchases of archival supplies that are necessary to protect and house objects for safe storage, and provide for their efficient tracking and retrieval.

Program	Program elements	Implementation timeline	Availability of services	Frequency of services
Heritage Education	Traveling trunks	Ongoing	Calendar year	As requested (2-3x year)
	School outreach	Ongoing	Sept.-May	20x year
Heritage Education	Teaching with Historic Hillsborough sites	Ongoing	Calendar year	5-10x year
Heritage Education	Special events			
2. Education through exhibits		Ongoing	Calendar year	311x year (museum closed Mondays, Christmas and Thanksgiving

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Heritage Education

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	1265	1250	1250
Female	1265	1250	1250
Total	2590	2500	2500
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	440	425	425
American Indian or Alaska Native			
Asian			
Caucasian	1450	1400	1400
Native Hawaiian or other Pacific Islander			
Other	700	675	675
Total	2590	2500	2500
Of the above, how many Hispanic/Latino	440	425	425
Of the above, how many non-Hispanic/Latino	2150	2075	2075
Total	0	2500	2500
Age			
0-5 years			
6-18 years	2590	2500	2500
19-50 years			

51-61 years			
62+ years			
Total	2590	2500	2500
Geographic Location			
Durham City			
Durham County			
Carrboro	78	75	75
Chapel Hill	673	650	650
Chapel Hill Public Housing Residents			
Orange County	1839	1775	1775
Raleigh			
Wake County			
Total	2590	2500	2500
Income Level – See following chart (Omit for HS)	N/A		
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)	N/A		
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

*The Museum does not capture statistics on gender, ethnicity, and age from visitors and program participants. Gender and ethnicity demographics based on Orange County Public School data.

Program: 2 Education through Exhibits

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	2630	4500	4500
Female	2630	4500	4500
Total	5262	9000	9000

Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American			
American Indian or Alaska Native			
Asian			
Caucasian			
Native Hawaiian or other Pacific Islander			
Other			
Total	5262	9000	9000
Of the above, how many Hispanic/Latino			
Of the above, how many non-Hispanic/Latino			
Total	5262	9000	9000
Age			
0-5 years			
6-18 years			
19-50 years			
51-61 years			
62+ years			
Total	5262	9000	9000
Geographic Location			
Durham City			
Durham County			
Carrboro			
Chapel Hill			
Chapel Hill Public Housing Residents			
Orange County			
Raleigh			
Wake County			
Total	5262	9000	9000
Income Level – See following chart (Omit for HS)	N/A		
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)	N/A		
Elderly (Over 62)			

Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

*The Museum does not capture statistics on gender, ethnicity, and age from visitors.

Program: 3 Preservation: Research requests fulfilled

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	14	15	15
Female	14	15	15
Total	28	30	30
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American			
American Indian or Alaska Native			
Asian			
Caucasian			
Native Hawaiian or other Pacific Islander			
Other			
Total	28	30	30
Of the above, how many Hispanic/Latino			
Of the above, how many non-Hispanic/Latino			
Total	28	30	30
Age			
0-5 years			
6-18 years			
19-50 years			
51-61 years			
62+ years			
Total	28	30	30
Geographic Location			
Durham City			

Durham County			
Carrboro			
Chapel Hill			
Chapel Hill Public Housing Residents			
Orange County			
Raleigh			
Wake County			
Total	28	30	30
Income Level – See following chart (Omit for HS)	N/A		
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)	N/A		
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

*The Museum does not capture statistics on gender, ethnicity, and age from museum visitors, program participants, or individual researchers.

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	0.75	17%(1) 17%(2) 16%(3)	$26,364	$28,275	$31,900	62%	N/A
Museum Coordinator	0.75	90%(2) 10%(3)	$5,464	$10,545	$12,584	25%	N/A
Museum Interpreter	0.25	100%(2)	$3385	$2927	$3003	6%	N/A
Volunteers							
Volunteers (HFHOC) Board	0.50	75%(2) 25%(3)	N/A	N/A	N/A	N/A	N/A
Volunteers (OCHM)	0.25	50%(2) 50%(3)	N/A	N/A	N/A	N/A	N/A

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ 24 January 2016
Executive Director — Date

Signature: _____ 01/14/2016
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1: Use NC K-12 Essential Standards, deliver Heritage Education program,	The Executive Director provided Heritage Education Programs, both in the classroom and at the Museum. The Executive Director rents Traveling Trunks to teachers and participates in collaborative history events.	The Executive Director provides Heritage Education Programs and participates in collaborative events. Traveling Trunks are rented to teachers.	From 7.1.16-l6.30.17, OCHM will incorporate NC Essential Standards/revised Bloom's Taxonomy, to revise/deliver outreach/onsite NC/OC lesson plans through illustrated presentations, group discussions, and interactive projects
Program Goal	Serve at least 2,500 children by providing Heritage Education Programs, Traveling Trunks, or through Collaborative History Events.	Serve at least 2,500 children by providing Heritage Education Programs, Traveling Trunks, or through Collaborative History	Provide interactive history-based learning that supports NC social studies Essential Standards to 2500 OC K-5th graders by June 30 2017. Venues: K-5 schools, HFD/Hillsborough, OCHM
Performance Measures	The Executive Director recorded the number of children served during each outreach.	The Executive Director will record the number of children served. .	The Executive Director will record the number of children served during each outreach contact in FY16-17.
Program Results	2590 Orange County children were served through Museum's Heritage Education Programs, Traveling Trunks or by attending a collaborative history event.	The Museum anticipates at least 2,500 Orange County children will be served by one of the Museum's Heritage Education Programs	The Executive Director will: provide curriculum based Heritage Education Programs to 2500 culturally diverse students in FY 16-17, - participate in collaborative events, - rent traveling trunks to teachers.

Program Activity 2 Education thru exhibits	Staff and volunteers mounted special exhibits and planned programs that made community history available to the public.	Staff and volunteers will mount special exhibits and plan programs that make community history available to the public.	OCHM will research, create and install one exhibit in Q!-Q2, and Q2-Q3FY-16-17, that: -are relevant, educational, enriching; -provide accessible cultural opportunities, -serve Orange County's community of diverse museum goers
Program Goal	The Museum will educate 9,000 visitors with exhibits and collections.	The Museum will educate 9,000 visitors with both permanent and special exhibits.	After a slow start in the first 2 quarters of FY15-16, OCHM will deliver education opportunities to 9,000 visitors in Q3-Q4 of FY16-17 through permanent and special exhibits and collections. Upcoming: OC campaign buttons, March 2016, Negro Baseball Leagues summer 2016 (date tbd)
Performance Measures	The Museum recorded the number of visitors to the Museum.	Museum staff will record the number of visitors to the museum and museum programs.	Museum staff will tally and recorded onsite museum visitors and program participants.
Program Results	The Museum educated 5262 visitors with exhibits and collections. Note: remediation for extensive water damage on two floors of the museum and severe winter weather adversely affected FY14-15 visitation.	OCHM will deliver educational opportunities to 9,000 visitors through permanent and special exhibits and collection after a slow start in the first 2 quarters of FY15-16. Upcoming: OC campaign buttons, March 2016, Negro Baseball Leagues summer 2016 (date tbd)	During FY 16-17,OCHM will serve 9,000 visitors from a broad audience of Orange County community members and visitors by providing educational opportunities through permanent and special exhibits and collections.

Program Activity 3 Preservation, conservation, research	Staff assisted researchers by providing information on history and collections that is housed in the Museum.	Staff assists inquiries by providing information held in OCHM archives.	OCHM will: -provide research assistance to inform community members' research projects; -offer college students the opportunity to interact with its collections -provide preservation and conservation to historic Orange County artifacts held in trust for museum stakeholders.
Program Goal	The Museum will assist 25 researchers with their inquiries.	To assist researchers with genealogy inquires and provide UNC Chapel Hill and Greensboro students with experience in collections management and conservation. To loan collections for community education.	Throughout the year: -offer UNCG and UNCH interns/volunteers collections management experience (fall and winter/spring semesters 16-17). -make OCHM collections/ archives available to the public year-round; -provide year-round preservation/conservation collection artifacts
Performance Measures	The Museum recorded and tracked the number of researchers assisted.	Museum staff will record and tracked the number of researchers assisted, including the amount of time required to assist researchers.	Museum will: -track number of research requests and staff research hours; -record number of student interns/volunteers, and hours worked; -Monitor collection condition using quarterly environmental datalogging reports and monthly physical survey
Program Results	Staff assisted 28 researchers with a variety of historical topics, utilizing the Museum's archival collection.	OCHM will assist 25 researchers with their Orange County history related questions.	OCHM will: --assist 25 researchers with inquiries; -engage 3 college interns and volunteers in collections management; -continue to conscientiously preserve/conserve OCHM's collections;

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Please note: OCHM experienced in F2015-16, and expects to experience in 2016-17, a significant decrease in funding from the town of Hillsborough. 2015-2016 funding was decreased by 38%. We estimate OCHM's FY16-17 grant funding by the town will be at a level similar to that of the FY15-16 grant award received by the museum.

b.) Agency/Program : **Education Through Exhibits**

		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE					
Private Donations		$7,591	$9,500	$10,450	10%
Agency Generated Revenue (fees)		$-	$-	$-	0%
Local Government Grants:					
Orange County		$4,000	$6,000	$6,600	10%
Town of Chapel Hill					0
Town of Carrboro					0
Other Local:	OC Arts Commission	$-	$1,500	$1,650	10%
Other Local:	Town of Hillsborough	$22,700	$14,000	$15,400	10%
Other Local:					0
	If more than 3 sources, please provide a separate list.				
Non-Local Government Grants					
Triangle United Way					0
State Government					0
Federal Government					0
Other Grants:	tbd		$1,500	$1,650	10%
Other Grants:					0
Miscellaneous/Other Revenue		$19,302	$13,600	$14,960	10%
Please list 3 largest Miscellanous sources:					
Investment Income	10,000 $10,000.00				
Home for the Holidays	$6,867.00				
Gift Shop Sales	$1,956.00				
Total Agency Revenue		**$ 53,593**	**$ 46,100**	**$ 50,710**	**10%**
AGENCY EXPENSES					
Compensation		$12,521	$16,941	$19,771.48	17%
Rent & Utilities		$-	$-	$-	0

Supplies & Equipment		$-	$300	$330	10%
Travel & Training		$-	$-	$-	
Other Expenses:					0
Please list 3 largest "Other Expenses":					
Insurance	$1,799.00				
Fundraising	$865.00				
Fees	$1,325.00				
Total Agency Expenses		**$12,521**	**$17,241**	**$20,101**	**17%**

SURPLUS/(DEFICIT) FOR PERIOD:				

Agency/Program: **Heritage Education**

AGENCY REVENUE		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations		$7,591	$9,500	$10,450	10%
Agency Generated Revenue (fees)		$-	$-	$-	0%
Local Government Grants:					
Orange County		$4,000	$6,000	$6,600	10%
Town of Chapel Hill					0
Town of Carrboro					0
Other Local:	OC Arts Commission	$-	$1,500	$1,650	10%
Other Local:	Town of Hillsborough	$22,700	$14,000	$15,400	10%
Other Local:					0
	If more than 3 sources, please provide a separate list.				
Non-Local Government Grants					
Triangle United Way					0
State Government					0
Federal Government					0
Other Grants:	tbd		$1,500	$1,650	10%
Other Grants:					0
Miscellaneous/Other Revenue		$19,302	$13,600	$14,960	10%
Please list 3 largest Miscellanous sources:					
Investment Income	10,000 $10,000.00				
Home for the Holidays	$6,867.00				
Gift Shop Sales	$1,956.00				
Total Agency Revenue		**$ 53,593**	**$ 46,100**	**$ 50,710**	**10%**
AGENCY EXPENSES					
Compensation		$4,482	$4,807	$5,423	13%
Rent & Utilities		$-	$-	$-	0

Supplies & Equipment		$117	$600	$660	10%
Travel & Training		$200	$200	$188	-6%
Other Expenses:					0
Please list 3 largest "Other Expenses":					
Insurance	$1,799.00				
Fundraising	$865.00				
Fees	$1,325.00				
Total Agency Expenses		**$4,799**	**$5,607**	**$6,271**	**12%**
SURPLUS/(DEFICIT) FOR PERIOD:					

Agency/Program: **Preservation and Conservation**

AGENCY REVENUE		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations		$7,591	$9,500	$10,450	10%
Agency Generated Revenue (fees)		$-	$-	$-	0%
Local Government Grants:					
Orange County		$4,000	$6,000	$6,600	10%
Town of Chapel Hill					0
Town of Carrboro					0
Other Local:	OC Arts Commission	$-	$1,500	$1,650	10%
Other Local:	Town of Hillsborough	$22,700	$14,000	$15,400	10%
Other Local:					0
	If more than 3 sources, please provide a separate list.				
Non-Local Government Grants					
Triangle United Way					0
State Government					0
Federal Government					0
Other Grants:	tbd		$1,500	$1,650	10%
Other Grants:					0
Miscellaneous/Other Revenue		$19,302	$13,600	$14,960	10%
Please list 3 largest Miscellanous sources:					
Investment Income	10,000 $10,000.00				
Home for the Holidays	$6,867.00				
Gift Shop Sales	$1,956.00				
Total Agency Revenue		**$ 53,593**	**$ 46,100**	**$ 50,710**	**10%**
AGENCY EXPENSES					
Compensation		$4,218	$4,524	$6371	41%
Rent & Utilities		$-	$-	$-	0

Supplies & Equipment		$-	$300	$330	10%
Travel & Training		$-	$-	$-	0
Other Expenses:					0
Please list 3 largest "Other Expenses":					
Insurance	$1,799.00				
Fundraising	$865.00				
Fees	$1,325.00				
Total Agency Expenses		**$ 4,218**	**$ 4,824**	**$ 6701**	**39%**
SURPLUS/(DEFICIT) FOR PERIOD:					

c.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Heritage education

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Compensation	$20.44	265 hours (8 hrs per x 33)	$5423.00
Supplies/materials	tbd	tbd: in-class supplies; computer software	$660.00
Travel and training	.54	Mileage .54/mile x 348	$188.00
		Total	$6271.00

d.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$4799	$5607	$6271
Total # of Units	2590	2500	2500
Cost Per Unit	$1.92	$2.24	$2.51

Program: Education through exhibits

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Compensation (ED, Museum coord, Heritage interpreter)	$20.44 (ED) 10.78 (MC) 7.22 (HI)	ED: 265 hrs=$5416.60 MC: 1053 hrs=$11,351.34 HI: 416 hrs=$3003.54	$19,771.48
Supplies & materials	tbd	tbd: materials to support exhibit development/installation	$330.00
		Total	$20,101.48

e.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$12,521	$16,941	$20,101.48
Total # of Units	5262	9000	9000
Cost Per Unit	$2.38	$1.88	$2.23

Program: Preservation, conservation, research

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Compensation	ED $20.44 MC $10.78	250 hours=$5110 117 hours=$1261	$6371.26.
Supplies/materials	tbd	Tbd: computer software, hardware to support collections archival database	$330.00
		Total	$6701

f.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$4218	$4824	$6701
Total # of Units	28	25	25
Cost Per Unit	$150.64	$192.96	$268.00

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

g.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Agency/Program: **Operating Budget for Historic Foundation of Hillsborough and Orange County**

		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE					
Private Donations		$7,591	$9,500	$10,450	10%
Agency Generated Revenue (fees)		$-	$-	$-	0%
Local Government Grants:					
Orange County		$4,000	$6,000	$6,600	10%
Town of Chapel Hill					0
Town of Carrboro					0
Other Local:	OC Arts Commission	$-	$1,500	$1,650	10%
Other Local:	Town of Hillsborough	$22,700	$14,000	$15,400	10%
Other Local:					0
	If more than 3 sources, please provide a separate list.				
Non-Local Government Grants					
Triangle United Way					0
State Government					0
Federal Government					0
Other Grants:	tbd		$3,000	$3,300	10%
Other Grants:					0
Miscellaneous/Other Revenue		$19,302	$13,600	$14,960	10%
Please list 3 largest Miscellanous sources:					
Investment Income	10,000 $10,000.00				
Home for the Holidays	$6,867.00				
Gift Shop Sales	$1,956.00				
Total Agency Revenue		**$ 53,593**	**$ 46,100**	**$ 50,710**	**10%**
AGENCY EXPENSES					
Compensation		$37,333	$44,793	$49,272	10%

Rent & Utilities		$5,866	$6,480	$7,128	10%
Supplies & Equipment		$1,398	$2,740	$3,014	10%
Travel & Training		$195	$370	$407	10%
Other Expenses:		$10,300	$7,885	$8,674	10%
Please list 3 largest "Other Expenses":					
Insurance	$1,799.00				
Fundraising	$865.00				
Fees	$1,325.00				
Total Agency Expenses		**$ 55,092**	**$ 62,268**	**$ 68,495**	**10%**

SURPLUS/(DEFICIT) FOR PERIOD:	**$(1,499)**	**$(16,168)**	**$(17,785)**	

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Housing for New Hope, Inc.**

Program(s) **Orange County Housing Support Program**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☒ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Housing for New Hope, Inc.
Applicant Organization's Physical Address: 18 W. Colony Place Suite, 250, Durham, NC 27705
Applicant Organization's Mailing Address: 18 W. Colony Place Suite, 250, Durham, NC 27705
Applicant Organization's Web Address: www.housingfornewhope.org
Executive Director: Gretchen Senez
Telephone Number: 919-489-6282 x102 E-Mail: gretchen@housingfornewhope.org

DUNS Number: **833118599**
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Orange County Housing Support Program

Project/Program Primary Contact and Title: Gretchen Senez, Executive Director

Telephone Number: 919-489-6282 x102 E-Mail: gretchen@housingfornewhope.org

c) Funding Request Identification

Total Project/Program Cost: $126,423 Total Amount of Funds Requested: $38,000

Proposed Use of Funds Requested (2-3 Line Maximum): Funds are intended to provide services to homeless individuals in Orange County. These services intend to help homeless people find housing by engaging them through outreach, case management, housing counseling, and assistance in navigating resources, thus breaking the cycle of homelessness.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☒ CDBG Non-Construction (CH)	$6,500	☒ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $4,000 ☒ Chapel Hill $5,000 ☒ Orange County $22,500

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Executive Director — Date 1/21/16

Signature: Beverly O. Ford Board Chairperson — Date 1/21/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

Housing for New Hope (HFNH) has provided services to homeless individuals and families for 23 years, and was incorporated in October of 1993.

b) Agency's Purpose/Mission

Housing for New Hope's mission is to prevent and end homelessness by providing access to housing, healthcare, and integrated services in the Triangle.

c) Types of Services the Agency Provides

HNH has increased its range of services over the years to include:

Assertive Engagement: Case management for homeless individuals with mental illness and/or substance abuse diagnoses who have substantial service needs.

Street Outreach: HFNH conducts street outreach in Durham and Orange Counties.

Permanent Supportive Housing: Subsidized, supportive housing for the homeless with disabling conditions.

Transitional Housing: HNH owns and operates the Dove House, a transitional house for women in Durham.

SSI/SSDI Outreach, Access, and Recovery (SOAR): SOAR is a program that is designed to increase access to the disability income benefits programs administered by the Social Security Administration (SSA) for homeless individuals who have mental health disabilities and/or a co-occurring substance use disorder. Because homeless individuals may not have access to needed documentation or the ability to gather it, this program was created to provide assistance and streamline the process; getting the individual income and housed faster. HNH is one of the few agencies in North Carolina with a full-time SOAR benefits specialist.

Workforce Housing: HNH owns and operates Cole Mill Place, an apartment complex for families at or below 50% of the area median income (AMI).

Rapid Re-Housing: Designed to help a homeless individual or family move as quickly as possible to their own permanent housing. Participants receive rental assistance as well as other housing stabilization services.

Homeless Prevention: Financial assistance for rent, utilities, and medical bills to help seniors and households with children maintain their current housing.

Jail Diversion: The Durham Detention Center notifies HNH staff of inmates who will be homeless upon their release. Staff works to connect recently released individuals to mental health services and housing.

d) Agency's Experience with Similar Programs as the Funding Request

HFNH has been operating housing and services aimed at preventing and ending homelessness for the duration of its existence, over 20 years. HFNH also has extensive experience operating both outreach and housing through the provision of case management, housing

counseling, and rental assistance. As an organization, HFNH has been conducting outreach for over 6 years under the umbrellas of various programs/funding sources. With this request, we propose to operate the least restrictive street outreach (relative to the outreach allowed under the Projects for Assistance in Transitions from Homelessness (PATH) program, under which program enrollees must have a mental illness; meaning those with substance abuse challenges or physical disabilities are not eligible).

HFNH has been offering rental assistance aimed at housing homeless individuals and families in rental housing for over four years, also under the umbrellas of various programs, including Rapid Re-Housing and Tenant-Based Rental Assistance.

In addition to experience providing the services and housing, HFNH also has the necessary administrative capacity to operate these programs; HFNH has provided reporting, participated in monitoring and maintained recordkeeping for various funders including the US Department of Housing and Urban Development (HUD), the City of Durham, the State of North Carolina, and other local government entities.

e) Other Pertinent Agency Information

Near the end of 2015, HFNH's PATH program ceased operations in Chapel Hill. Street outreach has continued, as has the housing component of our Orange County programming, but without the PATH contract, only one staff person has been operating in the County, as opposed to the two who had been there during PATH work.

If awarded funding, these funds would be used to support a staff person in Orange County who would focus exclusively on outreach, case management, and housing placement. This staff person would work in concert with a case manager funded by the Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Housing for New Hope – Orange County Housing Support Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☒ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition		X		X	
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing		X		X	
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Housing for New Hope strives to enhance the community health of Orange County, Chapel Hill, and Carrboro by providing services to homeless individuals, with a special focus on those living with disabilities. These are the area's most needy and disadvantaged residents. These services intend to help homeless people find housing by engaging them through outreach, case management, housing counseling, and assistance in navigating resources, thus breaking the cycle of homelessness. Specific priorities to be addressed are outlined in part (c).

Below is more detail on the services we provide:

- **Canvassing the Streets and Abandoned Houses:** HFNH searches the streets of Orange County, Chapel Hill, and Carrboro. Utilizing their unique knowledge of homelessness in the area and the trust they have established with the homeless population, they are able to efficiently and effectively search the community to find those in need. This search takes them to places such as highway underpasses, condemned buildings, and vacant homes.
- **Housing Placement and Financial Assistance for Homeless Individuals*:*** Once HFNH staff identifies a homeless individual or family they outline a strategy that connects the individual or family to a primary doctor for medical needs, assists with applications for social service benefits, locates appropriate housing, and provides short to long term financial assistance. Financial assistance includes but is not limited to rent, utilities, and deposits.
- **Assist Law Enforcement:** HFNH continues to maintain a long-standing relationship with police departments and EMS. HFNH staff members in Orange County, Chapel Hill, and Carrboro serve as a first point of contact when a homeless individual is observed in dangerous or disruptive situations.
- **Support Local Business Owners:** Aware of the importance of small businesses to the community, HFNH staff members act as a resource for business owners when homeless individuals are noticed within or around their establishments. These individuals are offered something beyond what short-term pan-handling can provide; they are assisted by HFNH staff with finding employment, housing, and mental health services.
- **Point-in-Time (PIT) Count Leadership:** The PIT Count is a nationwide, unduplicated survey of the homeless population, held annually on one night during the last week of January. The count provides a snapshot of who is homeless on a given night and the information that is collected is used to improve homeless assistance systems and to raise awareness of homelessness. Utilizing their outreach experience, HFNH staff members act as team leaders for the count, helping to find unsheltered homeless individuals in the hardest-to-reach locations.
- **Provide Public Education:** HNH staff members provide ongoing education regarding homelessness in the area. Staff visit local schools, agencies, and business owners and distributes information regarding local resources on how to best assist someone who is homeless.
- **Affordable Housing Units:** Housing for New Hope has now obtained funding for 8 permanent supportive housing apartment units, transferred from the University of North Carolina – Chapel Hill. These units will be used to provide housing to the area's chronically homeless individuals who ranked the highest risk of death if left unsheltered.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Chapel Hill continues to have a considerable street population of homeless individuals; the 2015 Point-in-Time count reported that Orange County has 128 homeless people, 20 of whom are unsheltered and 19% of whom are chronically homeless. The Point-in-Time count is a one-day snapshot of the community's homeless population, which may not capture many unsheltered homeless individuals. The Orange County Consolidated Plan Homeless Needs Assessment determined that "the number of persons existing in homelessness is expected to increase as housing affordability becomes more of an issue."

In response to this, Housing for New Hope seeks to address Orange County's goal to support the social safety net by housing the homeless and addressing human suffering. The Orange County Consolidated Plan identifies "reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs," as well as "helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living" as vital parts of the homelessness strategy. Housing for New Hope's Orange County Housing Support Program addresses both of these strategic components.

Our efforts also seek to address the Town of Chapel Hill's Priority Area's #1 and #2, which seek to fund safety-net services for disadvantaged residents, and to fund programs aimed at improving health and nutrition of needy residents, respectively.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The targeted client group is literally homeless individuals and families living in Orange County with a special emphasis on those who are chronically homeless. Many of the individuals served by the program likely have a mental illness and/or substance abuse diagnosis. Homeless households are frequently low- and very low-income citizens at or below 30% of the area median income. Needs of this client group include permanent housing, access to healthcare, stable income, and other personal care necessities.

Our staff engages with homeless individuals and families on a daily basis. We provide assistance that ranges from paying first month's rent to offering on-going assistance for people with no to low income, disabled, and/or elderly. The HFNH team regularly searches the streets of Orange County, Chapel Hill, and Carrboro. Utilizing their unique knowledge of homelessness in the area and the trust they have established with the homeless population. They are able to efficiently and effectively search the community to find those in need. This search takes them to places such as highway underpasses, condemned buildings, vacant homes and in-site at other homeless service providers.

Staff also become engaged with beneficiaries through the 100,000 Homes Taskforce, which is the County's "Coordinated Entry" system which identifies the most vulnerable homeless in order to connect them to available services. The Coordinated Entry process will be used to fill HFNH's HUD-funded Permanent Supportive Housing units in Orange County, which are reserved for the chronically homeless. Additionally, HFNH is the first rent-paying partner at the Community Empowerment Fund's Integrated Services Center, a location at which staff are able to connect with additional needy beneficiaries.

Once engaged through outreach or referral, the program uses HOME funds to provide low and very low-income homeless individuals and families with direct rental assistance so that they may obtain and retain affordable rental housing. Assistance may also include utility deposits. Housing Support program success is when an individual or family becomes stably housed.

e) Who specifically will carry out the activities and in what location will they be carried out?

The proposed activities will be carried out in Orange County, Chapel Hill, and Carrboro. The funds requested here will support a staff person experienced with both case management and pper support, who will be supervised and supported by a full-time program/case manager funding through HUD. Both these staff members will conduct outreach, receive referrals, provide case management, and connect beneficiaries to resources including housing. Gretchen Senéz, Executive Director, Connie Haines, Finance Director, and Martin Friedman, Data Administrator will provide oversight, administration and supervision of the Orange County team.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Start: 7/1/16 – The 16-17 operating year of the program would begin. Already in operation, this program would be actively serving participants on this date.

Fall 2016 – We expect HUD to issue a grant agreement in late summer or early fall of 2016 for the awarded funding under the CoC program. At this time, the additional case manager will be hired, bringing staffing for the Orange County Housing Support Program to full capacity.

Ongoing: 7/1/16-6/30/17 – Staff conduct outreach weekly, participate in monthly 100,000 Homes Taskforce meetings, and work collaboratively with Orange County partner organizations twice/week at CEF's Integrated Services Center. Homeless individuals are connected to services and housing as they are encountered and as appropriate housing is available.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- **Community Alternatives for Supportive Abodes** (**CASA)** provides housing for extremely low-income individuals with disabilities. HFNH may connect outreach participants to CASA units, if vacancies exist.
- **Oxford House** is a sober-living, peer-support housing for individuals in recovery. HFNH may accept referrals from Oxford House as well as make referrals to them.
- **Freedom House** provides a continuum of care to consumers, including psychiatric evaluation, medication management, transitional housing during treatment, peer support and Community Support Teams (CSTs). HFNH may accept referrals from Oxford House as well as make referrals to them.
- **Community Empowerment Fund (CEF)** is an organization that provides financial literacy and employment skills services. HFNH is the first rent-paying partner at CEF's Integrated Services Center, where HFNH spends time receiving and making referrals for services and housing.
- **UNC Center for Excellence in Community Mental Health** integrates mental health knowledge through clinical care, research, education, and policy development**.** HFNH collaborates with the Center through the 100,000 Homes TaskForce.
- **Interfaith Council (IFC) for Social Service** provides transitional housing, transportation, and limited financial, pharmacy and food assistance. HFNH receives referrals from IFC and works to connect the unsheltered population especially with IFC's resources and shelter.
- **Orange County Department of Social Services** works with HFNH to connect clients with mainstream benefits and to assist with emergency financial assistance.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Without this funding, more homeless individuals and families in Orange County, Carrboro, and Chapel Hill would remain homeless for longer periods of time. Without an assertive, skilled

outreach specialist, those in unsheltered situations who are often not connected to any other resource would remain disconnected and "off the grid." Without the administration of the rental assistance funds, individuals and families in unsheltered locations and homeless shelters would have one less assistance option for moving into their own permanent housing.

i) Include any other pertinent information.

Please see section 2e for pertinent program updates.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☒ **Households** ☐ **Units**

Program: **Orange County Housing Support Program**

Program Beneficiary Demographics			
	Actual 2014-15* *Complete demographics data not collected for this year – numbers served can be found in work statement below.*	Estimated 2015-16	Projected 2016-17
Gender			
Male		82	82
Female		20	20
Total		102	102
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American		47	47

American Indian or Alaska Native		0	0
Asian		3	3
Caucasian		52	52
Native Hawaiian or other Pacific Islander		0	0
Other		0	0
Total		102	102

Of the above, how many Hispanic/Latino		3	3
Of the above, how many non-Hispanic/Latino		99	99
Total		102	102
Age			
0-5 years		0	0
6-18 years		1	1
19-50 years		67	67
51-61 years		34	34
62+ years		0	0
Total		102	102
Geographic Location			
Durham City		0	0
Durham County		0	0
Carrboro		22	22
Chapel Hill		77	77
Chapel Hill Public Housing Residents		0	0
Orange County		3	3
Raleigh		0	0
Wake County		0	0
Total		102	102
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income		92	92
31-50% Area Median Income		10	10
51-80% Area Median Income		0	0
> 80% Area		0	0

Median Income			
Total		102	102
Special Needs (Omit for HS)			
Elderly (Over 62)		0	0
Disabled (not elderly)		96	96
Homeless		102	102
People with HIV/Aids		2	2
Total		102	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities) ***N/A***				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Case Management	1.50	100%	82,850	28,438	71,460	32%	(R) (H)

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date: 1/21/16

Signature: Beverly O. Ford Board Chairperson — Date: 1/21/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

Outreach numbers were lower than anticipated in 2014-15, in part due to the strict enrollment requirements that the PATH program (no longer in operation) had been demanding. Looking forward to 2016-17, we intend to measure outreach engagements as opposed to measuring the number of distinct individuals outreached. This is a more indicative measure of the program's performance due to the fact that many literally homeless individuals, especially those currently in unsheltered locations, may require multiple meetings and encounters in order for a trusting, productive relationship to develop.

In order to properly track these engagements, we are developing a specialized tool which will be employed at the start of the 2016-17 program year. Previously, we used the mandated PATH reporting tool.

The decision by General Services Corporation (GSC) to stop accepting section-8 vouchers had a drastic effect on the local affordable housing market during the 2014-15 year, forcing over 90 families to have to relocate to other local housing. This proved to be quite a challenge to our organization to find affordable housing for the individuals we worked with that year, and reduced the number of people we housed. As previously mentioned, finding affordable housing can be a major barrier, but with the staffing we propose for 2016-17 and including the additional rental assistance dollars we now possess through the HUD Continuum of Care funding, we anticipate having the capacity to reach our goal of securing permanent housing for 45 households.

We have been expanding our network of property managers, and private owners in an ongoing effort to locate and provide affordable housing for our clients. Housing for New Hope has been working closely with Empowerment, Inc. Bell Properties, Bolinwood Condominiums, Chapel Hill Housing Authority, Chaz International, Gateway Village, among others, to secure housing options when a household needs affordable housing.

Overall, it is our goal to provide services to 102 beneficiaries during the 2016-17 year. Housing for New Hope continues to be dedicated to serving the most vulnerable homeless individuals and families in Orange County and the funding requested here provides the Orange County Housing Support Program the funds necessary for reaching our goal.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Outreach	Outreach	Outreach
Program Goal	Outreach 153 literally homeless individuals.	102 individuals outreached within the community	Staff will make 125 outreach engagements
Performance Measures	Outreach logs were evalulated and numbers were aggregated	Outreach logs will be evaluated and numbers will be aggregated	Outreach logs will be evaluated and numbers will be aggregated
Program Results	63 distinct individuals were outreached and 125 outreach engagements were made	In progress	Anticipated
Program Activity 2	Case Management	Case Management	Case Management
Program Goal	Enroll 62 individuals in ongoing case management including connecting to mental health services, primary care, mainstream benefits, etc.	Enroll 50 individuals in ongoing case management including connecting to mental health services, primary care, mainstream benefits, etc.	Staff will provide case management including connecting to mental health services, primary care, mainstream benefits, etc. to 50 households
Performance Measures	Client files were reviewed and numbers were aggregated	Client Files will be evaluated and numbers will be aggregated	Client Files will be evaluated and numbers will be aggregated
Program Results	66 individuals were enrolled into ongoing case management	In progress	Anticipated
Program Activity 3	Housing Counseling	Housing Counseling	Housing Counseling
Program Goal	Provide 60 individuals with housing counseling to obtain and maintain permanent housing	Provide 60 individuals with housing counseling to obtain and maintain permanent housing	Staff will provide housing counseling to 50 households with the goal of obtaining and maintaining permanent housing
Performance Measures	Client files were evaluated and numbers were aggregated	Client Files will be evaluated and numbers will be aggregated	Client Files will be evaluated and numbers will be aggregated
Program Results	42 individuals were provided housing counseling	In progress	Anticipated
Program Activity 4	Permanent Housing	Permanent Housing	Permanent Housing
Program Goal	Secure permanent housing for 45 homeless households.	Secure permanent housing for at least 45 homeless individuals	Permanent housing will be secured for 45 households
Performance Measures	Client files were evaluated and numbers were aggregated	Client Files will be evaluated and numbers will be aggregated, HMIS reports will indicate status of HUD-funded components	Client Files will be evaluated and numbers will be aggregated, HMIS reports will indicate status of HUD-funded components
Program Results	20 households secured permanent housing	In progress	Anticipated

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Reflected in the budget, you will see that near the end of 2015, HFNH's PATH program ceased operations in Chapel Hill. Street outreach has continued, as has the housing component of our Orange County programming, but without the PATH contract, only one staff person has been operating in the County, as opposed to the two who had been there during PATH work.

If awarded funding, these funds would be used to support a staff person in Orange County who would focus exclusively on outreach, case management, and housing placement. This staff person would work in concert with a case manager funded by the Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program.

The addition of these CoC funds is also reflected in the budget. Housing for New Hope emphasizes the importance of supportive services in housing the homeless and empowering them to maintain that housing. For this reason, we allocated a significant portion of our CoC funds to support an experienced case manager. This means that while the overall program budget has increased for 2016-17, we chose to use the increase for staffing rather than additional rental assistance dollars (resulting in a higher cost per unit), so that those served by our program, especially the most vulnerable beneficiaries, have access to high quality and sustainable assistance.

Section III. Program Information
Program Budget Worksheet

AGENCY NAME: **HOUSING FOR NEW HOPE**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
PROGRAM REVENUE				
Private Donations	$ -	$ 1,000	$ 3,000	200%
Program Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 22,000	$ 22,000	$ 22,500	2%
Town of Chapel Hill	$ 5,000	$ 5,000	$ 5,000	0%
Town of Carrboro	$ 3,300	$ 3,500	$ 4,000	14%
Other Local: Cardinal Innovations/PATH	$ 69,127	$ 10,048	$ -	-100%
Other Local: CDBG	$ 6,000	$ 6,500	$ 6,500	0%
Other Local: HOME Funds	$ 33,954	$ 25,000	$ 25,000	0%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Orange County COC	$ -	$ 75,215	$ 160,423	113%
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Program Revenue	**$ 139,381**	**$ 148,263**	**$ 226,423**	**53%**
PROGRAM EXPENSES				
Compensation	$ 82,850	$ 28,438	$ 71,460	151%
Rent & Utilities	$ 6,360	$ 3,000	$ 3,000	0%
Supplies & Equipment	$ 9,405	$ 2,635	$ 4,200	59%
Travel & Training	$ 4,914	$ 4,255	$ 3,200	-25%
Other Expenses:	$ 41,648	$ 109,935	$ 144,563	31%
Please list 3 largest "Other Expenses":				
Client Assistance $ -				
$ -				
$ -				
Total Program Expenses	**$ 145,177**	**$ 148,263**	**$ 226,423**	**53%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (5,796)**	**$ -**	**$ -**	**0**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Orange County Housing Support Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Case Management	$22.90	3120 hrs (12/hrs daily x12mth)	$71,460
Rent & Utilities	$250	12 months	$ 3,000
Supplies & Equipment	$350	12 months (supplies, cell phone)	$ 4,200
Travel & Training	$266.66	12 mths(gas, staff training,misc)	$ 3,200
Client Assistance	$12,046.92	12 months (rent, utility expense	
		Rent and utility deposits, hotel,	
		Bus, RX, personal supplies)	$144,563
		Total	**$226,423**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**145,177**	**148,263**	**226,423**
Total # of Units	**86**	**102**	**102**
Cost Per Unit	**1,756.35**	**1,453.56**	**2,219.83**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year?

September 1st – August 31st

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAME: **HOUSING FOR NEW HOPE**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 616,281	$ 815,000	$ 823,150	1%
Agency Generated Revenue (fees)	$ 361,251	$ 368,996	$ 376,376	2%
Local Government Grants:				
Orange County	$ 22,000	$ 22,000	$ 22,500	2%
Town of Chapel Hill	$ 5,000	$ 5,000	$ 5,000	0%
Town of Carrboro	$ 3,300	$ 3,500	$ 4,000	14%
Other Local: Cardinal Innovations/PATH	$ 69,127	$ 10,048	$ -	-100%
Other Local: CDBG	$ 6,000	$ 6,500	$ 6,500	0%
Other Local: HOME Funds	$ 33,954	$ 25,000	$ 25,000	0%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ 69,600	$ 69,600	0%
State Government	$ 400,296	$ 505,906	$ 516,024	2%
Federal Government	$ 578,685	$ 592,785	$ 598,713	1%
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ -	$ -	$ -	0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 2,095,894**	**$ 2,424,335**	**$ 2,446,863**	**1%**
AGENCY EXPENSES				
Compensation	$ 1,137,399	$ 1,223,886	$ 1,260,602	3%
Rent & Utilities	$ 175,878	$ 150,423	$ 153,431	2%
Supplies & Equipment	$ 176,748	$ 163,676	$ 149,000	-9%
Travel & Training	$ 57,948	$ 56,194	$ 56,000	0%
Other Expenses:	$ 716,236	$ 826,946	$ 825,000	0%
Please list 3 largest "Other Expenses":				
Client Assistance $ 577,401.00				
Depreciation $ 129,491.00				
Administrative Fees $ 118,108.00				
Total Agency Expenses	**$ 2,264,209**	**$ 2,421,125**	**$ 2,444,033**	**1%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (168,315)**	**3210**	**2830**	**-12%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency: Chapel Hill and Carrboro Human Rights Center___

Program: Immigrant and Refugee Community Partnership

1. Cover Page	**a.** ☐ ***Applicant Contact Information*** **b.** ☐ ***Project/Program Contact Information*** **c.** ☐ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☐ ***Agency's Years in operation*** **b.** ☐ ***Agency's Purpose/Mission*** **c.** ☐ ***Agency's Types of Services Provided*** **d.** ☐ ***Agency's Experience*** **e.** ☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☐ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☐ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Chapel Hill - Carrboro Human Rights Center

Applicant Organization's Physical Address: 115 W Main St. Carrboro NC 27510

Applicant Organization's Mailing Address: 115 W Main St. Carrboro NC 27510

Applicant Organization's Web Address: http://www.ircpnc.org/

Executive Director: Kevin J. Noonan
Telephone Number: (919) 295-0570 E-Mail: knoonan@ircpnc.org

DUNS Number: _____
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Immigrant and Refugee Community Partnership
Project/Program Primary Contact and Title: Kevin J. Noonan, Executive Director
Telephone Number: (919)-295-0570 E-Mail: knoonan@ircpnc.org

c) Funding Request Identification

Total Project/Program Cost: $30,000 Total Amount of Funds Requested: $7,500

Proposed Use of Funds Requested (2-3 Line Maximum): To support programs operated by the Chapel Hill - Carrboro Human Rights Center through it's Immigrant and Refugee Community Partnership.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$____	☐ Grant	☐ Loan

X☐ Human Services: ☐ Carrboro $3,750 ☐ Chapel Hill $1,750 ☐ Orange County $2,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____
Kevin J. Noonan, Executive Director Date 22 January 2016

Signature: _____
Rev. Nathan Allan Hollister, Board Chairperson Date 22 January 2016

Rev. Nathan Allan Hollister, Board Chairperson Date 22 January 2016

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation: 2009-2016 **Date of Incorporation:** September 2008
Granted 501(c) status in February 2009

b) Agency's Purpose/Mission:

The Chapel Hill-Carrboro Human Rights Center is critically-needed within its community:

- To promote intercultural understanding amongst community members, highlighting the recognition of the dignity and fundamental rights of others across the several traditionally-divisive lines, including race, ethnicity, class, nationality, and religion.
- To provide resources for the under-served and impoverished members of the community through skill development and opportunity recognition, while simultaneously providing a platform for meaningful community-based intercultural learning for local college students through their volunteer involvement.
- To provide opportunities for college students enrolled in University courses related to experiential learning, human rights, immigration, poverty, and inequality to gain first-hand experiences in an applied setting, thereby relating course content to its real-world application.
- To interact meaningfully with other community organizations to combat poverty, racism, exclusive practices, abuse of workers and tenants, sexism, xenophobia, and homophobia in the broader communities of Chapel Hill and Carrboro.
- To engage in activities related to the aforementioned mission and vision of the organization, provided that the organization shall not engage in any activities or pursue any purposes which are not permitted by a Corporation exempt from United States federal income tax under section 501(c)(3) of the U.S. Internal Revenue Code as the same now exists or as it may hereafter be amended.

The primary focus of our work is with people who are immigrants and refugees so we added the word Immigrant to our central program area: Refugee Community Partnership (RCP), to better reflect our work. Under the auspices of the Human Rights Center we will be primarily known as the Immigrant & Refugee Community Partnership (IRCP).

c) Types of Services the Agency Provides

Bridge Builders / After School Program: Bridge Builders (BB) is a Mentoring and Advocacy volunteer program that matches a volunteer or a pair of volunteers to families who are refugees. Volunteers help refugee families through the arduous process of adjusting to life in the United States. Our volunteers are trained to serve under a family mentorship model. Together the volunteer and family define the role of the volunteer. Visits generally occur after school. The volunteer receives guidance from the BB supervisors.

The structure of Bridge Builders allows a volunteer to connect with the families by assisting them with everyday life situations. A visit generally lasts an hour to two hours.

A weekly visit might consist of helping the children with their homework and parents with their English for half an hour, and then teaching the family how to fill out a particular governmental form or cooking and playing games. Volunteer visits need not be confined to once a week. Outings are often planned, though, by no means, required.

Due to the differences of each individual and every pairing, we find it difficult to specifically define "successful relationship" in the Bridge Builder Program. However, what has been proven through evaluation and observation is that, by simply showing up every week, there is a great deal of mutual appreciation and positive feelings.

- **Youth Empowerment and Education:** We believe in the ability of our youth to become community leaders. Through social events and programs offered in partnership with other groups, we encourage leadership development by fostering the empowerment of refugee youth and young adults. We collaborate with organizations, school systems, and teachers to pool resources and develop literacy-focused programs addressing the academic needs of refugee families. Currently, we provide a comprehensive family literacy program at the South Estes Family Resource Center.
- **Food for the Family:** Food insecurity is a serious issue for lower income families who live in the 15-501/54 corridor west of Carrboro, the main area that the HRC serves. Many families who attend the food distribution come not only for themselves, but also to collect vegetables for neighbors and friends. Diversity of diets is an issue for the community, as having a low budget makes it much more difficult to access healthy foods, including fruits and vegetables. The children of the communities we most directly impact have proven especially vulnerable to food insecurity, as students of Mary Scroggs Elementary (the elementary school of many of our tutees) reported that in 2012, 33% of the lunches provided were free or reduced in price.
- Working in partnership with Farmer FoodShare the program is a weekly food distribution and solidarity program. Participant-leaders help us distribute hundreds of pounds of fresh produce from the local Farmer's Market to families experiencing food insecurity. Regular participation from 30+ families, which represents an estimated 120+ individuals, of which the vast majority are women of color (recently immigrants or refugees).
- **English as The Second Language:** The mission of the English as a Second Language (ESL) classes is to help ease the transition of recent immigrants to the United States through student interaction with a UNC Campus Y committee called: Linking Immigrants to New Communities (LINC) which provides ESL training and an enhanced level of community awareness. LINC ESL is our longest running program. It provides highly customized one-on-one ESL training to students at all levels; an ideal option for ESL students seeking additional and flexible assistance. LINC ESL has served more than one hundred of our new immigrant neighbors over the years (many of whom attributes their citizenship exam performance to this program).
- Through conversations with UNC students, community members gain a proficiency in the language that enables them to seek additional employment opportunities,

communicate with fellow citizens freely, and take a more active part in the education of their children. Although Spanish-speakers make up the majority of students in the LINC ESL classes, our program includes people from all over the world, including a growing number of Burmese refugees who live in Chapel Hill and Carrboro.

- **Tech and Jobs Collaborative:** Can you imagine a week without your smart-phone or tablet or laptop? There are segments of our society who has extremely limited access to basic digital literacy (and job access by extension) which we seek to address through a social justice lens. We have worked with low-income neighborhood leaders to design a customized curriculum that is culturally appropriate and accessible. We have partnered with Kramden Institute to offer free computers for our regular participants. Until now, more than 50 individuals have benefited from this collaboration.

d) Agency's Experience with Similar Programs as the Funding Request

Bonner Leaders Program, UNC: The program has assigned six work-study award recipients to assist with program coordination and tutoring efforts.

- **APPLES Service Learning Program, UNC:** We have partnered with APPLES to provide UNC students in experiential education courses as tutors.
- **Linking Immigrants to New Communities:** (LINC), UNC: LINC coordinates English as a Second Language courses (taken by many parents of afterschool students) that directly impact the ability of the parents to assist their children academically.
- **Snak Chef/TABLE:** TABLE is a nonprofit food distribution program in Carrboro that provides the children with bags of fresh groceries every week. Also, every other week, a group from TABLE and have a "Snak Chef" program with the kids, in which they bring the supplies and help the kids make a delicious and healthy snack.
- **El Centro Hispano:** We are looking forward to forging new relationships with El Centro this semester, as we are temporarily going to be hosting our ESL classes at their center.
- **The University of North Carolina at Chapel Hill:** Most of our volunteers come from UNC-Chapel Hill, as well as many of our past funds and resources.
- **Campus Y, the Center for Social Justice at UNC-Chapel Hill:** The Campus Y also provides many of the volunteers, funds, and resources for the ESL classes.
- **Farmer Foodshare**, Saturday Food Distribution since 2011: The HRC partners with the Farmer Foodshare Donation Station at the Carrboro Farmers Market to source locally grown fresh produce into our community. HRC volunteers arrive before the end of the market and assist Farmer Foodshare volunteers in end of market collection and packing. We then facilitate our own volunteer transportation for the food from market to community distribution.
- **TABLE**, Kid's backpacks since 2011: The HRC previously partnered with TABLE to distribute backpacks of food to our tutoring program.

e) Other Pertinent Agency Information

HRC's Executive Director, who did an excellent job enhancing the focus of the organization to include people who are Immigrants and Refugees, left to enroll in medical school. HRC recently hired a new Executive Director who not only has experience working with people who are Immigrants and Refugees but has years of experience working with people who are homeless.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Chapel Hill- Carrboro Human Rights Center. Immigrant and Refugee Community Partners

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☐X Human Services (Main Application Only)

☐ CDBG Non-Construction — (Main Application AND Part A)

☐ CDBG Construction — (Main Application AND Part A AND Part B)

☐ HOME CHDO Set-aside — (Main Application AND Part A)

☐ HOME Other — (Main Application AND Part A AND Part B)

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X	X		
Health and Nutrition	X	X	X		
Job Training	X	X	X		
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)

Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Food Empowerment: Food insecurity is a serious issue for lower income families who live in the 15-501/54 corridor south and west of Carrboro, the main area that the HRC serves. Many families who participate in our food distribution program come not only for themselves, but also to collect vegetables for neighbors and friends. Diversity of diets is an issue for the community, as having a low budget makes it much more difficult to access healthy foods, including fruits and vegetables.

Stated Program Goals	Program Activities	Anticipated Results	Evaluation Method
Increase access to healthy local produce from an initial 20 families to 25	Saturday food distribution and the number of community gatherings.	We expect 25% more people will receive healthy local produce in the new year.	Farmer Foodshare collected data on the amount and client satisfaction with distribution methods.
Increase solidarity among program participants.	Bi-weekly potluck gatherings of families	Establish bi-weekly gatherings of at least 15 families from various ethnic groups, to share food.	Collect attendance data.-

English as a Second Language Classes: The mission of the English as a Second Language classes is to help ease the transition of immigrants to the United States through interactions with volunteers and through an enhanced level of community awareness. Furthermore, we observe that a new generation of bilingual children is being raised within our immigrant communities. Bilingual children often must act as translators for their families. We want to empower adults and older members of the community by equipping them with tools that can sustain their language development.

Through conversations with volunteers, community members gain a proficiency in the language that enables them to seek additional employment opportunities, communicate with fellow citizens freely, and take a more active part in the education of their children. The majority of students in the ESL classes have limited English proficiency. Our program includes people from all over the world, including a growing number of Burmese refugees who live in Chapel Hill and Carrboro.

Stated Program Goals	Program Activities	Anticipated Results for FY 14-15	Evaluation Method
Maintain and increase student enrollment to 8-10 students in the ESL Program	Tutors will work to form positive relationships. Students, who feel comfortable with their tutors, stay in the program and a high retention rate is reached.	We will forging new relationships with students in the community thereby increasing attendance to 8-10 students as the notoriety of the tutors and the program's quality.	Program enrollment will be documented through log-in sheets.
Increase the participants' English language proficiency	Tutors and students utilize worksheets and one-on-one conversation to increase the students' level of English proficiency.	We anticipate that our pedagogical methods of active learning will improve the English language proficiency of each student throughout the semester to 80%.	The tutors in charge will evaluate the fluency of the students' conversations.
Increase the ease of integration into social and professional environment	Tutors and students work together on issues that the students discuss. Tutors help students with resume building, practice for the citizenship test and more, in order to ease their transition into the social and professional world.	We anticipate that the students who sense an increased ease of transition into the social and professional world will increase to 70%.	The tutors will speak with students and evaluate whether there has been a change in the perceived ease in their social and professional lives due to their grasp of English.

Bridge Builders: The purpose of Bridge Builders is to connect, partner, and collaborate with families who are refugees in the area to help them transition into life in America. The structure of Bridge Builders allows a volunteer to connect with families who are refugees by assisting them with everyday life situations. Families in our Bridge Builder program also needed a lot of ESL tutoring and parents often needed help navigating the community with things such as health care and the school system.

This also helps us build stronger relationships with each of our families. We have approximately 50 families, or 250 people, who are refugees in the program. Approximately 37 of them, 185 people, live in Carrboro and about 13 families, or 65 people, live in Chapel Hill.

Stated Program Goals	Program Activities	Anticipated Results for FY 16-17	Evaluation Method
To support adjustment to life in the US / uplift human rights / and to resist work exploitation or discrimination in housing	In addition to weekly visits with volunteers, we will utilize both social media and traditional communication to alert the community about issues of which they should be aware.	We will be able to create a steady community of individuals to help uplift and support families in transition with difficult situations	Number of resolved discrepancies. Number of students assisted by student volunteers with their homework. Monitoring student grades and test scores.

Tech and Jobs Collaborative: The purpose of this program is to reach segments of our society who have extremely limited access to basic digital literacy (and job access by extension). We seek to address through a social justice lens. We have worked with low-income neighborhood leaders to design a customized curriculum that is culturally appropriate and accessible. We have partnered with Kramden Institute to offer free computers for our regular participants. Until now, more than 50 individuals have benefited from this collaboration.

Stated Program Goals	Program Activities	Anticipated Results for FY 14-15	Evaluation Method
Example: 80% of after-school attendees will not be re-suspended	***Counselor meets with students, as the first contact, for students referred for minor infractions.***	***Out of 100 students participating in the program, 90 remained in good standing with the school system. 90% result (above goal)***	***School records were checked to verify that students had not been suspended.***
Enroll 10-12 students in the weekly Tech Jobs program	Tutors will work with the same students for the duration of the program to teach them how to setup and operate a computer. They will also help them navigate the web..	10-12 students will not only learn how to setup and use a computer but will be able to navigate the web for online job searches. Students who complete the program will be given a desktop computer.	Program enrollment will be documented through log-in sheets.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Each of our programs seeks to assist people to improve the quality of their lives and of their living conditions. Where possible we seek to support people who face discrimination in the workplace or in housing.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The population to be served are low-income residents of Chapel Hill, Carrboro, and Orange County. Those most benefiting from our program are immigrants and refugees from all over the world. Beneficiaries are identified through word of mouth and promotional materials from our agency.

e) Who specifically will carry out the activities and in what location will they be carried out?

The food distribution takes place at the weekly farmer's market and is carried out by volunteers in collaboration with Farmer Food Share and HRC volunteers drawn from the recipient community.

The ESL class, also known as LINC (Linking Immigrants to New Communities), meets every Tuesday and Thursday from 6-7pm at Frank Porter Graham Elementary school in Chapel Hill. HRC student volunteers provide one on one tutoring for people who are refugees and immigrants in the Chapel Hill and Carborro area.

Bridge Builders mentoring and tutoring takes place at the home of the families who are a part of our program and are carried out by volunteers and is coordinated by Andrea Eisen.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The activities will be carried out over a period of twelve months beginning on July 1st, 2016. The programs are ongoing, all happening at least once per week. LINC ESL and Tech Jobs do not operate during the summer.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- We collaborate with Farmer Food Share to distribute nutritious food to area residents each week. HRC volunteers transport food weekly to an area in front of the OWASA building for distribution.
- We work with LINC ESL (a campus Y committee at UNC) to provide ESL training Student volunteers meet at the Frank Porter Graham Elementary School to provide ESL.

- We collaborate with student volunteers to provide mentoring and after school tutoring to families who are struggling to adjust to life in the United States.
- We utilize student volunteers to provide weekly Tech and Jobs classes at our offices in Carrboro.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Immigrants and refugees in the community, which receives limited services from other agencies after 90-180 days would be missing an important resource and advocate on their behalf.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: x☐ **Persons** ☐ **Households** ☐ **Units**

Program: Food Empowerment

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	4	4	5
Female	30	35	40
Total	34	39	45
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	3	4	5
American Indian or Alaska Native			
Asian	21	24	27

Caucasian	1	2	2
Native Hawaiian or other Pacific Islander			
Other	9	13	16
Total	34	39	45

Of the above, how many Hispanic/Latino	9	13	16
Of the above, how many non-Hispanic/Latino	0	0	0
Total	34	39	45
Age			
0-5 years	0	0	0
6-18 years	2	2	3
19-50 years	30	34	38
51-61 years	2	3	4
62+ years			
Total	34	39	45
Geographic Location			
Durham City	0	0	0
Durham County	0	0	0
Carrboro	32	37	43
Chapel Hill	2	2	2
Chapel Hill Public Housing Residents			
Orange County			
Raleigh			
Wake County			
Total	34	39	45
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total			
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total			

Please indicate whether this project/program will serve: x☐ **Persons** ☐ **Households** ☐ **Units**

Program: English as a Second Language

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	2	3	4
Female	6	7	8
Total	8	10	12
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	0	0	0
American Indian or Alaska Native			
Asian	3	4	5
Caucasian	0	0	0
Native Hawaiian or other Pacific Islander			
Other	5	6	7
Total	8	10	12
Of the above, how many Hispanic/Latino	5	6	7
Of the above, how many non-Hispanic/Latino	0	0	0
Total	8	10	12
Age			
0-5 years	0	0	0
6-18 years	2	2	3
19-50 years	6	8	8
51-61 years	0	0	1
62+ years			
Total	8	10	12
Geographic Location			
Durham City	0	0	0
Durham County	0	0	0
Carrboro	5	6	7
Chapel Hill	3	4	5
Chapel Hill Public Housing Residents			
Orange County			
Raleigh			
Wake County			

Total	8	10	12
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total			
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total			

Please indicate whether this project/program will serve: x☐ **Persons** ☐ **Households** ☐ **Units**

Program: Bridge Builders

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	46	50	56
Female	69	80	84
Total	115	130	140
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	0	0	0
American Indian or Alaska Native			
Asian	115	130	140
Caucasian			
Native Hawaiian or other Pacific Islander			
Other			
Total	115	130	140
Of the above, how many Hispanic/Latino	0	0	0
Of the above, how many non-Hispanic/Latino	0	0	0
Total	115	130	140
Age			
0-5 years	29	33	36
6-18 years	44	51	56

19-50 years	39	42	46
51-61 years	1	3	2
62+ years	1	1	1
Total	115	130	140
Geographic Location			
Durham City	0	0	0
Durham County	0	0	0
Carrboro	70	75	76
Chapel Hill	45	55	64
Chapel Hill Public Housing Residents			
Orange County			
Raleigh			
Wake County			
Total	115	130	140
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total			
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total			

Please indicate whether this project/program will serve: x☐ **Persons** ☐ **Households** ☐ **Units**

Program: Tech & Jobs Program

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	5	7	8
Female	3	5	6
Total	8	12	14
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			

African-American	0	0	0
American Indian or Alaska Native			
Asian	3	4	5
Caucasian	0	0	0
Native Hawaiian or other Pacific Islander			
Other	5	6	7
Total	8	10	12

Of the above, how many Hispanic/Latino	2	3	3
Of the above, how many non-Hispanic/Latino	0	0	0
Total	8	10	12
Age			
0-5 years	0	0	0
6-18 years	2	2	3
19-50 years	6	8	9
51-61 years	0	0	
62+ years			
Total	8	10	12
Geographic Location			
Durham City	0	0	0
Durham County	0	0	0
Carrboro	5	6	7
Chapel Hill	3	4	5
Chapel Hill Public Housing Residents			
Orange County			
Raleigh			
Wake County			
Total	8	10	12
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total			
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total			

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)

Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Volunteer Coordinator	1.0	100%	$6,050 AmeriCorps	$7,200	$0	33%	
Director	.50	100%	0	$12,538	$20,000	66%	(H) $2,000
Food Program Coordinator	.08	100%	$250	$500	$500	2.4%	
Assistant Director	.50	100%	Volunteer	Volunteer	Volunteer	0%	
4 Work Study Students	.25 (ea)	.20%	$1,375 each, paid by UNC	$1,408 each, paid by UNC	$1,408 each, paid by UNC	0%	
Volunteers	2.00	100%	Volunteer	Volunteer	Volunteer	0%	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ X☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ X☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ X☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ X☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Kevin J. Noonan

Kevin J. Noonan, Executive Director — Date 22 January 2016

Signature: Nathan Allan Hollister

Rev. Nathan Allan Hollister, Board Chairperson — Date 22 January 2016

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measurable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1			
Program Goal			
Performance Measures			
Program Results			
Program Activity 2			
Program Goal			
Performance Measures			
Program Results			
Program Activity 3			
Program Goal			
Performance Measures			
Program Results			
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Program Activity 5			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

We regret we are unable to embed Excel budget files into this Word Document. As a result the Excel files will be submitted as attachments

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Food Empowerment Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Personnel	$19.23	(1.25 hrs per week x 52 weeks)	$1,250
Rent	$100	$100/mo. x 12 months	$1,200
Supplies & Equipment	$27.09	~$27.09 x 12 mo.	$325
Travel & Training	~$21.16	26 potluck solidarity meetings	$550
Other Expenses	~$1,138	¼ of the yearly liability Insur.	285
		Total	$3,610

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$950**	**$1,250**	**$3,610**
Total # of Units	**34**	**39**	**45**
Cost Per Unit	**$27.94**	**$32.05**	**$80.22**

Program: Bridge Builder / After School Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Personnel	~$19.23	(5 hrs per week x 52 weeks)	$5,000
Rent	$100	$100/mo. x 12 months	$1,200
Supplies & Equipment	~$41.66	12 months	$500
Travel & Training	~$45.83	12 months	$550
Other Expenses	~$1,138.00	¼ of the Liability Insurance	$285
		Total	$7,535

d.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$600**	**$2,685**	**$7,535**
Total # of Units	**115**	**130**	**140**
Cost Per Unit	**$5.22**	**$20.65**	**$53.82**

Program: English as a Second Language (ESL)

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Personnel	$19.23	(1.25 hrs per week x 52 weeks)	$1,350
Rent	$100	12 months	$1,200
Supplies & Equipment	~$41.66	12 months.	$500
Travel & Training	~$8.33	12 months	$100
Other Expenses	~$1,138	¼ of the yearly liability Insur.	$285
		Total	$3,435

e.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**600**	**$2,685**	**$3,435**
Total # of Units	**8**	**10**	**12**
Cost Per Unit	**$75.00**	**$268.00**	**$286.25**

Program: Tech & Jobs Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Personnel	$19.23	(2.5 hrs per wk x 52 weeks)	$2,500
Rent	$100	12 months	$1,200
Supplies & Equipment	~$41.66	12 months.	$500
Travel & Training	~$8.33	12 months	$100
Other Expenses	~$1,138	¼ of the yearly liability Insur.	$285
		Total	4,585

f.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**600**	**$2,685**	**$4,585**
Total # of Units	**8**	**12**	**14**
Cost Per Unit	**$75.00**	**$223.75**	**$327.50**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

g.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

We regret we are unable to embed Excel budget files into this Word Document. As a result the Excel files will be submitted as attachments

Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAME: **Human Rights Center of Chapel Hill and Carrboro**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 800	$ 7,500	$ 9,413	26%
Agency Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ -	$ 1,000	$ 2,000	100%
Town of Chapel Hill	$ -	$ -	$ 2,775	0
Town of Carrboro	$ 2,000	$ 2,750	$ 3,750	36%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants: Chapel Hill Youth Forward	$ -	$ -	$ -	0
Other Grants: Federal Work Study (UNC)	$ 5,650	$ 5,650	$ 8,950	58%
Miscellaneous/Other Revenue		$ 6,175	$ 1,500	-76%
Please list 3 largest Miscellanous sources:				
Anonymous Donor $ 7,900.00				
Church Fundraising $ 713.00				
Tar Heel 10-Miler $ 800.00				
Total Agency Revenue	**$ 8,450**	**$ 23,075**	**$ 28,388**	**23%**
AGENCY EXPENSES				
Compensation	$ 6,000	$ 16,000	$ 20,000	25%
Rent & Utilities	$ 900	$ 3,600	$ 4,800	33%
Supplies & Equipment	$ 900	$ 1,275	$ 1,450	14%
Travel & Training	$ 650	$ 1,000	$ 1,000	0%
Other Expenses:	$ -	$ 1,200	$ 1,138	-5%
Please list 3 largest "Other Expenses":				
Liability Insurance $ 1,138.00				
$ -				
$ -				
Total Agency Expenses	**$ 8,450**	**$ 23,075**	**$ 28,388**	**23%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **Inter-Faith Council for Social Service**

Program(s) Community House, HomeStart, Community Services

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☐ *Applicant Contact Information* b. ☐ *Project/Program Contact Information* c. ☐ *Funding Requests Identified* d. ☐ *Signed Application Cover Page*	
2. Agency Information -	a. ☐ *Agency's Years in operation* b. ☐ *Agency's Purpose/Mission* c. ☐ *Agency's Types of Services Provided* d. ☐ *Agency's Experience* e. ☐ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☐ *Type of Application and Program Identified* b. ☐ *Summary of Program* c. ☐ *Description of Identified Need* d. ☐ *Description of Population to be Served* e. ☐ *Activity Manager and Location Description* f. ☐ *Activity Implementation Timeline* g. ☐ *Agency Collaboration* h. ☐ *Describe Impact of Reduced/No Allocation* i. ☐ *Other Pertinent Information* j. ☐ *Complete Target Population/Beneficiary Chart* k. ☐ *Complete Schedule of Positions* l. ☐ *Signed Conflict of Interest Disclosure* m. ☐ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Inter-Faith Council for Social Service

Applicant Organization's Physical Address: 110 West Main Street, Carrboro, NC 27510

Applicant Organization's Mailing Address: 110 West Main Street, Carrboro, NC 27510

Applicant Organization's Web Address: www.ifcweb.org

Executive Director: Michael Reinke

Telephone Number: 919.929.6380 E-Mail: mreinke@ifcmailbox.org

DUNS Number: 171570906
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Residential Services - Community House and HomeStart; Community Services - Food Programs, Support Circles

Project/Program Primary Contact and Title: Stephani Kilpatrick, Residential Services Director and Kristin Lavergne, Community Services Director

Telephone Number: Stephani Kilpatrick 919.967.1086 Kristin Lavergne 919.929.6380
E-Mail: Stephani Kilpatrick: skilpatrick@ifcmailbox.org; Kristin Lavergne: klavergne@ifcmailbox.org

c) Funding Request Identification

Total Project/Program Cost: $1,338,838 Total Amount of Funds Requested: $89,000

Proposed Use of Funds Requested (2-3 Line Maximum): To renew funding of IFC food and shelter programs serving Orange County's citizens in need, to fund a 15 hour per week Case Manager for HomeStart residential program, and to help fund half of the salary costs of a half-time staff person to coordinate the Orange County Partnership to End Homelessness Support Circles Program.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

X CDBG Non-Construction (CH)	$_____	X Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

X Human Services: X Carrboro $14,000 X Chapel Hill $25,000 X Orange County $50,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1/22/16
Executive Director — Date

Signature: _____ 1/22/16
Board Chairperson — Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

In Operation for 52 years, incorporated since June 1966

b) Agency's Purpose/Mission

The Inter-Faith Council for Social Service meets basic needs and helps individuals and families achieve their goals. We provide shelter, food, direct services, referrals and information to people in need. We accomplish this through strong partnerships with volunteers, staff and those we serve. We rely on the active involvement of caring individuals, congregations and other community organizations.

c) Types of Services the Agency Provides

Program 1, Food Programs

The IFC provides around 75,000 meals to hungry persons every year. Meals are free of charge and are provided to anyone who is hungry as well as to the residents of Community House and HomeStart. Community volunteers and volunteer groups representing congregations, businesses, neighborhoods and the University provide nutritious, hot meals 365 days a year. The Kitchen Coordinator schedules and trains volunteers to prepare and serve meals. Nearly all of the food that is served is donated by local restaurants, food services, campus groups, farmers, congregations and businesses. The IFC partners with Farmer Foodshare and other local groups to provide fresh, locally-grown produce for the Community Kitchen. The Community Kitchen relies heavily on volunteers to prepare and serve meals and clean up afterwards. Meal monitors provide support to volunteer groups and address client needs during the meal. Volunteers also help pick up, receive, sort and store food donations.

The Food Pantry provides around 1,300 bags of groceries to those in need every month. Households in Chapel Hill or Carrboro, or in which an adult works in those communities, may become members of the Pantry who are welcome to receive groceries once a month. Grocery quantities offered are based on the number of people in the household. Food Pantry members may be eligible for other services. Staff, student interns and community volunteers receive, sort and stock food, interview clients and greet visitors at the reception desk. Evening hours are provided through a special collaboration with Project Rushhour, a service of the North Carolina Hillel. The IFC relies on donations from individuals, congregations, community food drives, grocery stores, UNC campus, the Inter-Faith Food Shuttle and the Food Bank of Central and Eastern North Carolina. The Pantry also partners with Farmer Foodshare to receive fresh locally-grown produce that is distributed with non-perishables. With community donations and hands-on help, holiday dinners are distributed at the end of November and December to member households that have pre-enrolled.

Program 2, Residential Programs

Community House offers safe living accommodations, meals, showers and laundry facilities. Community House guests also receive an array of services: referrals to substance abuse education and counseling; medical, mental health and dental treatment; social worker support; job coaching; and referrals to community agencies. Residents are encouraged to identify and address personal challenges, seek employment opportunities, and establish a plan with short

and long-term goals. IFC partners with Piedmont Health Services (PHS) to provide a PHS Satellite Clinic inside Community House to provide health care services to respond to the various needs of homeless men and women. Staff and volunteers strive to empower, educate and support homeless men to take important steps towards a successful transition out of homelessness. There are a variety of volunteer opportunities for individuals and groups available at Community House, which include: evening volunteers, receptionists, building monitors and clinic staff. Community House serves as Orange County's only shelter for homeless men. It also provides 17 emergency shelter cots during inclement weather.

HomeStart provides 24-hour emergency and longer-term housing and services to homeless women and children. HomeStart's mission is to provide "a safe, structured home for homeless women and children, helping them to access community resources and offering everyone on-going support to break the cycle of poverty and homelessness." Domestic violence, eviction, unemployment, low-paying jobs, mental illness, lack of support services, family break up and substance abuse are just some of the reasons HomeStart residents find themselves homeless. A range of services including meals, social work, job coaching, health and mental health care are provided. Intensive case management serves as the key tool for helping families to achieve their goals of earning their own income and finding affordable childcare and housing. It is our hope that with additional funding from CDBG we will be able to double the amount of Case Management we provide. HomeStart, located on land provided by Orange County, began as a transitional housing program for homeless families that was a direct outcome of a 1994 Orange County Emergency Family Shelter Task Force.

Program 3, Support Circles

Support Circle Teams comprise 8-10 volunteers that partner with individuals and families who are experiencing - or at risk of - homelessness and who are transitioning into permanent housing. Teams provide Partners assistance with:

- **Material support** such as furniture and other household goods (often gathered from congregations and family)
- **Practical support** including taking partners grocery shopping or to appointments, helping them work out budgets, tutoring them for GED classes or other assistance their partners may need
- **Financial support:** each team contributes $2,500; $2,000 goes for their Partner's needs associated with moving in to permanent housing such as security deposit, furnishings, etc., $500 goes toward program administration.
- **Relational support**: most importantly, team members meet regularly with the individual or family they're partnered with to share information, build relationships, and function as a support system for their Partners.

d) **Agency's Experience with Similar Programs as the Funding Request** IFC has been providing basic needs programs for the past 52 years and have a demonstrated track record of success. Our Community Services Director Kristin Lavergne has a Master of Social Work degree from the University of North Carolina and has been with IFC for over 20 years. Our Residential Services Program Director has a Master of Social Work degree from the University of North Carolina and has been with IFC for 14 years.

e) **Other Pertinent Agency Information** IFC has extensive and long-standing partnerships with a wide array of community partners, ranging from local government agencies, other nonprofit agencies, to private businesses. IFC has 56 member congregations who contribute time, talent and treasure to our success.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Inter-Faith Council for Social Service: Community House, HomeStart, Community Services

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

X Human Services (Main Application Only)

X CDBG Non-Construction — (Main Application AND Part A)

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition	X	X	X	X	X
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring	X	X	X	X	X
Transportation					
Housing	X	X	X	X	
Other: Please specify					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Food Programs
The Food Pantry will meet the **Town/County priority for health and nutrition to needy residents and safety-net services** to disadvantaged residents by collecting or purchasing enough non-perishable food items to provide groceries as often as once per month to member households. Staff and volunteers of the Food Pantry will distribute monthly

grocery allotments of essential food items to thousands of eligible members; quantities are based on the number of people in the household. A hot, nutritious meal will be served to homeless residents and any hungry person who shows up at mealtimes at the Community Kitchen. IFC's Kitchen Coordinator and 500+ community volunteers will serve some 75,000 hot, nutritious meals during the program year.

Residential Programs

Both Community House and HomeStart will meet the **Town/County priority for safety-net services** by providing emergency shelter and transitional housing for up to 52 men, 24 women, and 30 children at a time. Some 400 homeless persons who lack a fixed, regular, and adequate nighttime residence will receive emergency/transitional shelter, as well as laundry and shower services, and basic needs such as clothing and personal care items, during the program year. Community House also offers 17 cots during inclement weather. With CDBG funding, HomeStart families will have access to Case Management services from a 30-hour per week Case Manager, to assist in securing resources necessary to become self-sufficient and prevent relapses into homelessness.

Support Circles

Support Circles will meet the **community need for safety-net services** by functioning as a support system for a formerly homeless individual or family transitioning into permanent housing. Support Circles comprised of 8-10 volunteers will function as a support system for their partners, i.e. helping them work out budgets, sharing information, providing furniture and household items, helping partners fill out and submit job applications, providing transportation, tutoring, thus empowering their partner to remain independent and securely housed.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Program 1, Food Programs

According to the latest data available from Feeding America, Orange County had an overall food insecurity rate of 15.4 percent and 20,900 food insecure people. In the Chapel Hill-Carrboro City Schools, 60% of preschool children, 30% of elementary school children and 24% of middle school students receive free and reduced price meals. We currently have thousands of households who are card carrying members of the food pantry and are eligible to come in for groceries once a month. We believe that between our pantry, community kitchen and holidays dinners program the IFC helps to feed more people in Orange County, Chapel Hill and Carrboro than any other agency in the County.

Program 2, Residential Programs

In accordance with the Consolidated Plan's **Goal #2 Providing Housing and Services for Homeless Populations**, IFC provides **service-enriched transitional housing for homeless persons** at Community House and HomeStart. The Point-in-Time Count in January 2015 found 129 homeless individuals in Orange County and 70% of them were staying at one of our two shelters. The IFC provided shelter to 323 men, 129 women, and 43 children last year (unduplicated individuals). Our shelters sleep some 50 people per night at each facility and we constantly have more requests than we can meet.

We have found that intensive case management is key to families overcoming homelessness. In the past, HomeStart had 1 full-time Social Worker to provide Case Management Services for 10 families. A dramatic cut in funding from the North Carolina Partnership for Young Children (Smart Start) has resulted in a reduction in case management support to 15 hours a week for all of the women and families. This CDBG

request will allow IFC to double the amount of case management and reduce the time single women and women with children need to live in a shelter.

Each resident currently receives case management about every two weeks in order to set goals and review her progress in working towards her goals. We would like to increase the frequency that a resident has access to the case manager, as a great deal can happen in the lives of mothers and children during a two-week period. Sometimes not making timely connections to resources such as mental health services or school resources can derail a family's entire plan for becoming self-sufficient. During a case management meeting the case manager and resident look at many different areas such as identifying/contacting local services, job search, job training or schooling, mental health, and housing, etc. They prioritize together how to navigate the confusing/ frustrating situation of being homeless. Each resident identifies the next steps that would help her and her children become more stable and end their homelessness. Case notes are written after each session. Once goals have been set, the case manager supports the women's work towards those goals by identifying and making contact with outside service providers such as DSS (Work First, Rapid Rehousing, etc.), Vocational Rehabilitation, Freedom House, UNC Horizon's program , Durham Tech, and Community Empowerment Fund to name a few. The case manager advocates for the women when it seems they need extra assistance at these organizations.

Program 3. Support Circles

In accordance with the Consolidated Plan's **Goal #2 Providing Housing and Services for Homeless Populations** IFC coordinates Support Circles to **Reduce Chronic Homelessness** by providing the support formerly homeless individuals need in order to prevent a relapse into homelessness. Research shows that as homeless individuals and families transition out of shelters and other emergency housing into more independent living in the community, having support services is an essential component of successful stabilization. A much higher percentage of those who receive wrap-around services remain housed on a more permanent basis. In collaboration with social service agencies, the Support Circles Program contributes to breaking the cycle of poverty and homelessness in Orange County by training and supporting community members (volunteers) to provide material, practical, financial and relational support to those who are transitioning.

Each individual or family (called a Partner) is matched with a Support Circle for 12 months. Modeled in large part after the Raleigh / Wake Support Circles Program for Homeless Families. OCPEH Support Circles provides volunteers essential training to be able to foster relationships that are empowering and offer support with the end goal of enhancing the likelihood that the Partners will be able to sustain the positive changes in their lives, both on an individual level (addressing domestic violence, mental illness and addiction issues) and in facing the structural and systemic challenges that contributed to their homelessness (such as lack of affordable housing, poverty and lack of affordable health care).

IFC has 7 Support Circles functioning this year so far. This program has grown large enough that an all-volunteer effort is no longer practical. Their success is encouraging other volunteers to come forward and want to form circles, but there is a great deal of training and coordinating that must happen in order to increase the number of circles going at the same time. We have a half-time Support Circles Coordinator position, which is partially funded by the Human Services grant.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

We serve the area's homeless, formerly homeless, and hungry. These are individuals living at less than 30% of the poverty level. Some of the challenges they face include loss of jobs, significant health-related expenses, loss of housing, disrupted family units and lack of social support. We allow individuals to self-refer, and we accept referrals from community agencies, including the Orange County Department of Social Services.

e) Who specifically will carry out the activities and in what location will they be carried out?

Food Programs

We have a Program Director, Kitchen Coordinator, and multiple front-line staff to carry out the program activities at 110 West Main Street Carrboro and 100 West Rosemary Street Chapel Hill.

Residential Programs

We have a Residential Services Director, Social Workers, and multiple Residential Staff to carry out the program activities at 2505 Homestead Road Chapel Hill and 1315 Martin Luther King Jr Boulevard Chapel Hill.

Support Circles

We have a Client Services Coordinator, half of whose time is devoted to carrying out program activities at 110 West Main Street Carrboro.

We rely on over 42,000 volunteer hours per year to provide direct services in all of our programs.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The activities will be carried out over the next fiscal year.

Food Program

The Food Pantry is open from 9am to 5pm on weekdays. On most Tuesdays and Wednesday the pantry stays open until 7pm. The Community Kitchen serves lunch Monday through Saturday 11:15am-12:30pm, Sunday 12:15pm-1:30pm, and dinner Monday through Friday 6:15pm-7:00pm.

Residential Programs

Our residential facilities are 24-hour facilities, open 365 days per year; We plan to have an additional 15 hours per week of case management services available to HomeStart families.

Support Circles

A family is supported for up to a one year period.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Active participation on Orange County's Family Success Alliance leadership council. The Alliance seeks to improve the lives and opportunities for long term success for children and families struggling to make ends meet. This is done through developing a "pipeline" of coordinated community resources that will ensure the successful passage of children from cradle to career or college;
- IFC works closely with Farmer Foodshare, TABLE, St. Joseph's Food Ministry, Inter-Faith Food Shuttle, Food Bank of Central and Eastern North Carolina, local grocery stores, restaurants, congregations, UNC at CH dining services and other food programs to gather and distribute the needed food resources;
- In an effort to help keep people in independent housing and have the money to buy groceries on their own, we have been partnering for the last year with the Jackson Center. We received a special grant from Duke Energy that allows us to pay for replacing electrical

appliances that no longer work or are no longer efficient. Working with the Jackson Center we have replaced many different appliances and HVAC systems for residents of the Northside and Rogers Road Communities. Many of these homeowners/families have been residents of these neighborhoods for generations, but the homes they live in are in need of repairs to provide basics like heat. We also worked with several families in the Rocky Brook trailer park in Carrboro after the June 2013 flood.

- Participation on the Orange County Partnership To End Homelessness executive council and the Support Circles Program;
- Collaboration with liaisons representing some 35 congregations who meet regularly for IFC updates, trainings, sharing of information, organizing food collections and mobilizing volunteers and financial resources;
- The IFC recruits and maintains cooking groups from congregations, neighborhoods, the university and businesses to prepare and serve meals at the Community Kitchen, at HomeStart and the new Community House;
- We rely heavily on in-kind donations from local businesses and community volunteers.
- Partnership with Orange County that provides a no-cost 25-year lease of three acres of land where the IFC's HomeStart facility sits. We also collaborate with the County on the Emergency Solutions Grant and rapid rehousing;
- 50-year lease arrangement with the University of North Carolina at Chapel Hill for the IFC @ SECU Community House transitional housing facility for homeless men in partnership with the Town of Chapel Hill and numerous social service agencies;
- Partnership with UNC Hospitals and SHAC Clinic; Partnership with Piedmont Health Services to provide medical, mental health and dental clinics in an onsite satellite clinic of PHS at IFC @ SECU Community House, that is having a huge impact on the long-term sustainability of health care for all of our residents;
- Ongoing collaboration with Housing for New Hope PATH workers who offer outreach services to homeless persons who are street persons or unsheltered;
- Orange Literacy and UNC students' Talking Sidewalks and Home and Homeless Project provide cultural, educational, writing and literacy programs to both male and female shelter residents;
- IFC works closely with the Community Empowerment Fund who offer financial education, matching funds savings accounts and job search help to many of our residents and Support Circle participants;
- IFC works with the Veterans Administration to assist our homeless vets with services;
- Longstanding collaborative relationships between Freedom House, The Horizons Program at UNC-CH and AA/NA groups to respond to addiction and substance abuse issues experienced by clients;
- Partnership with the Compass Center who provide domestic violence workshops geared toward both women and children at HomeStart. We also work closely with the Center to provide a safe space for survivors to be housed, when appropriate;
- Partnership with The Furniture Project, organized by St. Thomas More volunteers and supported by the IFC since its inception, which helps furnish homes for graduates of IFC residential services and others throughout the community who might not otherwise have furniture;
- Partnership with the PTA Thrift Shop, which provides clothing vouchers for IFC clients. This long-standing partnership is a huge help to our many clients who find themselves in need of clothing.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

IFC would need to consider reducing hours of service, number of meals provided, or number of clients served. The worst case scenario would be that IFC would have to close one program completely.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: X **Persons** X **Households** ☐ **Units**

Program: Community House, HomeStart

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	346	132	130
Female	149	176	170
Total	495	308	300
Of the females, how many are single-female Head of Households (Omit for Human Services)	129	176	170
Ethnicity			
African-American	302	144	141
American Indian or Alaska Native			
Asian			
Caucasian	149	152	147
Native Hawaiian or other Pacific Islander			
Other	44	12	12
Total	495	308	300
Of the above, how many Hispanic/Latino	30	0	10
Of the above, how many non-Hispanic/Latino	465	308	290
Total	495	308	300
Age			
0-5 years		40	39
6-18 years		28	27

19-50 years		152	147
51-61 years		78	77
62+ years		10	10
Total	0	308	300
Geographic Location			
Durham City		50	48
Durham County		2	2
Carrboro	46	12	12
Chapel Hill	86	134	129
Chapel Hill Public Housing Residents			
Orange County	76	38	36
Raleigh		12	12
Wake County		2	1
Total	208	250	240
	*Does not equal 495 because some are from other counties; Did not count Durham and Wake in 2014-15	*Does not equal 308 because some are from other counties	*Does not equal 308 because some are from other counties
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income		234	300
31-50% Area Median Income		6	
51-80% Area Median Income		0	
> 80% Area Median Income		0	
Total	0	240	300
		*Does not equal 308 because some are dependents	
Special Needs (Omit for HS)			
Elderly (Over 62)		10	10
Disabled (not elderly)			
Homeless		308	300
People with HIV/Aids			
Total	0	318	318

Program: Community Services, Support Circles

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			

Male	2,150	1,950	1,950
Female	3,362	3,050	3,050
Total	5,512	5,000	5,000
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	3,196	2,900	2,900
American Indian or Alaska Native			
Asian			
Caucasian	1,322	1,200	1,200
Native Hawaiian or other Pacific Islander			
Other	332	300	300
Total		5,000	5,000
Of the above, how many Hispanic/Latino	662	600	600
Of the above, how many non-Hispanic/Latino	4850	4,400	4,400
Total		5,000	5,000
Age			
0-5 years	0	0	0
6-18 years		50	50
19-50 years		2,700	2,700
51-61 years		2,250	2,250
62+ years	0	0	0
Total		5,000	5,000
Geographic Location			
Durham City	55	50	50
Durham County	55	50	50
Carrboro	1,434	3,300	3,300
Chapel Hill	3,638	1,300	1,300
Chapel Hill Public Housing Residents			
Orange County	5,126 (includes Chapel Hill and Carrboro)	4,650 (includes Chapel Hill and Carrboro)	4,650 (includes Chapel Hill and Carrboro)
Raleigh	55	50	50
Wake County	55	50	50
Total	220	200	200
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	5,512	5,000	5,000
31-50% Area Median Income			
51-80% Area Median Income			

> 80% Area Median Income			
Total	5,512	5,000	5,000
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total			

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**
2505 Homestead Road Chapel Hill NC	118	2505 Homestead Road block	130	130

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 People**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1,1,1	100	97,997	97,997	97,997	.098, .108, .108	R&H
Finance Director	1,1,1	100	55,000	55,000	55,000	.055,.06, .06	R&H
Executive Assistant	1,1,1	100	44,000	44,000	44,000	.044,.048,.048	R&H
Community Services Director	1,1,1	100	50,000	50,000	50,000	.05..055.055	R&H
Kitchen Coordinator – FT	1,1,1	100	32,576	32,576	32,576	.033,.036,.036	R&H
Part-time Kitchen Staff	0,1.2, 1.2	100	0	30,048	30,048	0,.033.033	R
Support Circles Coordinator	.44,.44,.44	100	14,677	14,677	14,677	.015,.016,.016	R&H
Client Services Representatives	1.8,2.1,2.1	100	57,760	64,145	64,145	.058,.07, .07	R&H
Residential Services Director	1,1,1	100	47,000	47,000	47,000	.047,.052,.052	R&H
CH Social Worker	1,1,1	100	39,000	39,000	39,000	.039,,.043,.043	R&H
CH Residential Staff	4,4,4	100	128,182	128,182	128,182	.129,.141,.141	R&H
Social Work Assistant	0,1,1	100	0	32,000	32,000	0,.035,.035	R&H
Medical Coordinator	1,.17, 0	100	60,000	10,200	0	.06,.01,0	R&H
HS Case Manager	.37,.37,.37	100	19.500	19,500	19,500	.02,.021, .021	R
HS Residential Staff	5,5,5	100	150,498	150,498	150,498	.15,.166, .166	R&H
Kitchen Coordinator – PT	0,.7,.7	100	0	21,696	21,696	0,.024,.024	R
Project Manager	1,1,1	100	45,900	45,900	45,900	.046,.05, .05	R&H
Construction Manager	1,.17, 0	100	69,120	11.520	0	.07,.013, 0	R&H
Facilities Coordinator	1,1,1	100	34,360	34,360	34,360	.034,.038,.038	R&H
Volunteer Hours	22, 19, 19	100	44,500	38,500	38,500		N/A

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES	NO	
X	☐	a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?
☐	X	b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?
X	☐	c) Current beneficiaries of the project/program for which funds are requested?
X	☐	d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

- One of our Board Members is a part-time Town of Carrboro Parks & Recreation Dept. employee, with a sister who works part-time for the Town of Carrboro and a daughter who works for the Chapel Hill Carrboro City Schools.
- We have another Board Member whose husband works for the Town of Carrboro.
- One of our Board Members has a daughter who receives services from Vocational Rehabilitation.
- Two of our Board Members work for Piedmont Health Services, one of our partner agencies located within our residential facility.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ 1-22-2016
Executive Director — Date

Signature: _____ 1/22/16
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 1	17,000 bags of groceries and 800 holiday dinners will be distributed during the program year	Staff and volunteers of the Food Pantry will distribute monthly grocery allotments of essential food items to eligible members; quantities are based on the number of people in the household	Staff and volunteers of the Food Pantry will distribute monthly grocery allotments of essential food items to eligible members; quantities are based on the number of people in the household
Program Goal	IFC Food Programs are designed to alleviate hunger primarily by collecting food donations from the community and distributing them to households and persons in need	The Food Pantry will collect or purchase enough non-perishable food items to provide groceries as often as once per month to member households	The Food Pantry will collect or purchase enough non-perishable food items to provide groceries as often as once per month to member households
Performance Measures	Community Services Director and Client Services Reps track number of bags of groceries distributed	Community Services Director and Client Services Reps track number of bags of groceries and holiday dinners distributed	Community Services Director and Client Services Reps track number of bags of groceries and holiday dinners distributed

Program Results	15,338 bags of groceries and 796 holiday dinners	13,624 bags of groceries and 783 holidays dinners	
Program Activity 2	IFC's Kitchen Coordinator and 500+ community volunteers will serve 75,000 meals during the program year	IFC's Kitchen Coordinator and 500+ community volunteers will serve 75,000 hot, nutritious meals during the program year	IFC's Kitchen Coordinator and 500+ community volunteers will serve 75,000 hot, nutritious meals during the program year
Program Goal	A hot, nutritious meal will be served to homeless residents and any hungry person who shows up at mealtimes at the Community Kitchen	A hot, nutritious meal will be served to homeless residents and any hungry person who shows up at mealtimes at the Community Kitchen	A hot, nutritious meal will be served to homeless residents and any hungry person who shows up at mealtimes at the Community Kitchen
Performance Measures	Kitchen Coordinator determines number of meals served by counting trays at the end of each meal service	Kitchen Coordinator determines number of meals served by counting trays at the end of each meal service	Kitchen Coordinator determines number of meals served by counting trays at the end of each meal service
Program Results	85,560 meals	65,000 meals	65,000 meals
Program Activity 3	500 homeless persons who lack a fixed, regular, and adequate nighttime residence will receive emergency/transitional shelter	Some 500 homeless persons who lack a fixed, regular, and adequate nighttime residence will receive emergency/transitional shelter during the program year	Some 400 homeless persons who lack a fixed, regular, and adequate nighttime residence will receive emergency/transitional shelter during the program year, as well as access to Case Management Services
Program Goal	IFC Residential Programs are designed to provide safe, emergency shelter and transitional services to homeless individuals	Both Community House and HomeStart will operate at capacity (all available beds will be filled)	Community House and HomeStart will provide safe, emergency shelter and transitional housing, as well as Case Management to reduce obstacles to overcoming homelessness

Performance Measures	Information was logged into the Carolina Homeless Information Network (CHIN) and an in-house data collection system	Information logged into the Homeless Management Information System (formerly CHIN) and an in-house data collection system	Information logged into the HMIS and an in-house data collection system
Program Results	495 homeless persons received shelter	376 homeless persons to receive shelter	400 homeless persons receive shelter, with access to a 30-hour per week Case Manager
Program Activity 4	IFC did not operate Support Circles in 2014-15	Support Circles comprised of 8-10 volunteers will function as a support system for their partners, thus empowering their partner to remain independent and securely housed	Support Circles comprised of 8-10 volunteers will function as a support system for their partners, thus empowering their partner to remain independent and securely housed
Program Goal		Support Circles will function as a support system for a formerly homeless individual or family transitioning into permanent housing	Support Circles will function as a support system for a formerly homeless individual or family transitioning into permanent housing
Performance Measures	IFC did not operate Support Circles in 2014-15	Support Circle Coordinator will collect data on demographics, assistance rendered and final outcomes	Support Circle Coordinator will collect data on demographics, assistance rendered and final outcomes
Program Results	IFC did not operate Support Circles in 2014-15	There are 7 Support Circles functioning in 2015-16 so far	8-10 functioning Support Circles

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

AGENCY NAME: **Inter-Faith Council for Social Service - Community House**

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 243,630	$ 277,530	$ 277,530	0%
Program Generated Revenue (fees)	$ 30,189	$ 23,680	$ 23,680	0%
Local Government Grants:				
Orange County	$ 13,120	$ 14,080	$ 17,887	27%
Town of Chapel Hill	$ 5,760	$ 6,080	$ 7,861	29%
Town of Carrboro	$ 3,200	$ 3,200	$ 4,412	38%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 43,757	$ 49,780	$ 49,780	0%
State Government	$ 31,652	$ 29,808	$ 29,808	0%
Federal Government				0
Other Grants: Foundations	$ 77,603	$ 126,363	$ 119,563	-5%
Other Grants:				0
Miscellaneous/Other Revenue	$ 139,480	$ 5,000	$ 5,000	0%
Please list 3 largest Miscellanous sources:				
UNC Men's Basketball $ -				
Transfer from Capital fund $ -				
$ -				
Total Program Revenue	**$ 588,391**	**$ 535,521**	**$ 535,521**	**0%**
PROGRAM EXPENSES				
Compensation	$ 397,857	$ 346,600	$ 346,600	0%
Rent & Utilities	$ 23,427	$ 44,537	$ 44,537	0%
Supplies & Equipment	$ 31,194	$ 21,568	$ 21,568	0%
Travel & Training	$ -	$ 125	$ 125	0%
Other Expenses:	$ 135,913	$ 122,691	$ 122,691	0%
Please list 3 largest "Other Expenses":				
Allocation of agency overhead $ -				
$ -				
$ -				
Total Program Expenses	**$ 588,391**	**$ 535,521**	**$ 535,521**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 0**	**$ 0**	**$ 0**	**-33%**

MAIN APPLICATION

AGENCY NAME: **Inter-Faith Council for Social Service - Community Kitchen**

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 135,358	$ 124,352	$ 124,352	0%
Program Generated Revenue (fees)	$ 36,909	$ 29,000	$ 29,000	0%
Local Government Grants:				
Orange County	$ 4,920	$ 5,720	$ 7,267	27%
Town of Chapel Hill	$ 2,160	$ 2,470	$ 3,193	29%
Town of Carrboro	$ 1,200	$ 1,200	$ 1,792	49%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 16,409	$ 20,223	$ 20,223	0%
State Government				0
Federal Government				0
Other Grants: Foundations	$ 30,612	$ 33,488	$ 30,625	-9%
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Program Revenue	**$ 227,568**	**$ 216,453**	**$ 216,453**	**0%**
PROGRAM EXPENSES				
Compensation	$ 132,619	$ 115,533	$ 115,533	0%
Rent & Utilities	$ 17,230	$ 28,470	$ 28,470	0%
Supplies & Equipment	$ 26,752	$ 22,607	$ 22,607	0%
Travel & Training	$ -	$ -	$ -	0
Other Expenses:	$ 50,967	$ 49,843	$ 49,843	0%
Please list 3 largest "Other Expenses":				
Allocation of agency overhead $ -				
$ -				
$ -				
Total Program Expenses	**$ 227,568**	**$ 216,453**	**$ 216,453**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 0**	**$ 0**	**$ (0)**	**-216%**

MAIN APPLICATION

AGENCY NAME: **Inter-Faith Council for Social Service - Emergency Pantry**

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 82,830	$ 65,704	$ 65,704	0%
Program Generated Revenue (fees)	$ 29,261	$ 19,000	$ 19,000	0%
Local Government Grants:				
Orange County	$ 3,690	$ 3,520	$ 4,472	27%
Town of Chapel Hill	$ 1,620	$ 1,520	$ 1,965	29%
Town of Carrboro	$ 900	$ 800	$ 1,103	38%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 12,307	$ 12,445	$ 12,445	0%
State Government				0
Federal Government				0
Other Grants: Foundations	$ 27,539	$ 38,608	$ 36,998	-4%
Other Grants:				0
Miscellaneous/Other Revenue	$ 10,000	$ 10,000	$ 10,000	0%
Please list 3 largest Miscellanous sources:				
Smith/Monk Fund $ -				
$ -				
$ -				
Total Program Revenue	**$ 168,147**	**$ 151,597**	**$ 151,687**	**0%**
PROGRAM EXPENSES				
Compensation	$ 80,800	$ 83,280	$ 83,280	0%
Rent & Utilities	$ 4,927	$ 4,339	$ 4,339	0%
Supplies & Equipment	$ 44,194	$ 33,305	$ 33,305	0%
Travel & Training	$ -	$ -	$ -	0
Other Expenses:	$ 38,226	$ 30,673	$ 30,763	0%
Please list 3 largest "Other Expenses":				
Allocation of agency overhead $ -				
$ -				
$ -				
Total Program Expenses	**$ 168,147**	**$ 151,597**	**$ 151,687**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ 0**	**$ 0**	**-33%**

MAIN APPLICATION

AGENCY NAME: **Inter-Faith Council for Social Service - HomeStart**

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 273,581	$ 236,368	$ 231,480	-2%
Program Generated Revenue (fees)	$ 23,585	$ 17,020	$ 17,020	0%
Local Government Grants:				
Orange County	$ 10,250	$ 10,120	$ 12,857	27%
Town of Chapel Hill	$ 4,500	$ 4,370	$ 5,650	29%
Town of Carrboro	$ 2,500	$ 2,300	$ 3,171	38%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 34,186	$ 35,780	$ 35,780	0%
State Government	$ 40,495	$ 29,808	$ 29,808	0%
Federal Government				0
Other Grants: Foundations	$ 70,775	$ 66,248	$ 66,248	0%
Other Grants:				0
Miscellaneous/Other Revenue	$ 5,000	$ 5,000	$ 5,000	0%
Please list 3 largest Miscellanous sources:				
UNC Men's Basketball $ -				
$ -				
$ -				
Total Program Revenue	**$ 464,872**	**$ 407,014**	**$ 407,014**	**0%**
PROGRAM EXPENSES				
Compensation	$ 267,205	$ 231,535	$ 231,535	0%
Rent & Utilities	$ 69,932	$ 68,936	$ 68,936	0%
Supplies & Equipment	$ 21,553	$ 18,234	$ 18,234	0%
Travel & Training	$ -	$ 125	$ 125	0%
Other Expenses:	$ 106,182	$ 88,184	$ 88,184	0%
Please list 3 largest "Other Expenses":				
Allocation of agency overhead $ -				
$ -				
$ -				
Total Program Expenses	**$ 464,872**	**$ 407,014**	**$ 407,014**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ (0)**	**$ (0)**	**4%**

MAIN APPLICATION

AGENCY NAME: **Inter-Faith Council for Social Service - Support Circles**

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 19,755	$ 18,530	$ 18,105	-2%
Program Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 820	$ 880	$ 1,118	27%
Town of Chapel Hill	$ 360	$ 380	$ 491	29%
Town of Carrboro	$ 200	$ 200	$ 276	38%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 2,735	$ 3,111	$ 3,111	0%
State Government				0
Federal Government				0
Other Grants: Foundations	$ 5,102	$ 5,152	$ 5,152	0%
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Program Revenue	**$ 28,972**	**$ 28,253**	**$ 28,253**	**0%**
PROGRAM EXPENSES				
Compensation	$ 19,973	$ 20,585	$ 20,585	0%
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:	$ 8,999	$ 7,668	$ 7,668	0%
Please list 3 largest "Other Expenses":				
Allocation of agency overhead $ -				
Miscellaneous $ -				
$ -				
Total Program Expenses	**$ 28,972**	**$ 28,253**	**$ 28,253**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ 0	$ 0	-93%

Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
One grocery bag of essential food items	$10.11	15,000	**$ 151,597**
One nutritious meal at Community Kitchen	**$ 3.56**	**60,312**	**$ 216,453**
One night of safe shelter at Community House	**$ 33.47**	**16,000**	**$ 535,521**
One night of safe shelter at HomeStart	$37.00	11,000	**$ 407,014**
Support Circle for one household	**$ 2,825.30**	10	**$ 28,253**
		Total	$1,338,838

b.) Cost per Unit – emergency pantry

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$ 168,147**	**$ 151,597**	**$ 151,597**
Total # of Units	**15,338**	**15,000**	**15,000**
Cost Per Unit	**$ 10.96**	**$10.11**	**$ 10.11**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c.) Cost per Unit – community kitchen

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$ 227,568	$ 216,453	$ 216,453
Total # of Units	85,560	60,312	60,312
Cost Per Unit	$ 2.66	$ 3.56	$ 3.56

d.) Cost per Unit – community house

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$ 588,391	$ 535,521	$ 535,521
Total # of Units	19,140	16,000	16,000
Cost Per Unit	$ 30.74	$ 33.47	$ 33.47

e.) Cost per Unit - homestart

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$ 464,872	$ 407,014	$ 407,014
Total # of Units	14,685	11,000	11,000
Cost Per Unit	$ 31.66	$ 37.00	$ 37.00

f.) Cost per Unit – support circle for one household

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$ 28,972	$ 28,253	$ 28,253
Total # of Units	5	8	10
Cost Per Unit	$ 5,794.40	$ 3,531.63	$ 2,825.30

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

g.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

AGENCY NAME: **Inter-Faith Council for Social Service**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 920,335	$ 745,000	$ 745,000	0%
Agency Generated Revenue (fees)	$ 140,699	$ 122,000	$ 122,000	0%
Local Government Grants:				
Orange County	$ 41,000	$ 44,000	$ 55,898	27%
Town of Chapel Hill	$ 18,000	$ 19,000	$ 24,565	29%
Town of Carrboro	$ 10,000	$ 10,000	$ 13,788	38%
Other Local: CDBG	$ -	$ -	$ 20,000	0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 136,742	$ 155,564	$ 155,564	0%
State Government	$ 72,147	$ 59,616	$ 59,616	0%
Federal Government				0
Other Grants: Foundations	$ 255,100	$ 297,600	$ 297,600	0%
Other Grants: Various	$ 26,527	$ 118,650	$ 118,650	0%
Miscellaneous/Other Revenue	$ 216,193	$ 133,614	$ 133,614	0%
Please list 3 largest Miscellanous sources:				
Interest $ -				
Rents $ -				
Transfer from Capital Fund $ -				
Total Agency Revenue	**$ 1,836,743**	**$ 1,705,044**	**$ 1,746,295**	**2%**
AGENCY EXPENSES				
Compensation	$ 1,228,719	$ 1,144,915	$ 1,186,166	4%
Rent & Utilities	$ 213,877	$ 198,381	$ 198,381	0%
Supplies & Equipment	$ 153,667	$ 102,374	$ 102,374	0%
Travel & Training	$ -	$ 500	$ 500	0%
Other Expenses:	$ 261,321	$ 258,874	$ 258,874	0%
Please list 3 largest "Other Expenses":				
Specific Individual Assistance $ -				
Professional Fees $ -				
Miscellaneous $ -				
Total Agency Expenses	**$ 1,857,584**	**$ 1,705,044**	**$ 1,746,295**	**2%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ (20,841)	$ -	$ -	0

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Chapel Hill Training Outreach Project, Inc./KidSCope**

Program(s) __KidSCope Community Outreach Program

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Chapel Hill Training Outreach Project Inc.,/KidSCope

Applicant Organization's Physical Address: 800 Eastowne Dr., Suite 105, Chapel Hill, NC 27514

Applicant Organization's Mailing Address: 800 Eastowne Dr., Suite 105, Chapel Hill, NC 27514

Applicant Organization's Web Address: www.chtop.org

Executive Director: Mike Mathers

Telephone Number: 919-490-5577, x223 E-Mail: mmathers@chtop.org

DUNS Number: 122881048
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: KidSCope

Project/Program Primary Contact and Title: Linda Foxworth, Director

Telephone Number: 919-644-6590, x4810 E-Mail: lfoxworth@kidscope.chtop.org

c) Funding Request Identification

Total Project/Program Cost: $156,116 Total Amount of Funds Requested: $81,700

Proposed Use of Funds Requested (2-3 Line Maximum): KidSCope will provide therapeutic mental health services and parent education to young Orange County children and their families.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO	$_____	☐ Grant	☐ Loan
☐ HOME Other	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $2,200 ☒ Chapel Hill $4,500 ☒ Orange County $75,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1/21/16
Executive Director Date

Signature: Laura Nicholson 1/21/16
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

1. Date of Incorporation:

KidSCope was created in 1988 under OPC Mental Health Center, by a coalition of professionals and child advocates, to address a documented need for specialized services to young children who are experiencing social, emotional, and/or behavioral difficulties. KidSCope was divested under state mental health reform to a local non-profit, Chapel Hill Training Outreach Project, Inc. on October 1, 2005.

2. Years in Operation: KidSCope has been in operation since April 6, 1988.

b) Agency's Purpose/Mission

The mission of KidSCope is "To provide comprehensive early childhood mental health services to young children, their families, and care providers, who are experiencing emotional, social, behavioral, and/or developmental issues."

c) Types of Services the Agency Provides

KidSCope is the only program designed exclusively to provide mental health and family support to children birth to 5 and their families in Orange County, and one of only a few in North Carolina.

KidSCope provides:

- inclusive child care
- social-emotional health services using evidence-based modalities, including Parent Child Interactive Therapy and Child Parent Psychotherapy,
- child care mental health consultation and teacher education
- parent education-Incredible Years Basic/Incredible Babies/Toddlers.
- a myriad of childhood development and parenting resources

d) Agency's Experience with Similar Programs as the Funding Request

KidSCope coordinates services with the similar programs and agencies in order to ensure that children in need are identified and referred in a timely, efficient manner. Collaborations between KidSCope and other agencies increase and enhance our abilities to provide appropriate and comprehensive interventions and services. Through our partners we are able to offer a continuum of care, or "pipeline" for families of preschool children in Orange County to maximize community impact. These agencies include Children's Developmental Services Agency (CDSA), Orange County Department of Social Services, Child Care Services Association, Orange County Health Department's Family Success Alliance, Orange County Partnership for Young Children, Orange County Schools, Chapel Hill/Carrboro City Schools, and Head Start/Early Head Start, and Cardinal Innovations.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Chapel Hill Training Outreach Project, Inc./KidSCope

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

☒ **Human Services (Main Application Only)**
☐ **AH Non-Construction (Main Application Only)**
☐ **AH Construction — (Main Application AND Part B)**
☐ **AHDR Non-Construction (Main Application Only)**
☐ **AHDR Construction — (Main Application AND Part B)**
☐ **CDBG Non-Construction — (Main Application AND Part A)**
☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	x				
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities	x				
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

KidSCope proposes the following services:

- customized assessment and evaluation for children birth to 5 to determine strengths and needs,
- social-emotional health services using evidence-based modalities, including Parent Child Interactive Therapy and Child Parent Psychotherapy,

- parent education-Incredible Years Basic/Incredible Babies/Toddlers.
- social-emotional health services using evidence-based modalities, including Parent Child Interactive Therapy and Child Parent Psychotherapy,

By addressing these goals and providing services-

- KidSCope addresses Orange County Goal 1, Priority Four, Protect Safety Net Programs
- KidSCope addresses all three priority areas for the Town of Chapel Hill
- KidSCope addresses the Town of Carrboro's Goal of Improving Services for Citizens

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Of the 7,704 children, age 0-5, living in Orange County, approximately 1,310 to 2,080 may experience emotional and mental health in those early years – from 0 to 5 – is key not only to future success but is essential to healthy development. Significant adversity in early childhood, including trauma, abuse, a parent with substance use disorder, and being raised in persistent poverty, can leave scars that impact children for the rest of their lives. The percentage of children in poverty has increased in Orange County since 2009, from 9.4% to 22% currently, almost a quarter of this fragile population.

The Goals of KidSCope are:

- To strengthen the social-emotional and mental health foundation for young children
- To develop positive social-emotional and mental health in the early years to promote future success and healthy development. Success in child care is essential in promoting school success
- To support family success strategies promoting positive relationships, physical and mental health well-being, and economic stability.

By addressing these goals and providing services-

- KidSCope addresses Orange County Goal 1, Priority Four, Protect Safety Net Programs
- KidSCope address all three priority areas for the Town of Chapel Hill
- KidSCope addresses the Town of Carrboro's Goal of Improving Services for Citizens

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

KidSCope is the only program designed exclusively to provide mental health and family support to children birth to 5 and their families in Orange County, and one of only a few in North

Carolina. KidSCope services prepare families for positive early experiences that "scaffold" healthy development, and build a foundation for later skills and learning capacities.

Families may self-refer, or other agencies may contact KidSCope such as, Department of Social Services, Health Department, child care programs, Head Start and Early Head Start, School Systems, medical facilities, the court system, or a variety of other sources.. Ultimately, families/guardians make the decision to receive services.

e) Who specifically will carry out the activities and in what location will they be carried out?

Licensed mental health professionals will carry out the activities (evidence-based models) according to the best practices methods. Families will be served either in their homes, or at one of the KidSCope therapeutic settings in Chapel Hill/Carrboro, or Hillsborough, whichever is appropriate and convenient.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The evidence-based models implemented by KidSCope staff for the population described will occur over the period determined by the model and the family needs. The models can be implemented weekly from 10-15 weeks to one year, with a "tune-up" available for families who need to review what they have learned.

Services are customized to family needs and would not be easily adapted to one implementation timeline.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- **Children's Developmental Services Agency** (CDSA) is mandated to evaluate and coordinate services for children 0-3 with developmental disabilities in the Infant-Toddler system. KidSCope works closely with Service Coordinators in Orange County to facilitate services for children in this age group. KidSCope refers children for evaluation and **provides** early intervention services to identified children through an annual contract. These early interventions occur with the child and parent and are focused on parent education and child development, including building positive relationships and social/emotional skills.

- **Orange County Department of Social Services (DSS):** The KidSCope Child Care Consultant Program and the KidSCope Outreach Program receive referrals from Child Care Subsidy as well as Child Protective Services to screen and provide mental health services to children in their care who are in early childhood settings, in foster care, or living with parents. Specialized evidence based treatment modalities such as Parent Child Interactive Therapy and Child Parent Psychotherapy are used to build positive relationships in families who are struggling with children whose behavior is challenging. KidSCope works very closely with DSS workers to identify and serve children in the Child Protective Services system. Children who remain with parents, and children who are placed in foster care are served by KidSCope. Children of parents participating in job training through the Work First program are

frequently placed in the KidSCope Children's learning Center for child care. KidSCope is able to support both the child and the family while they take the steps necessary to reach economic stability.

- **Child Care Services Association**: (CCSA): This agency provides technical assistance services to early childhood educators in areas other than targeted mental health concerns. KidSCope has an interagency collaboration agreement with Promoting Healthy Social Behaviors in Child Care Centers, a state program implemented by CCSA which identifies the differences in the two programs.

- **Orange County Health Department**: KidSCope refers children to OCHD for the CC4C program. OCHD refers children to KidSCope to work with children and families that need assistance with relationship building, parenting skills, and mental health interventions. The OCHD Child Care Health Consultant assists child care centers in providing healthy, safe environments for children. KidSCope also does joint planning and committee activities with OCHD through the Orange County Preschool Interagency Council and the Orange Chatham Early Childhood Mental Health Task Force. KidSCope partners with other Orange County agencies in the Family Success Alliance to serve families in Zone 4 and 6.

- **OCPYC:** KidSCope has collaborated with the Orange County Partnership for Young Children (Smart Start) since 1994. The Partnership funds the KidSCope Child Care Consultation Program jointly with Cardinal Innovations, and our new Incredible Years Babies and Toddlers series. Our Developmental Day Center, the Children's Learning Center in Hillsborough, contracts with OCPYC to provide services for children eligible for NCPreK. OCPYC staff refers families to KidSCope for child care, and for mental health services.

- **Orange County Schools** evaluate and coordinate early intervention services for children residing in the Orange County school district aged 3-5 with, or at risk for, developmental disabilities. KidSCope and the OCS staff meet regularly to coordinate for evaluation and services for children. OCS regularly refers children to KidSCope for mental health services. OCS provides space for KidSCope at one of their buildings at Hillsborough Elementary at no charge, while OCS places children with special needs in "developmental day" slots to address their identified needs.

- **Chapel Hill/Carrboro City Schools** evaluate and coordinate early intervention services for children residing in Chapel Hill/Carrboro school district aged 3-5 with, or at risk for, developmental disabilities. KidSCope refers children for evaluation and accepts referrals for mental health services.

- **Cardinal Innovations/OPC Local Management Entity**: This agency is the local authority for state funded mental health services, both Medicaid and state-funded. KidSCope provides services to young children and their families through an annual contract process. KidSCope has also applies for and receives funding through Cardinal for implementation of innovative early childhood mental health services and training opportunities. Services provided through our partnership with Cardinal

Innovations are age appropriate, evidence- based, and occur mostly in the home with families and children.

- **Head Start/Early Head Start**: These programs are available to low income families and families of children with special needs who qualify. KidSCope collaborates with both Chapel Hill/Carrboro Head Start and Orange County Head Start by giving and receiving referrals for families of young children. Since 2009 KidSCope has collaborated with Orange County and Chapel Hill/Carrboro Head Start programs to provide the national evidence-based parenting program for families of children who are age 3-8, The Incredible Years, funded through a grant from NC Department of Social Services. The program is designed to promote positive relationships and support parents/family members in improving parenting skills. The Incredible Years program has been very successful thanks to our Partnership with CHCCS PreK/Head Start. Classes are currently available in English and Spanish at Northside Elementary School through KidSCope.

- KidSCope is a partner in the "Making Connections" Preschool Interagency Orange County Collaborative funded by the Triangle United Way. The collaborative takes a similar approach to the Family Success Alliance to address issues in FSA 6, providing supportive services for families of children birth to 5.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Although we would continue to seek funding from other sources, if funding is not received through this application for the KidSCope Community Outreach program, the program will not be viable, or available to Orange County children and families.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: KidSCope Community Outreach Program

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	58	53	57
Female	43	38	44
Total	101	91	101
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	22	28	28
American Indian or Alaska Native	0	0	0
Asian	3	2	3
Caucasian	32	45	31
Native Hawaiian or other Pacific Islander	0	0	0
Other	44	16	39
Total	101	91	101
Of the above, how many Hispanic/Latino	30	28	30
Of the above, how many non-Hispanic/Latino	71	63	71
Total	101	91	101
Age			
0-5 years	101	91	101
6-18 years			
19-50 years			
51-61 years			
62+ years			
Total	101	91	101
Geographic Location			
Durham City	1	0	1
Durham County	0	0	0
Carrboro	16	14	16
Chapel Hill	38	32	36
Chapel Hill Public Housing Residents	Don’t track	Don’t track	Don’t track
Orange County	46	45	48
Raleigh	0	0	0
Wake County	0	0	0

Total	101	91	101
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
KidSCope Director	1.0	0.35	28,230	16,492	17,055	3%	R
Office Assistant	.94	0.77	26,912	23.231	23,231	5%	R,H
Program Assistant	.20	0.50	2,556	2,471	2,471	0%	
Bilingual Child Therapist	0.75	0.49	14,528	0	0	0%	R,H
Child Therapist	0.87	0.91	39,536	44,226	45,995	9%	R,H
Child Consultation/Parent Educator	1.00	1.00	44,484	26,574	27,450	5%	R,H
Child Consultation/Parent Educator	0.80	1.00	41,233	42,886	42,886	8%	R,H
Programs Coordinator	1.00	1.00	52,768	71,202	69.917	14%	R,H
Programs Coordinator	1.00	1.00	49,640	19,803	0	0%	R,H
Program Coordinator	1.00	1.00	18,489	29,697	29,697	6%	R,H
Bilingual Parent Educator	0.36	2.00	17,124	16,260	16,260	3%	
Volunteer hours The only volunteers we have are Advisory Council members who meet 5 times a year and these are not counted as agency program volunteer hours.							

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☑ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☑ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☑ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☑ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date: 1/21/16

Signature: Laura Nicholson Board Chairperson — Date: 1/21/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Assess preschoolers to determine needs	Assess preschoolers to determine needs	Assess preschoolers to determine needs
Program Goal	Assess 122 in Orange county	Assess 122 in Orange count	Assess 122 in Orange count
Performance Measures	100 preschoolers will be assessed	91 preschoolers will be assessed	100 preschoolers will be assessed
Program Results	113 preschoolers were assessed		
Program Activity 2	Provide Evidence Based therapeutic Interventions	Provide Evidence Based therapeutic Interventions	Provide Evidence Based therapeutic Interventions
Program Goal	Provide to 100 children	Provide to 91 children	Provide to 100 children
Performance Measures	90% parents will report improvement	90% parents will report improvement	90% parents will report improvement
Program Results	100% of those surveyed reported improvement		
Program Activity 3	Individual counseling and education to families to increase knowledge of successful parenting.	Individual counseling and education to families to increase knowledge of successful parenting.	Individual counseling and education to families to increase knowledge of successful parenting.
Program Goal	Provide counseling and education to 100 families to help children develop positive behavior and social skills	Provide counseling and education to 91 families to help children develop positive behavior and social skills	Provide counseling and education to 100 families to help children develop positive behavior and social skills
Performance Measures	90% of parents surveyed will report increased knowledge and understanding	90% of parents surveyed will report increased knowledge and understanding	90% of parents surveyed will report increased knowledge and understanding
Program Results	100% of families surveyed reported increased knowledge and understanding		
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Program Activity 5			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section III. Program Information
Program Budget Worksheet

AGENCY NAME: **Chapel Hill Training-Outreach Project, Inc. (KidSCope)**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
PROGRAM REVENUE				
Private Donations	$ 13,202	$ 14,100	$ 14,100	0%
Program Generated Revenue (fees)	$ 32,343	$ 28,000	$ 28,000	0%
Local Government Grants:				
Orange County	$ 75,000	$ 75,000	$ 75,000	0%
Town of Chapel Hill	$ 4,500	$ 4,500	$ 4,500	0%
Town of Carrboro	$ 2,000	$ 2,200	$ 2,200	0%
Other Local: Strowd Roses		$ 5,000		-100%
Other Local:				0
Other Local:				0
provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 12,306	$ 4,102	$ -	-100%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellaneous sources:				
$ -				
$ -				
$ -				
Total Program Revenue	**$ 139,351**	**$ 132,902**	**$ 123,800**	**-7%**
PROGRAM EXPENSES				
Compensation	$ 149,366	$ 97,845	$ 97,845	0%
Rent & Utilities	$ 13,783	$ 17,395	$ 17,395	0%
Supplies & Equipment	$ 1,906	$ 2,600	$ 2,600	0%
Travel & Training	$ 9,550	$ 11,200	$ 11,200	0%
Other Expenses:	$ 31,428	$ 27,076	$ 27,076	0%
Please list 3 largest "Other Expenses":				
Indirect cost to CHTOP, Inc. $ 8,806.00				
Occupancy costs $ 5,030.00				
Computer Maintenance $ 5,000.00				
Total Program Expenses	**$ 206,034**	**$ 156,116**	**$ 156,116**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**($66,684)**	**($23,214)**	**($32,316)**	**-39%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Compensation	$8,153.7 mo	$8,153.75 staff/ admin. support	$97,845
Materials	$216	$216 mo. X 12	2,600
Rent and Utilities	$1449	$1449.58 x12 months	17,395
Travel and Training	$933	$933 x 12 mo local travel and tng	11,200
Other		$2256.33 mo. X 12 (see below)	27,076
Top Three-indirect		Indirect=8,806, computer=$5,000	
Occupancy		Occupancy $5,030	
Computer Maintenance		**Total**	**$156,116**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$206,034**	**$156,116**	**$156,116**
Total # of Units	**254**	**250**	**212**
Cost Per Unit	**$824.14**	**$690.80**	**$736.40**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Chapel Hill Training-Outreach Project, Inc. (KidSCope)**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 13,202	$ 14,100	$ 14,100	0%
Agency Generated Revenue (fees)	$ 32,343	$ 28,000	$ 28,000	0%
Local Government Grants:				
Orange County	$ 75,000	$ 75,000	$ 75,000	0%
Town of Chapel Hill	$ 4,500	$ 4,500	$ 4,500	0%
Town of Carrboro	$ 2,000	$ 2,200	$ 2,200	0%
Other Local: Strowd Roses		$ 5,000		-100%
Other Local:				0
Other Local:				0
provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 12,306	$ 56,244	$ 66,672	19%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 332,795	$ 319,405	$ 290,491	-9%
Please list 3 largest Miscellaneous sources 13-14:				
OCPFYC - Incredible years $120,500.00				
Smart Start Orange County $45,000.00				
Cardinal Innovation $40,000.00				
Total Agency Revenue	**$ 472,145**	**$ 504,449**	**$ 480,963**	**-5%**
AGENCY EXPENSES				
Compensation	$ 422,461	$ 386,528	$ 364,197	-6%
Rent & Utilities	$ 25,404	$ 30,516	$ 30,817	1%
Supplies & Equipment	$ 20,816	$ 28,959	$ 30,589	6%
Travel & Training	$ 18,896	$ 29,363	$ 29,572	1%
Other Expenses:	$ 51,252	$ 52,297	$ 54,002	3%
Please list 3 largest "Other Expenses" 13-14:				
Indirect Cost to CHTOP, Inc $ 25,979.00				
Computer Maintenance $ 7,400.00				
Occupancy costs $ 5,385.00				
Total Agency Expenses	**$ 538,829**	**$ 527,663**	**$ 509,177**	**-4%**
SURPLUS/(DEFICIT) FOR PERIOD:	**($66,684)**	**($23,214)**	**($28,214)**	**-22%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency __ Ligo Dojo of Budo Karate _____

Program(s) __ Young Warriors Program _____

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☐ *Applicant Contact Information* b. ☐ *Project/Program Contact Information* c. ☐ *Funding Requests Identified* d. ☐ *Signed Application Cover Page*	
2. Agency Information -	a. ☐ *Agency's Years in operation* b. ☐ *Agency's Purpose/Mission* c. ☐ *Agency's Types of Services Provided* d. ☐ *Agency's Experience* e. ☐ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☐ *Type of Application and Program Identified* b. ☐ *Summary of Program* c. ☐ *Description of Identified Need* d. ☐ *Description of Population to be Served* e. ☐ *Activity Manager and Location Description* f. ☐ *Activity Implementation Timeline* g. ☐ *Agency Collaboration* h. ☐ *Describe Impact of Reduced/No Allocation* i. ☐ *Other Pertinent Information* j. ☐ *Complete Target Population/Beneficiary Chart* k. ☐ *Complete Schedule of Positions* l. ☐ *Signed Conflict of Interest Disclosure* m. ☐ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Society for the Betterment of the Human Condition through the Training, Instruction and Propagation of Budo Karate (d.b.a. Ligo Dojo of Budo Karate)

Applicant Organization's Physical Address: 630 Weaver Dairy Road Chapel Hill NC 27514

Applicant Organization's Mailing Address: 2418 A Millwood Court Chapel Hill NC 27514

Applicant Organization's Web Address: www.ligodojo.com

Executive Director: Nathan Ligo

Telephone Number: 919-923-6915 E-Mail: nligo@hotmail.com

DUNS Number: n/a
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Young Warriors Program

Project/Program Primary Contact and Title: Nathan Ligo, Executive Director

Telephone Number: 919-923-6915 E-Mail: nligo@hotmail.com

c) Funding Request Identification

Total Project/Program Cost: $35,600 Total Amount of Funds Requested: $2,000 each from Chapel Hill, Carrboro, and Orange County: $6000 total

Proposed Use of Funds Requested (2-3 Line Maximum):

The Young Warriors program instills discipline, increases self-esteem, and physical and mental health in referred, disadvantaged youth through martial arts training. Funding allows youths to attend ten or more weeks of karate training, two or more times per week at our location. Grant funds help ensure a diverse training environment for youth and their families.

Please check all ***types, sources,*** and ***amounts*** of funding being requested.

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan
☒ Human Services:	☒ Carrboro $2,000	☒ Chapel Hill $2,000	☒ Orange County $2,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Executive Director Date 1/25/16

Signature: _____ Board Chairperson Date 1/25/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

a) Years in Operation, Date of Incorporation (Month/Year)

Chapel Hill/Carrboro native Nathan Ligo incorporated The Society for the Betterment of the Human Condition through the Training, Instruction and Propagation of Budo Karate as a 501.c.3 in 1999.

After running a residential program for several years, Ligo Dojo of Budo Karate (our registered, shorter d.b.a. name) opened our first location in 2006. We are in our 9th year of operation, and our second location, Ligo Dojo of Budo Karate in Chapel Hill, has been in operation since 2011.

b) Agency's Purpose/Mission

Our mission is to 1. To strengthen the minds, bodies and hearts of young people through karate training, because hard physical training leads to increased spiritual strength and patience, which in turn leads to the ability to make better life decisions. 2. To deepen relationships between people of diverse backgrounds through hard training, an inherent 'equalizer' between people. 3. To strengthen American communities (starting in North Carolina, especially in Durham and Orange Counties) by thus strengthening individuals who might then serve as role models for other members of the community. 4. To create individuals who are 'community minded' and open minded people who VALUE works for the sake of community rather than merely for personal economic and social advancement.

c) Types of Services the Agency Provides

The program's goals coincides with our organization's overall mission: To strengthen the minds, bodies and hearts of young people through karate training, because hard physical training leads to increased spiritual strength and patience, which in turn leads to the ability to make better life decisions, and therefore strengthened communities. This project allows at-risk and financially challenged youths in Chapel Hill/Carrboro/Orange County to participate in an athletic activity that is inherently life and character redefining, and inherently conducive to the formation of a leader-type mentality. Participating teens will see improvements in confidence, self-discipline and physical health. They will receive the support that they need to begin to make a better set of decisions in life and, in so doing, they will become either deliberate or unknowing role models for other similarly challenged members of the community.

Referred youth attend 2-5 two-hour classes per week for 10 weeks. Court referred kids are often ordered to attend 20 classes. Classes are afternoons at 5 pm for younger kids, and 6:30 pm for teens and adults. Program staff maintains client files according to JCPC (Juvenile Crime Prevention Council) standards, attends JCPC meetings and court planning meetings, and interacts with referring counselors to achieve the best possible result for all program participants.

Karate is an activity that teaches all students to be more "upstanding" in terms of personal behavior and personal presentation; it teaches them to stand up taller, walk lines in life more straight than before; youth interact with figures of authority in a more respectful manner improving pro-social skills and supporting factors—including physical health, confidence, self-esteem, self-discipline, anger management and conflict resolution—youths become less inclined to get themselves into trouble with crime, gangs, drugs, etc.

d) Agency's Experience with Similar Programs as the Funding Request

We have been operating our Young Warriors Program consistently for 8 years, funded by grant-making bodies including: the NC Governor's Crime Commission (GCC), Durham and Orange County's Juvenile Crime Prevention Councils (JCPC), Triangle Community Foundation (TCF), the City of Durham, the Cities of Chapel Hill and Carrboro, Orange County, Wells Fargo Foundation, the Mary Duke Biddle Foundation, Strowd Roses Foundation, and others. The Young Warriors Program accepts referrals of disadvantaged youth from over a dozen agencies in Durham and Orange County.

Greater than that, however, would be a list of the successful programs we've run under the auspices of the NC Dept. of Juvenile Justice which we list here (each one represents a grant received) and the fact that we have measured success rates showing our accomplishments in the lives of the youths we have taught:

Young Warriors (YW) JCPC Durham '09-'10, YW JCPC Durham '10-'11, YW JCPC Durham '11-'12, YW JCPC Orange '11-1012, YW CBT Level II Program '11-'12, YW JCPC Durham '12-'13, YW JCPC Orange '12-'13, YW CBT Level II Program '12-'13, YW JCPC Durham '13-'14 (current year), YW JCPC Orange '13-'14, YW CBT Level II Program '13-'14,), YW JCPC Orange '14-'15, YW, YW JCPC Orange '15-'16 (current year) .

e) Other Pertinent Agency Information

Chapel Hill/Carrboro native Nathan Ligo founded The Society for the Betterment of the Human Condition through the Training, Instruction and Propagation of Budo Karate in 1999, and opened Ligo Dojo of Budo Karate in Durham (a d.b.a. name for the same 501.c.3 nonprofit) in 2006, and now our second location, Ligo Dojo of Budo Karate in Chapel Hill, in 2011. It has become a remarkably common occurrence for us that parents tell us "my child is SO much better behaved now at home," or "my child's teacher at school told us yesterday how she's doing so much better in class, and we know it's all because of karate!" or even "my child hasn't gotten in a single fight at school since he's been here at the dojo!"

Beyond this type of recognition we have been recognized in numerous ways. ED Nathan Ligo was interviewed on ABC news (interview available on our website), the Raleigh N&O named him Tar Heel of the Week one week in 2012, and Governor Perdue wrote him a handwritten card congratulating him for his organization's successes. In 2010 Triangle Community Foundation awarded us its state-wide *What Matters Innovation Award for Nonprofit Excellence.*

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: **Ligo Dojo of Budo Karate – Young Warriors Program**

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities	Yes				
Pre-School Activities					
After-School Activities	Yes				
Mentoring					
Transportation					
Housing					
Other:	Yes				

Other Description:

Karate is an activity that teaches all students to be more "upstanding" in terms of personal behavior and personal presentation; students will learn to stand up taller, walk lines in life more straight than before, interact with figures of authority in a more respectful manner improving pro-social skills and supporting factors—including physical health, confidence, self-esteem, self-discipline, anger management and conflict resolution—youths become less inclined to get themselves into trouble with crime, gangs, drugs, etc.

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Ligo Dojo's outpost in Orange County at Chapel Hill's Cedar Falls Shopping Center in Chapel Hill has become a rare, and much needed facility in Orange County. Through it we bring positive youth development programming to a community that DOES have a demographic of at risk kids, and expected corresponding problems including juvenile crime, drug abuse and delinquent activity. As we have been in Durham for year, we work with DJJ referrals who are on diversion plans, with those under court supervision, and with those on post-release supervision, as well as "prevention kids" who are at-risk but are not yet involved in delinquent activity. We are actively working with law enforcement officers and school social workers who can identify youth who can benefit from pro-social activities and environments.

Our Young Warriors Program has operated on an ongoing basis, first in Durham and later in Chapel Hill, since 2009. Program operates on a year-round basis. Referred youth attend 2-5 two-hour classes per week for 10 weeks. Court referred kids are often ordered to attend 20 classes. Classes are afternoons at 5 pm for younger kids, and 6:30 pm for teens and adults.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Orange County JCPC has determined that delinquent activity, presence of drugs, and occurrence of juvenile crime are priority needs to be addressed. Needs assessment by Juvenile Justice Court counselors indicate that 9% of juveniles assessed at intake have substantial gang involvement, and 62% of youth have serious school behavior problems. Agencies currently involved in delinquency intervention and suppression efforts lack features that can provide sufficient impact. One reason why young people become involved in delinquent activity is the lack of constructive after-school alternatives. This project will allow Chapel Hill/Carrboro and Orange County's at-risk youth to participate in a constructive after-school activity that exists as an enticing alternative to the gang/crime norm within underprivileged communities.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

JCPC has additionally determined that and 72% of adjudicated youth come from homes where parents/guardians have marginal to inadequate supervision skills. The Young Warriors program provides an opportunity for young people to train WITH their parents in an activity that has been shown to make people of all ages stronger and to bring parents and their kids closer together, and to a point of better shared understanding. That said, the program is not a miracle cure, and although we invite and encourage parents to participate, the frequency with which parents of court-referred youth do so is LESS than the frequency with which the parents of prevention youth do.

The program is open to all youths, age 6 or greater, who are disadvantaged, or otherwise at-risk of becoming involved with delinquent behavior, or who already have become involved with delinquent behavior. Participating youths are referred by counselors of cooperating agencies.

e) Who specifically will carry out the activities and in what location will they be carried out?

Program Director, Nathan Ligo coordinates the referral process. Nathan attends monthly meetings with court counselors, and communicates recruitment opportunities with local agencies. He conducts informational sessions at El Centro and other agencies when requested. Youth classes are taught by head instructor, Nathan Ligo, or by unpaid volunteer adult instructors who have been trained within the program (our adult program) and who meet all requirements laid out by JCPC (NC Dept of Juvenile Justice). All class instruction is overseen by Nathan Ligo. Client file maintenance and reporting requirements are handled according to JCPC requirements.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Our Young Warriors Program has operated on an ongoing basis, first in Durham and later in Chapel Hill, since 2009. Program operates on a year-round basis. Referred youth attend 2-5 two-hour classes per week for 10 weeks. Court referred kids are often ordered to attend 20 classes. Classes are afternoons at 5 pm for younger kids, and 6:30 pm for teens and adults.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

We currently accept referrals from many agencies serving disadvantaged youth. They have included but are not limited to:

- The Department of Juvenile Justice (court-involved youth)
- Carolina Outreach (mental health)
- Big Brothers and Big Sisters of the Carolina's (mentoring)
- Exchange Club Family Center
- Carolina Outreach
- El Centro Hispano
- Chapel Hill Refugee center
- We continue to be popular among mental health agencies.
- Law enforcement and school social workers can also make referrals.

We have created an online referral and tracking system that has been very well appreciated by referring counselors in that they can track their kids' attendance and performance online. We accept nearly all referrals, and invite needy kids to participate indefinitely. Another unique quality of our program is that all students train together; creating a pro-social environment where no one is identified as being "a referral". In this way our regular student body provides a strong core as new students (referral and full dues paying alike) come together to train.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

In the past three years we have undergone a dramatic transformation from an organization that virtually had surplus grant money (we did very well in Durham before changes in the State legislature meant that we were no longer eligible for certain funding streams) to one in which we are much more independent, thanks to the dues paid by non-referred members. In addition to serving at-risk youths who would never walk in our door without our grant funding (and the accompanying

network of agencies that make referrals), the fact that we receive grant money also allows us to keep our rates low, which allows us to keep our paying population diverse. It is out intention to remain in Orange Country (Chapel Hill) indefinitely serving JCPC referred and funded kids. At $20,000 JCPC remains our largest fuding source. This year Chapel Hill decided NOT to fund us for the first time, Carrboro continued to fund us, and Orange County decided TO fund us for the first time.

In regards to Chapel Hill, we certainly understand the high demand for these funds, but these smaller pots of money lend credence to or work and efforts that help ensure that JCPC continues to fund us. This year, we would appeal to Carrboro and Orange County NOT to follow Chapel Hill's last year's decision, and we would like to appeal to Chapel Hill to resume their support of us as before. Doing so, keeping our funding streams diverse, plays a critical role in ensuring that the entire funding package (including JCPC) remains intact. We intend to remain in Chapel Hill indefinitely, but one possible outcome for us, should we at some point in the future lose the JCPC funding, would be that we would have to raise our rates, thus potentially pushing out the kids that need us most. Please understand that we DO seek financial independence, but to lower our support this early in our development, in Chapel Hill after all, would be to threaten out longevity as an entity that remains diverse and open to kids who can't afford to pay.

i) Include any other pertinent information.

Two years ago we were notified that the NC Department of Public Safety would end funding for our Young Warriors Cognitive Behavior Therapy Program. starting July 1st, 2014.(Although this program shares the name "Young Warriors" in common, it was a different program offering therapy to court-referred youth.) We had received this funding $45,000/year for 3 years and the loss (which is no fault of ours; NC is changing the way this fund base is allocated) was a devastating blow to our overall agency budget, hence endangering this Young Warriors Program as well. As a result, we have been working hard to identify alternative funds, and are clearly having to turn to a larger number of grant makers, each which typically award much smaller amounts of money. Our projected program budget and agency budget look strong on paper but we expect that several of our requests will be funded to amounts less than requested, rendering each one of these requests (Orange County, Carrboro and Chapel Hill) all the more vital.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	15	18	17
Female	13	12	16
Total	**28**	**30**	**33**
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	5	9	10
American Indian or Alaska Native			
Asian	8	3	4
Caucasian	11	10	11
Native Hawaiian or other Pacific Islander			
Other	4	8	8
Total	**28**	**30**	**33**
Of the above, how many Hispanic/Latino	4	8	8
Of the above, how many non-Hispanic/Latino	24	22	25
Total	**28**	**30**	**33**
Age			
0-5 years			
6-18 years	28	30	33
Total	**30**	**30**	**33**
Geographic Location			
Durham City			
Durham County			
Carrboro	8	10	11
Chapel Hill	6	6	7
Chapel Hill Public Housing Residents	6	6	6
Orange County	8	8	9
Raleigh			
Wake County			
Total	**28**	**30**	**33**

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Program Director	1.00		$26,000	$30,000	$35,000	33%	
Instructor	.125		0	$2,000	$2,000	2%	
Volunteer Administrator 1	.25		20/week	20/week	10/week	N/A	
Volunteer Instructor 1	.05		2/week	2/week	2/week	N/A	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date 1/26/16

Signature: _____ Board Chairperson — Date 1/26/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

MAIN APPLICATION

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	2-5 classes per week for ten weeks.	2-5 classes per week for ten weeks.	2-5 classes per week for ten weeks.
Program Goal	80% Participants will have no new complaints during program participation.	80% Participants will have no new complaints during program participation.	90% Participants will have no new complaints during program participation.
Performance Measures	See Following Page	See Following Page	See Following Page
Program Results	100%	80% YTD	
Program Activity 2	2-5 classes per week for ten weeks.	2-5 classes per week for ten weeks.	2-5 classes per week for ten weeks.
Program Goal	80% Participants completing the program will demonstrate a reduction in problem behaviors for which they were referred by termination.	80% Participants completing the program will demonstrate a reduction in problem behaviors for which they were referred by termination.	90% Participants completing the program will demonstrate a reduction in problem behaviors for which they were referred by termination.
Performance Measures	See Following Page	See Following Page	See Following Page
Program Results	92%	75% YTD	
Program Activity 3	2-5 classes per week for ten weeks.	2-5 classes per week for ten weeks.	2-5 classes per week for ten weeks.
Program Goal	80% of children admitted will participate in a promotion test at the end of their term(s) and will receive the validation of new belt color/promotion.	80% of children admitted will participate in a promotion test at the end of their term(s) and will receive the validation of new belt color/promotion.	90% of children admitted will participate in a promotion test at the end of their term(s) and will receive the validation of new belt color/promotion.
Performance Measures	See Following Page	See Following Page	See Following Page
Program Results	86%	83% YTD	
Program Activity 4	2-5 classes per week for ten weeks.	2-5 classes per week for ten weeks.	2-5 classes per week for ten weeks.
Program Goal	80% Participants completing the program will demonstrate improvement in targeted skills as specified in the individual service plan by termination.	80% Participants completing the program will demonstrate improvement in targeted skills as specified in the individual service plan by termination.	90% Participants completing the program will demonstrate improvement in targeted skills as specified in the individual service plan by termination.
Performance Measures	See Following Page	See Following Page	See Following Page
Program Results	94%	80% YTD	
Program Activity 5			
Program Goal			
Performance Measures			
Program Results			

Our performance measures would not fit in the format provided above. They are as follows:

- We track student attendance online
- A designee of referred youth fills out a person ISP document (Individual Service Plan) that identifies what skills are identified as needing to be addressed (for example: self discipline, ability to focus, pro-social interaction). These plans are reviewed and signed by designee at the end of referred youth's participation.
- Information from JCPC tracking database
- Central to our ability to evaluate our program's success is collaboration with counselors from referring agencies including Orange County Juvenile Court counselors.
- We already have a system in place for tracking measurable goals and objectives for the juvenile delinquency prevention grant-making bodies to which we already have to answer.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program: Ligo Dojo of Budo Karate: Young Warriors Program

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 1,000	$ 1,089	$ 3,000	175%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 2,000	$ 2,000	$ 2,000	0%
Town of Chapel Hill	$ -	$ -	$ 2,000	0
Town of Carrboro	$ 2,000	$ 2,000	$ 2,000	0%
Other Local: OC JCPC	$ 19,000	$ 19,000	$ 19,000	0%
Other Local: OC match for JCPC	$ 3,600	$ 3,600	$ 3,600	0%
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 2,000	$ 3,000	$ 4,000	33%
Please list 3 largest Miscellanous sources:				
Wells Fargo $ 1,000.00				
Strowd Roses $ 1,000.00				
Wells Fargo (projected) $ 4,000.00				
Total Agency Revenue	**$ 29,600**	**$ 30,689**	**$ 35,600**	**16%**
AGENCY EXPENSES				
Compensation	$ 8,900	$ 14,089	$ 18,000	28%
Rent & Utilities	$ 20,700	$ 14,600	$ 15,100	3%
Supplies & Equipment		$ 2,000	$ 2,500	25%
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 29,600**	**$ 30,689**	**$ 35,600**	**16%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _Young Warriors Program__

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Instruction	$300/child	Per child X 33 kids	$9,900
Case Management	$245/child	Per child X 33 kids	$8,100
Utilities & Rent	$458/child	% Cost X 33 kids	$15,100
Supplies & Equipment	$75/child	$75/child uniform X 33 kids	$2,500
		Total	**$35,600**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**29,600**	**30,689**	**35,600**
Total # of Units	**28**	**30**	**33**
Cost Per Unit	**1,057**	**1,022**	**1,078**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: Ligo Dojo of Budo Karate

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations				0
Agency Generated Revenue (fees)	$ 66,600	$ 73,920	$ 75,000	1%
Local Government Grants:				
Orange County	$ 3,600	$ 5,600	$ 5,600	0%
Town of Chapel Hill	$ 2,000	$ -	$ 2,000	0
Town of Carrboro	$ 2,000	$ 2,000	$ 2,000	0%
Other Local: OC JCP	$ 19,000	$ 19,000	$ 19,000	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 2,000	$ 2,000	$ 7,000	250%
Please list 3 largest Miscellanous sources:				
Well Fargo $ 4,000.00				
Individual gift $ 3,000.00				
strowd roses/wells fargo $ 2,000.00				
Total Agency Revenue	**$ 95,200**	**$ 102,520**	**$ 110,600**	**8%**
AGENCY EXPENSES				
Compensation	$ 26,000	$ 32,000	$ 37,000	16%
Rent & Utilities	$ 36,200	$ 37,020	$ 40,500	9%
Supplies & Equipment	$ 2,000	$ 2,500	$ 3,000	20%
Travel & Training	$ 5,000	$ 5,000	$ 4,100	-18%
Other Expenses:	$ 26,000	$ 26,000	$ 26,000	0%
Please list 3 largest "Other Expenses":				
Insurance $ 2,000.00				
Loan repayment $ 24,000.00				
Total Agency Expenses	**$ 95,200**	**$ 102,520**	**$ 110,600**	**8%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency __The Marian Cheek Jackson Center_____

Program(s): Learning Across Generations: Youth Leadership & Civil Rights Education

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☑ *Applicant Contact Information* b. ☑ *Project/Program Contact Information* c. ☑ *Funding Requests Identified* d. ☑ *Signed Application Cover Page*	
2. Agency Information -	a. ☑ *Agency's Years in operation* b. ☑ *Agency's Purpose/Mission* c. ☑ *Agency's Types of Services Provided* d. ☑ *Agency's Experience* e. ☑ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☑ *Type of Application and Program Identified* b. ☑ *Summary of Program* c. ☑ *Description of Identified Need* d. ☑ *Description of Population to be Served* e. ☑ *Activity Manager and Location Description* f. ☑ *Activity Implementation Timeline* g. ☑ *Agency Collaboration* h. ☑ *Describe Impact of Reduced/No Allocation* i. ☑ *Other Pertinent Information* j. ☑ *Complete Target Population/Beneficiary Chart* k. ☑ *Complete Schedule of Positions* l. ☑ *Signed Conflict of Interest Disclosure* m. ☑ *Complete Work Statement*	*24 CFR 570.200(a), 570.201-570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** a. ☑ ***Program Budget Worksheet*** b. ☑ ***Program Budget Detail*** c. ☑ ***Cost Per Unit*** d. ☑ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab*** N/A	
6. Attachments	☑ schedule a. ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** b. ☐ ***IRS Federal Form 990*** (Available 2/15/16 – see letter) c. ☑ ***NC Solicitation License*** d. ☑ ***IRS Federal Tax-Exemption Letter*** e. ☑ ***Certificate of Insurance*** f. ☑ ***List of Board of Directors*** g. ☑ ***Articles of Incorporation/Bylaws*** h. ☑ ***Authorization to Request Funds*** See letter i. ☑ ***Authorized official designation*** j. ☑ ***Solid Waste Program Fee (SWPF) Verification*** see letter	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: The Marian Cheek Jackson Center for Saving and Making History

Applicant Organization's Physical Address: 512 W. Rosemary Street, Chapel Hill, NC 27516

Applicant Organization's Mailing Address: Same as above

Applicant Organization's Web Address: www.jacksoncenter.info

Executive Director: Della Pollock

Telephone Number: 919-960-1670 E-Mail: Hudson@jacksoncenter.info

DUNS Number: _____
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Learning Across Generations: Youth Leadership & Civil Rights Education

Project/Program Primary Contact and Title: Hudson Vaughan

Telephone Number: 919-960-1670 E-Mail: Hudson@jacksoncenter.info

c) Funding Request Identification

Total Project/Program Cost: $60,500 Total Amount of Funds Requested: $17,000

Proposed Use of Funds Requested (2-3 Line Maximum): _____

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $____ ☐ Grant ☐ Loan

☒ Human Services: ☒ Carrboro $3,000 ☒ Chapel Hill $4,000 ☒ Orange County $10,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Executive Director — Date 1/25/16

Signature: _____ Board Chairperson — Date 1/24/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) **Years in Operation, Date of Incorporation (Month/Year):**
7 years in operation (operated under fiscal sponsorship of St. Joseph CME before incorporation); incorporated March 28, 2012

b) **Agency's Purpose/Mission**
The Jackson Center's mission is to honor, renew, and build community in the historic Northside, Pine Knolls, Tin Top, and Lloyd/Broad communities of Chapel Hill/Carrboro. The Jackson Center was established in 2008 to respond to rapid demographic changes in the Northside, Pine Knolls, Tin Top, and neighboring, historically African-American low-wealth communities in Orange County, NC. These communities have been especially hard hit by the economic recession, increased cost of living, and market pressures to fulfill the demand for rental housing for UNC-Chapel Hill students, resulting in diminishing numbers of low-income and racially and ethnically diverse populations. We were founded as a history activism center: a community-based hub that brings history into active neighborhood dialogue in order to make history and change together. Our efforts have always intentionally engaged difference directly and crossed all preconceived boundaries of division [across race, class, religion, sexuality, university-neighborhood (historically segregated "service" communities)] with a sustained commitment to social justice and community-led development.

c) **Types of Services the Agency Provides**
The Jackson Center is a place-based and oral history-driven organization. Our focus is to preserve the future of neighborhoods in transition, and we do this through a comprehensive set of initiatives aimed at fulfilling our vision of beloved community. Our main strategies include:

- **Youth Leadership and Civil Rights Education**
  We engage the wisdom of youth voices and we amplify community perspectives through creative strategies like youth-led radio, educational work in the public schools, and neighborhood tours led by community elders. Primarily the services that we offer in this area include:
  - Civil Rights and Oral History Workshops (Grades K-12 and College)
  - Intergenerational Community Education Tours
  - Fusion Youth Radio High School Mentorship Program
  - Oral History Trust & Neighborhood Soundwalk

- **Organizing and Advocacy**
  We challenge inequity and reverse unjust housing trends through community-first planning, research, and relational organizing, activating neighborhood networks to strengthen communities and bring about systemic policy change.
  Primarily the services that we offer in this area include:
  - Home repair advocacy
  - Landbank organizing and affordable housing advocacy
  - Land preservation (legal & financial tools to preserving land ownership)
  - Student engagement (volunteer training, good neighbor work)
  - Coalition mobilization (proactive engagement on development policy)

- **Celebration and Connection**
  We meet despair with hope; erasure with memory; isolation with connection. Our work is founded on in-depth listening, reflected in our exhibitions, resident-driven newspaper,

and participatory events. We honor civil rights history and inspire consciousness and action. Primarily the services that we offer in this area include:

- Community Gatherings and Annual Celebratory Festivals
- Interactive History Exhibits
- Resident-Driven Newspaper

d) Agency's Experience with Similar Programs as the Funding Request

This is the fourth year of the Jackson Center's Youth Leadership & Civil Rights Education Program. Each year we have met and exceeded our goals and benchmarks laid out for our program. In fact, half-way into the current year, we have already met program goals that nearly doubled the outcomes from the previous year. In addition to a full-staff team of support, we have two staff members (including one lifetime resident of the neighborhood) and three four-year long interns dedicated solely to this program. Additionally, we have increased the number of partners and depth of collaboration with other organizations (see list of partners in answer below) and have built a community teacher team of a dozen long-term residents who lived through and participated in the Civil Rights struggle. Finally, the Jackson Center has gained support from local, state, and national foundations because of the success of this program and has been invited to participate in local, state, and national presentations for our model of place-based learning and intergenerational civil rights and oral history curricula.

e) Other Pertinent Agency Information

The Jackson Center has been recognized with several awards for its work over the last six years: most recently, the Harlan Joel Gradin Award for Excellence in the Public Humanities from the NC Humanities Council & the Dr. Martin Luther King Jr. Bridge Builder Award from UNC-Chapel Hill. Additionally, we have received an Indy Citizen Award for our coalition building and work assisting in the implementation of the Northside/Pine Knolls Community Plan; the Advocacy Award from Preservation Chapel Hill for our historical education work in Chapel Hill/Carrboro; an award from the Chapel Hill chapter of a black sorority, and an award from UNC's Office of Engaged Scholarship for our neighborhood partnership work. Our Fusion Youth Radio program served as the inspiration for WUNC's Youth Radio Institute and several of our youth pieces have won national awards. Our events and forums have been hailed by civil rights and social justice activists as "the most genuinely integrated events" they have ever attended.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Learning Across Generations:Youth Leadership & Civil Rights Education

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X		X		X
Health and Nutrition					
Job Training					
Sports and Arts Activities	X				
Pre-School Activities					
After-School Activities	X				
Mentoring	X				
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Our Youth Leadership and Civil Rights Education program involve three main initiatives:
1) Civil Rights workshops and intergenerational community education tours: a series of workshops and tours that focus on civil rights, local and oral history, and cross-generational education. Our civil rights education workshops were created from over 200+ area oral histories, primarily with African-American residents, and engage elder residents in their implementation. Each civil rights and oral history workshop is an opportunity to elaborate on our design in collaboration with teachers and schools. Together we build

customized modules that encompass teacher ideas and student creativity. All our workshops meet Common Core State Standards for grade and unit goals. Please view our video 'Beliefs Like Glue' (https://youtu.be/VA51oDH8Irs), a glimpse into the freedom dreams of fourth graders, as a fine example of the significant learning and visioning made possible through our unique model of multicultural intergenerational education work.

2) **Fusion Youth Radio High School Mentorship Program:** Fusion Youth Radio (FYR) is dedicated to cultivating community leadership among diverse, local high school students. This project fuses youth and civic leadership training, media arts and performance, and historical education. For the past four years, FYR co-directors and a team of adult mentors have worked with a total of sixty students to create a monthly radio show on UNC-Chapel Hill's student-run radio station, WXYC. Live FYR broadcasts feature youth-produced audio documentaries, performances by local youth spoken word artists, and discussions about issues that affect our students and their communities. Youth in FYR develop media literacy, production, script-writing, and public speaking skills, and they further their understanding of local history and politics. This year, we piloted a summer audio-immersion program in collaboration with the Beatmaking Lab and Sacrificial Poets to supplement the annual radio program. A dozen high school students traveled with us to the Allied Media Conference in Detroit, and then participated in a series of workshops that supported the youth in the creation of audio documentaries.

3) **Oral History Trust and Neighborhood Soundwalk:** Our ongoing oral history initiatives with long-time residents of this County fuel and deepen our education work. Our oral histories are held in the "Northside Memory Project" archive, which is utilized for our workshops and ongoing educational work. This year, we began a new oral history series on "Black Lives Matter" to document the histories of police relationships with communities of color and to explore the power of the ongoing work for racial justice in this county. Additionally, we have produced a Northside Soundwalk, an audio-documentary-tour featuring fifteen oral histories of the neighborhood & civil rights struggle. This audio-tour orients hundreds of young people each year (250 so far this fiscal year) to learn about the history, transformation, and vision for our community.

All of these programs aim to preserve and empower local communities: we work to preserve the historically African American community of Northside through oral history preservation work and a neighborhood sound walk; we empower elderly neighbors to share their history with younger generations and intentionally engage with the community; and we also empower youth to develop and share their stories and perspectives with the community through Fusion Youth Radio.

We believe that our Youth Leadership and Civil Rights Education programs address a variety of chosen Town/County priorities. Our programs foster creative engagement and civic participation across race, class, and age barriers by intentionally focusing on innovative, intergenerational education programs that address a

variety of social justice issues, including the Civil Rights Movement of the 1960's and its connections to our current political climate. We offer nuanced Civil Rights curricula that empowers and engages youth in the classroom (especially youth of color and low-income youth), and directly connects them with older community mentors. Through these education programs, we engage and empower older residents to share their histories with youth; this in turn teaches the importance of listening and learning with youth in the community. We work to support the next generation of youth leaders through Fusion Youth Radio, challenging students to engage with important social justice issues, and giving them the tools to share their perspectives with others. Through all this, we work to create safe spaces and community forums, honor cultural practices, revitalize our community, explore difference, and connect diverse residents with leadership opportunities.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The Human Services Needs Report talks extensively about the need for "quality, equitable education for everyone" and support for youth & activities that engage at-risk youth. Throughout the country, educators are working to address the ever-growing achievement gap that occurs between primarily low-income students of color, and their more affluent white peers. Locally, 42% of black students and 47% of Latino students passed end-of-grade and end-of-course tests in 2014-2015, versus 90% of white students. When spending time in classrooms around Orange County, these deficits are fairly easy to spot, and we believe that our education programs work to address this critical need by connecting primarily low-income youth and youth of color with mentors in the community to which they can relate, sharing local history that resonates in a personal way, and helping to encourage career readiness by exposing students to skills and technology they would otherwise not have been able to access. Teachers universally report these programs having a substantial impact on students, noting increased engagement and excitement in English and Social Studies classes, as well as the sense that these programs bring history to life for students, showing them that the Freedom Movement affected their homes, communities, and people they know. We believe these programs are essential to the curricula of Chapel Hill/Carrboro schools.

Our program address these more documented and specific local issues as well:

1) *The sharply declining African American population in the towns (less than 10%) and county (12%), and the increasing struggle to retain African-American families (cut in half to 25% in the neighborhoods with the highest black population—Northside, Pine Knolls, Tin Top, Lloyd/Broad):* One of the most important ways to retain residents is for residents to be valued for their history, to have a stake in a community's future, and to improve the quality of life in our neighborhoods. Our oral histories honor, preserve, and enact the invaluable civil rights history of Orange County. Our civil rights workshops connect older community members to generations of young people in the schools. Our Fusion Youth Radio cultivates the power of youth voices and gives them a stake in our community's future.
2) *The lack of in-depth local civil rights curriculum in our Chapel Hill/Carrboro and Orange County schools, especially curriculum which honors families that still have generations of youth in these schools.* As we have developed and strengthened partnerships with Smith Middle School, Northside Elementary School, and Chapel Hill High School, it has become clear that teachers in the Chapel Hill/Carrboro schools rely on Jackson Center programming to effectively facilitate their Civil Rights History units, as our programs have transformed the experience of students, and made this history real for them in a way they would not have experienced otherwise. Word has spread about the effects of our programs, and we have more than doubled the number of community partners we serve in the past year. It is clear that, through engaging local voices in sharing this important history, and developing a collaborative model of education that directly affects the families and communities of many students in the Chapel Hill and Carrboro schools, we have answered a critical need in an innovative and important way.
3) *The lack of forums for aging seniors to be involved and active in ways that honor their dignity and contribute to our community's future:* So often, we try to find ways to keep senior citizens active and

engaged, but we have few forums that really involve our senior citizens in historical education and leadership in envisioning our community's future. Our Youth Leadership and Education Program is based around the notion that our history is one of the most valuable tools, and we intensively involve elder through oral histories and connection to schools through workshops and local history tours.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Our initiatives reach a wide range of beneficiaries across the county, as our demographic statistics show. Our civil rights education workshops were created from over 200+ area oral histories, primarily with African-American residents, and engage 30+ elder residents in their implementation each year. The workshops reach full grade levels of every partner school involved and have already reached over 500 students this year, primarily in the Chapel Hill/Carrboro City Schools but also with the County, Hospital School, and homeschool partners. We plan to expend to four additional school partners in the coming year, including deepening our partnership with the Orange County School System to reach an increased number of young people outside of town designations.

Our Fusion Youth Radio Program is available to high school youth throughout Orange County; we partner with all local schools to do outreach for the application process, and we strive to ensure that students from all different backgrounds and demographics are a part of our program each year. Last year, the program was 75% people of color and 60% low income. Our youth radio program has a track record of reaching across barriers, not just in the group's composition but also in the selection of show themes. Past radio broadcasts have focused on topics such as immigration legislation, LGBT rights, race in local schools, feminism, mental and physical health, and democratic participation.

e) Who specifically will carry out the activities and in what location will they be carried out?

Our Youth Leadership and Civil Rights Education Program will be carried out by the following staff leaders, interns, and volunteers at the Jackson Center and in schools throughout the county:

- *Assistant Director of Youth Leadership & Education:* Leads coordination of our Youth Leadership & Education programming (.75 time)
- *Coordinator of Youth Leadership & Education (VISTA, full time):* Focuses on program implementation and impact measurements. Carries out workshops in schools and hosts Fusion Youth Radio Program at the Jackson Center
- *Administrative Associate:* Serves as the primary administrator for our youth and education initiatives and organizes the community teacher team (this staff member is a community member with deep roots and connections)
- *Bonner Scholar Interns:* Two four-year interns serve as primary Fusion Youth Radio mentors. An additional intern helps coordinate our Oral History Trust
- *Community Teacher Team:* Nearly 20 lifetime residents who participated in the civil rights movement are part of our teacher team, who help lead tours and participate in ongoing interviews and workshops
- *Deputy Director & Executive Director:* Oversee vision of program and assist in grants and personnel support

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Our Youth Leadership & Civil Rights Education Program is carried out throughout the year, with workshops occurring nearly every week of the fall and spring with various partners, and Fusion Youth Radio hosted twice per week every week from August-May. A simple implementation timeline is as follows:

Summer, 2016: Host 2nd annual audio immersion youth summer program; build additional school partnerships for the fall; deepen curriculum based on exit surveys by teachers and youth participants from 2015-2016; recruit student applicants for Fusion Youth Radio; receive applications for FYR & inaugurate next class of youth leaders; coordinate professional mentorship program

Fall 2016-Spring, 2017: Coordinate in-depth training of new youth; support the creation of monthly live radio shows; host student groups on weekly basis for neighborhood tours; carry out weekly workshops in partnerships with various schools throughout the year
Summer, 2017: Conduct end-of-year evaluations; organize 3rd year of audio immersion program
(see program activities for list of in depth steps)

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

All of our work is essentially collaborative and based on community partnership. To name a few:

- Beatmaking Lab: Coordinate youth media workshops, collaborated to create the youth audio-immersion summer program
- Sacrificial Poets & WXYC: Our radio program is produced in partnership with Sacrificial Poets and WXYC-Chapel Hill (89.3 FM). Sacrificial Poets provides key mentors and connects us with poets for nearly every episode, and WXYC hosts the live broadcast and donates critical technical support we could not otherwise access.
- Chapel Hill/Carrboro City Schools & Orange County Schools: We have partnered with 6 schools this year, with plans to nearly double this in the coming year. These school partnerships occur at every level: meetings with administrators, teachers, and curriculum coordinators pre and post all educational work with the schools
- UNC NAACP: UNC partner in educational design and college implementation
- Chapel Hill Library: Coordinate educational events, including oral history based exhibits and educational workshops
- Southern Oral History Program: Assists in oral history archive support and implemention
- NC Central University: Course partnerships to develop community archives and educational material
- WUNC: Our staff has partnered with WUNC to create a Youth Summer Radio Institute, which featured works by two alumni of our program and enabled these youth to have their stories reach over 80,000 listeners throughout the state on Morning Edition. Additionally, WUNC has provided professional mentors to come and speak to our youth participants of the summer audio immersion program
- St. Joseph CME Church, First Baptist, St. Paul AME, and Lincoln High Alumni Association: Partners in the creation of the community teacher network to assist in all neighborhood workshops and tours

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

If funding was not awarded or was reduced, we would struggle to sustain the full staff support that we are able to offer to our programs & to keep our programs free of cost to participants, which is a key way in which we ensure true diversity in all of our programming. Having said this, we would be determined to find a way to continue at capacity because of the importance of these projects to our collective community.

i) Include any other pertinent information.

We are excited to continue to deepen intergenerational leadership in the year to come and happy to answer additional questions as needed.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Learning Across Generations: Youth Leadership & Education

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	394	539	680
Female	453	733	872
Total	847	1,272	1,584
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	258	384	495
American Indian or Alaska Native	12	21	26
Asian	55	91	105
Caucasian	453	572	744
Native Hawaiian or other Pacific Islander	10	14	24
Other	3	5	5
Total	847	1,272	1,584
Of the above, how many Hispanic/Latino	76	105	184
Of the above, how many non-Hispanic/Latino	771	1,167	1,400
Total	847	1,272	1,584
Age			
0-5 years	0	6	42
6-18 years	665	936	1,102
19-50 years	96	185	244
51-61 years	62	101	139
62+ years	24	44	57
Total	847	1,272	1,584
Geographic Location			
Durham City	0	0	0
Durham County	0	70	70
Carrboro	205	327	405

MAIN APPLICATION

Chapel Hill	501	695	795
Chapel Hill Public Housing Residents	N/A	N/A	N/A
Orange County	141 unincorp (847 total)	180 unincorp. (1202 total)	314 unincorp (1,514 total)
Raleigh	0	0	0
Wake County	0	0	0
Total	847	1,272	1,584
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

**Please note: we have removed estimated numbers for Northside News & community events, which were previously included in our breakdowns in this application. We have done this to better track progress on youth and education in-depth services. This makes our numbers significantly lower than in previous applications, but not because of a lower reach or inaccuracy of reporting, but a more focused impact analysis on this program.

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Deputy Director	1.0	10%	$34,350.00	$40,000	$41,000	12%	NA
Director of Operations	1.0	10%	$31,255.01	$13,000 (only first quarter)	$33,000	9%	NA
Associate Director of Organizing & Advocacy	1.0	0	0	$29,000	$33,000	9%	NA
Assistant Director of Youth & Education	.5 (2014), .75 (2015), .75 (2016)	100%	$15,247.84	$20,000	$22,750	6%	NA
Administrative Associate/Office Manager	.5	30%	$7,203.24	$15,000	$20,000	6%	NA
Coordinator of Education (VISTA)	1.0	100%	$2162.50	$5,700	$6,900	2%	NA
Coordinator of Organizing (VISTA)	1.0	0%	$3700	$5,700	$6,900	2%	NA
Program Interns	2.0	0%	0	$36,500 (4)	$8,000	2%	NA
Contract Employees	1.0	Varies per yr	$10,620	$40,700	$17,450	4%	NA
Payroll Expenses			$7,914.37	$10,250	$10,250	3%	NA
Volunteers & Interns	2.0	20%	0	0	0		

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date: 1/25/16

Signature: _____ Board Chairperson — Date: 1/24/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

**The chart link did not work and neither did embedding a new one, so our chart is attached as a separate pdf document. We apologize for the inconvenience.

	Actual 2014-2015[1]	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	- Piloted a youth audio immersion program with a series of skills-based workshops & conference travel to showcase youth work - Provided twice-weekly mentor support for nearly a dozen youth - Youth learn to write, edit, & produce 9 radio shows, as they discuss issues relevant to them and receive full training and support	- Improve Fusion Youth Radio trainings and curriculum by starting a professional mentor network that will assist in skills and issue-based trainings. - Fusion Youth Radio will work intensively with high school students (3 sessions per week) throughout the year, tracking increased civic engagement and leadership, improving script writing, interviewing, performing, and poetry skills. -Increase outreach and recruitment of Fusion Youth Radio to involve even more diverse youth from across the county. -Improve our online forums for Fusion Youth Radio in order to track listenership.	-Further improve Fusion Youth Radio trainings by strengthening partnership with WXYC-Chapel Hill to provide a consistent group of mentors expert in radio production. -Fusion Youth Radio will provide weekly sessions that teach basic journalism, audio production, writing, and civic engagement that lead to demonstrated improvement in script writing, audio production, and storytelling. -Fusion Youth Radio will provide a summer audio immersion program that further nuances student skills, and provides even more opportunities to network with professional mentors. -Fusion Youth Radio will provide students with the skills necessary to create a portfolio of student work that can be used in college applications and other professional opportunities. -Merge online forums in order to better track listenership.
Program Goal	**Fusion Youth Radio:** Measurably improve the confidence, media skills, and writing abilities of youth participants	**Fusion Youth Radio** Measurably increase youth empowerment (especially youth of color) and engagement in classrooms, as well as connecting them with elder mentors and solid skill-based trainings in history, media, and writing.	**Fusion Youth Radio** Measurably improve student performance, engagement, and career readiness by connecting students with a knowledgeable and consistent network of elder mentors, providing trainings in history, writing, and social justice, and producing a cohesive portfolio of work that showcases student talent.
Performance Measures	Intake & exit surveys	-Intake and exit surveys around civic participation, confidence, and media literacy skills. -Mentors lead monthly workshops on issues of social justice that increase students understanding and engagement. -Exit interviews with partner teachers one month after workshops to track qualitative outcomes.	-Intake and exit surveys around civic participation, confidence, media and literacy skills. -Mentors provide copious opportunities for student feedback on curricula and program development so that the program is tailored for student success. -Exit interviews with partner teachers one month after workshops to track qualitative outcomes.
Program Results	Over 90% of youth participants reported improvement in	-75% of Fusion Youth Radio participants will show measurable increase of civic media skills and confidence in their voices.	-75% of Fusion Youth Radio participants will show measureable increase in civic media skills and

[1] Please note: in 2014-2015, we only had four primary goals established for our program, hence the N/A for a few of these current goals.

	writing, confidence, and civic media skills	-10 youth with strong audio production skills, radio journalism job training, increased confidence and social justice consciousness along with deeper belief in the power of their own voices.	confidence in their voices. -15 youth with strong audio production skills, radio journalism job training, increased confidence and social justice consciousness along with a deeper belief in the power of their own voices. -15 youth have developed a digital portfolio of interviews, audio pieces, pitches, and other clips useful in future professional development.
	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 2	-Developed a second-year curriculum for k-5 to build upon our first year partnership with local schools. Partnered with at least two new schools for the first year curriculum	-Develop a Professional Learning Community at Northside Elementary (and other schools wherever in Orange County) to provide increased access to funding for Civil Rights and Oral History workshops. -Engage early planning with partner teachers to fully incorporate Civil Rights and Oral History curricula into local history, American history, and social studies units. -Partner with Wilson Library, various historic societies, and Orange County Human Resources office to review and improve our civil rights curriculum for Orange County schools. -Develop a resource packet for teachers and staff to enable sustained follow-up to our workshops. -Utilize our community-based public history taskforce to review and monitor all progress. - Involve local elder citizens of color in all aspects of our civil rights workshops, especially connecting local leaders with schools with familial or historic connection. -Showcase student work whenever possible to share with Northside community the outcomes of the education programs.	-Strengthen Professional Learning Community at Northside Elementary, collaborating in the fall of 2016 to achieve funding for the 2016-2017 workshops. -Utilize completed exit surveys from 2015-2016, as well as planning meetings with partner teachers, to update program resources and further improve civil rights and oral history curricula for Orange County Schools. -Provide a range of multimedia resources (photographs, video, oral history interviews, music, and physical artifacts) to strengthen both preparation and follow-up workshops. -Utilize community-based public history taskforce to review and monitor all progress. -Involve local elder citizens of color in all aspects of our civil rights workshops, especially local leaders with schools with familial or historic connections. -Incorporate student volunteers where necessary to further build the capacity of the programs. -Showcase student work whenever possible to share with Northside community the outcomes of the education programs.
Program Goal	**Education** Expand civil rights curriculum to reach additional school partners	**Education** Deepen civil rights curriculum, sustain a 3rd year of support for schools reached already, and provide full support and resources for school teachers and staff to sustain education work beyond our workshops.	**Education** Sustain a fourth year of support for schools reached already, providing a consistent and versatile curricula that grows student knowledge and experience incrementally, and fully supports local history and social studies units.
Performance	# school partners	-Engage in early planning meetings that	-Using exit surveys and teacher

Measures		provide the opportunity for evaluation, collaborative planning, and full integration of Jackson Center curricula into social studies and history units. -Provide exit surveys upon completion of programs that gauge student engagement, presentation and clarity of materials, and effectiveness of program. - A teacher and staff working group and our Public History Task Force will monitor the development of the resource packet.	feedback as a guide, engage in planning meetings that further develop curricula, and provide opportunities for deeper student engagement through Civil Rights and Oral History programming. -Provide exit surveys upon completion of programs that gauge student engagement, presentation and clarity of materials, and effectiveness of programs. -A teacher and staff working group and our Public History Task Force will monitor the continuous development of program materials and resources.
Program Results	Two new school partners developed & over 800 total students reached throughout year	- Complete Civil Rights in Chapel Hill curriculum and partner with a pilot school to reach at least 300 additional students. - In close coordination with partner school, complete a 2nd year of vertical curriculum for local civil rights and oral history with positive reviews and educational outcomes. - School partners will report in exit surveys a marked increase in support from the resource handbooks. -24 senior citizens will be engaged actively in our education efforts as school mentors, and teachers will report an improvement in school engagement from youth of color.	-Complete Civil Rights in Chapel Hill curriculum and partner with community schools to reach at least 500 students. -In close coordination with partner school, complete 3rd year of vertical curriculum for local civil rights and oral history with positive reviews and educational outcomes. -Through both initial planning meetings and exit surveys, school partners will report a marked increase in support from the resources provided, as well as a deeper level of engagement in Social Studies and History units. -24 senior citizens will be engaged actively in our education efforts as school mentors, and teachers will report an improvement in school engagement from youth of color. -3 new senior citizens from the community will be added to our community mentor team.
	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 3	N/A	-Leverage connections within school administration, foundations, and current partner teachers to share the successes of the Civil Rights and Oral History curricula, and forge new connections for further programming. -Schedule planning meetings with all new partners, establishing pilot programming that supports fully History and Social Studies classes, and oral history projects. -Provide a resource packet that enables both preparation for Civil Rights and Oral	-In close coordination with new partners, complete 2nd year of new civil rights and oral history programs with positive reviews and educational outcomes. -Through both initial planning meetings and exit surveys, partners will report a marked increase in support from the resources provided, as well as a deeper level of engagement in social studies and history units.

		History programming, and enables follow-up work upon completion of workshops. -Provide opportunities for feedback and analysis to grow programs for future years.	-Our community mentor team will be fully involved in our educational efforts as mentors, and teachers will report an improvement in school engagement from youth of color. -New partners will be engaged fully in the work of the Jackson Center, and through initial education partnership will take part in other community engagement events.
Program Goal	N/A	**Education** Grow school partnerships to reach at least four new educational programs in the 2015-2016 year, a total of 200 students, focusing specifically on county schools, low-income youth, and students from high-need communities.	**Education** Sustain partnerships with four additional partnerships established in the 2015-2016 year, adding one to two additional partners in 2016-2017.
Performance Measures	N/A	-Engage in early planning meetings that provide the opportunity for evaluation, collaborative planning, and full integration of Jackson Center curricula into social studies and history units. -Provide exit surveys upon completion of programs that gauge student engagement, presentation and clarity of materials, and effectiveness of program. - A teacher and staff working group and our Public History Task Force will monitor the development of the resource packet.	-Using exit surveys and teacher feedback as a guide, engage in planning meetings that further develop curricula, and provide opportunities for deeper student engagement through Civil Rights and Oral History programming. -Provide exit surveys upon completion of programs that gauge student engagement, presentation and clarity of materials, and effectiveness of programs. -A teacher and staff working group and our Public History Task Force will monitor the continuous development of program materials and resources.
Program Results	N/A	-Develop 4 new sustainable partnerships that strengthen and grow the reach of Civil Rights and Oral History curricula. -Through these additional partnerships, grow the resources and program materials available for all existing partnerships.	-This year will have firmly established at least 8 school and educational partnerships benefiting from the Jackson Center Civil Rights and Oral History curricula. -An array of materials, resources, and programs will be available to all community partners.
	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 4	N/A	-In the fall of 2015, partner with teachers to evaluate and explore Social Studies and History units, taking into consideration Common Core standards, skill mastery, and student achievement levels. -Work with teachers to establish which skills and materials they hope to master through civil rights and oral history workshops. -Create challenging programs that address	-Building upon the planning work of previous years, explore further ways to incorporate appropriate learning standards into the Civil Rights and Oral History curricula, helping to grow skill mastery, and student achievement levels. -Work with teachers to further focus the design of workshops to increase student mastery.

		these standards and learning outcomes, and utilize community support and volunteers to fully execute these programs in classes. -Offer intake and exit surveys that allow teachers to gauge workshop effectiveness, and provide suggestions for future growth.	-Design assessment tools to gauge the effectiveness of programs in achieving established learning goals. -Update program materials as necessary to address these standards and learning outcomes, further incorporating community teachers and volunteers to execute programs successfully. -Offer intake and exit surveys that allow teachers to evaluate workshops, and provide suggestions for growth.
Program Goal	N/A	**Education** Increase level of reported student engagement in Social Studies and History classes after experiencing Jackson Center programs, and incorporate 4-6 appropriate Common Core standards and skills into the design of grade level workshops.	**Education** Continue to increase student's engagement in Social Studies, History, and Literacy by incorporating 6 appropriate Common Core standards and skills into the design of grade level workshops, and setting clear learning objectives for students to work towards.
Performance Measures	N/A	-Early planning meetings that allow teachers to set clear goals in collaboration with Jackson Center staff. -Intake and exit surveys that provide numerous opportunities for feedback, suggestions, and analysis of strengths.	-Early planning meetings that allow teachers to set clear goals in collaboration with Jackson Center staff. -Intake and exit surveys that provide numerous opportunities for feedback, suggestions, and analysis of strengths.
Program Results	N/A	-Teachers report 75% greater engagement with social studies and history units. -Increased attention to North Carolina education standards and Common Core strengthens education programs, and increases relevancy to student growth and development.	-Teachers report 75% greater engagement with Social Studies and History Units. -Increased attention to North Carolina education standards and Common Core strengthens education programs, and increases relevancy to student growth and development.
	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 5	N/A	-Strengthen partnership with WXYC-Chapel Hill by recruiting 4 student DJ's to serve as mentors for Fusion Youth Radio. -Recruit 10 UNC student volunteers to serve as tour guide assistants for field trips, and to help process oral history interviews. -Involve at least 24 elderly neighbors in the education efforts, and participate in school interviews. -Develop a volunteer orientation for both student volunteers and elderly neighbors that allows participants to share experiences, collaborate, and establish intergenerational connections.	-Continue to grow partnerships with WXYC-Chapel Hill by permanently establishing staff presence on the Fusion Youth Radio mentor team. -Develop and update orientation materials for student volunteers, including creating a manual for Oral History processing, teaching the civil rights curricula, and suggested readings. -Further incorporate Northside neighbors into education efforts through tours, interviews, and workshops, and add 3 new members to the community mentor team.

			-Sustain connections with current student and community volunteers, and recruit new participants as necessary.
Program Goal	N/A	**Education/Fusion Youth Radio/Oral History Trust** Increase University and community support and engagement by building a sustainable volunteer base to help facilitate civil rights and oral history education programs, as well as Fusion Youth Radio.	**Education/Fusion Youth Radio/Oral History Trust** Incorporate volunteers into all aspects of education programs, training volunteers to help facilitate workshops, and providing opportunities for WXYC staff to facilitate audio production workshops in Fusion Youth Radio sessions.
Performance Measures	N/A	-Student volunteers complete intake and exit surveys about program interests, experience, and availability. -All student volunteers participate in volunteer orientation.	-All students receive orientation materials, and complete volunteer orientation. -Student volunteers complete intake and exit surveys about program interest, experience, and availability.
Program Results	N/A	-Out of 14 new student volunteers recruited and eight commit to regular participation in Jackson Center education programming. -Elderly neighbors continuously engage in education programs as able, and report improved quality of life as a result of participation.	-24 community members remain involved in education efforts, 3 new partnerships are added. -At least 4 WXYC staff remain involved on a permanent basis throughout Fusion Youth Radio. -Orientation materials are complete.
	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 6	- Develop a neighborhood tour team in Northside to participate in all workshop tours that are carried out - Partner with Lincoln High Alumni Association, the Senior Center, and RENA to reach new partners connected to the civil rights struggle	- Develop a neighborhood tour team in Northside to participate in all education workshop tours that are carried out. - Partner with Lincoln High Alumni Association, the Senior Center, and RENA to reach new partners connected to the civil rights struggle, growing the resources available for education programs. -Conduct an additional dozen interviews, connecting aging resident leaders with student learners.	-Continue to grow the neighborhood tour team in Northside to participate in all education workshop tours that are carried out. -Include current volunteers in recruitment efforts for neighborhood tour team. -Engage Bonner Leaders and student volunteers from the UNC NAACP and other activist organizations to grow both the Civil Rights in Chapel Hill and Black Lives Matter oral history series, providing opportunities to connect Civil Rights struggles of the past with events today in school workshops.
Program Goal	Engage 30 *unreached* senior citizens in their histories and role in educating future generations	**Oral History Trust** Engage 30 unreached senior citizens in their histories and role in educating future generations, Finish processing 15 new oral histories.	**Oral History Trust** Continue to expand the Jackson Center's Oral History Trust by performing at least 5 new interviews that grow the Civil Rights in Chapel Hill and Black Lives Matter series, continue to involve 30 reached senior citizens in education efforts, and engage 3 new elderly neighbors in educating future

			generations.
Performance Measures	# seniors actively engaged in intergenerational education iniatives	-Quality of life interviews will be conducted with elder leaders who are involved in our various efforts. -Interviews will be processed and included as part of the Jackson Center Oral History Trust.	-Interviews will be processed and included as part of the Jackson Center Oral History Trust. -Quality of life interviews will be conducted with elder leaders who are involved in our various efforts.
Program Outcome	36 unreached seniors involved in ongoing education work	-Out of 30 reached, at least 20 will report quality of life improvement as a result of various education and history efforts.	-Out of 38 reached, at least 28 will report quality of life improvement as a result of various education and history efforts.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Program Budget

Agency/Program: Learning Across Generations: Youth Leadership & Civil Rights Education

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 6,197	$ 6,600	$ 7,000	6%
Agency Generated Revenue (fees)	$ 3,475	$ 10,000	$ 12,000	20%
Local Government Grants:				
Orange County	$ 6,000	$ 8,000	$ 10,000	25%
Town of Chapel Hill	$ 1,000	$ 1,000	$ 4,000	300%
Town of Carrboro	$ 750	$ 2,500	$ 3,000	20%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Foundation Grants	$ 25,000	$ 16,500	$ 22,500	36%
Other Grants: NC Humanities Council	$ 2,000	$ 5,000	$ 2,000	-60%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
Total Agency Revenue	**$ 44,422**	**$ 49,600**	**$ 60,500**	**22%**
AGENCY EXPENSES				
Compensation	$ 35,739	$ 37,250	$ 42,550	14%
Rent & Utilities	$ 4,976	$ 5,511	$ 5,950	8%
Supplies & Equipment	$ 1,554	$ 4,038	$ 5,500	36%
Travel & Training	$ 3,846	$ 2,500	$ 4,500	80%
Other Expenses:	$ 3,160	$ 1,500	$ 2,000	33%
Please list 3 largest "Other Expenses":				
Printing and Copying $ -				
Software $ -				
$ -				
Total Agency Expenses	**$ 49,275**	**$ 50,799**	**$ 60,500**	**19%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (4,852)**	**$ (1,199)**	**$ -**	**100%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Program: Learning Across Generations: Youth Leadership & Civil Rights Education

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Assistant Director of Youth & Education	$13/hour	.75 time at $13/hr	$22,750
Coordinator of Youth & Education (VISTA)	$5,700 (fee)	2,000 coordination hours	$5,700
Additional staff program time	$13/hr	700 staff hours for mentors	$9,100
Youth Conferences & Training	$4,500	Cost of AMC for FYR Youth	$4,500
Program materials: audio & tech equipment	$5,500	Cost of equipment	$5,500
Printing, Software, Miscellaneous	$2,000	Education materials + software	$2,000
Shared cost allocation	$10,950	% of total rent, payroll, admin	$10,950
		Total	**$60,500**

c.) Cost per Unit*

**Please note: we have removed estimated numbers for Northside News & community events, which were previously included in our breakdowns in this application. We have done this to better track progress on youth and education in-depth services. This makes our numbers significantly lower than in previous applications, but not because of a lower reach or inaccuracy of reporting, but a more focused impact analysis on this program.

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$49,275**	**$50,799**	**$60,500**
Total # of Units	**847**	**1272**	**1584**
Cost Per Unit	**$58.17**	**$39.94**	**$38.19**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

July 1, 2015-June 30, 2016

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

**Please note: Our budget this year is higher than next year's due to several specific sources of income/expenses that likely will not be repeated. We received a grant ($40,000) to purchase a van for Heavenly Groceries, the Food Justice program at St. Joseph that we support. We also contracted with an agency for a $90,000 community planning effort, much of which was additional staff capacity and contract services for a limited period of time (completed this year). Finally, we have a $75,000 grant from the Town of Chapel Hill, 100% of which is invested into home repairs.

Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAME: The Marian Cheek Jackson Center for Saving and Making History

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 18,780	$ 20,000	$ 22,500	13%
Agency Generated Revenue (fees)	$ 103,425	$ 220,000	$ 157,000	-29%
Local Government Grants:				
Orange County	$ 6,000	$ 8,000	$ 10,000	25%
Town of Chapel Hill	$ 1,000	$ 1,000	$ 4,000	300%
Town of Carrboro	$ 750	$ 2,500	$ 3,000	20%
Other Local: ToCH Affordable Housing Fund	$ 40,000	$ 40,000	$ 40,000	0%
Other Local: ToCH Affordable Housing Reserve		$ 75,000	$ 75,000	0%
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Foundation Grants	$ 27,000	$ 77,899	$ 40,000	-49%
Other Grants:				0
Miscellaneous/Other Revenue	$ 961			0
Please list 3 largest Miscellaneous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ 197,916	$ 444,399	$ 351,500	-21%
AGENCY EXPENSES				
Compensation	$ 117,453	$ 215,850	$ 199,250	-8%
Rent & Utilities	$ 15,078	$ 16,700	$ 17,000	2%
Supplies & Equipment	$ 4,896	$ 18,750	$ 18,750	0%
Travel & Training	$ 3,846	$ 6,500	$ 6,500	0%
Other Expenses:	$ 40,839	$ 186,599	$ 110,000	-41%
Please list 3 largest "Other Expenses":				
Contract Services $ 20,000.00				
nsurance, Postage, Printing, Misc $ 5,839.00				
Addition to safety reserves $ 15,000.00				
Total Agency Expenses	$ 182,112	$ 444,399	$ 351,500	-21%
SURPLUS/(DEFICIT) FOR PERIOD:	$ 15,804	$ -	$ -	0

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency _**Mental Health America of the Triangle**_

Program(s) _**Compeer**_

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	N/A
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification (Exempt due to leasing office space)***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: **Mental Health America of the Triangle**

Applicant Organization's Physical Address: 3729 Murphy School Road, Durham, NC 27705

Applicant Organization's Mailing Address: P.O. Box 16246 Chapel Hill, NC 27516

Applicant Organization's Web Address: www.mhatriangle.org

Executive Director: Marci White, MSW

Telephone Number: 919-942-8083 (o); (919 616-7772 (c) E-Mail: mwhite@mhatriangle.org

DUNS Number: N/A
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Compeer

Project/Program Primary Contact and Title: Shelley Danser, LCSW – Program Coordinator

Telephone Number: 919-942-8083 (o) E-Mail: sdanser@mhatriangle.org

c) Funding Request Identification

Total Project/Program Cost: $**29,868** Total Amount of Funds Requested: $**16,000**

Proposed Use of Funds Requested (2-3 Line Maximum): For Orange County/CH/TOC individuals living with severe and persistent mental illness, MHAT will recruit volunteers who make a one-year commitment to be matched as a friend, engage in shared activities, promote wellness and recovery.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $**2,000** ☒ Chapel Hill $**2,000** ☒ Orange County $**12,000**

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Marci White, MSW _____ 1/25/2016
Executive Director Date

Signature: D J Hopkins Board Chairperson 1/25/2016

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

For over fifty years, Mental Health America of the Triangle has continued its Mission "to improve the lives of those touched by mental illness, and to unite the mental health community by serving as a clear, unwavering voice of advocacy and hope."

Initially founded as the Mental Health Association of Orange County (MHAOC), it began serving the community in 1966 as an unincorporated nonprofit affiliate of the North Carolina Mental Health Association. The organization recognized and worked to reduce the impact of mental illness on the individual, family, and community through multiple community-based programs. To broaden its scope and reach, the organization was incorporated in August 2010 in North Carolina as Mental Health America of the Triangle (MHAT), secured nonprofit status with the IRS, and obtained a Charitable Solicitation License as its new entity. MHAT is affiliated with the national organization, Mental Health America, but operates autonomously financially here in the local community.

Mental Health America of the Triangle's approach is both comprehensive and responsive to identified community needs – by targeting high-risk populations as well as individuals and families who "fall through the cracks"; those without adequate healthcare coverage or resources to meet their mental health needs; and those families in need of parenting skills who are at risk of disruption due to abuse or neglect allegations. As an established community-based agency, MHAT has consistently demonstrated its ability to recognize community needs for high-risk populations and tailor programs to address those specific needs.

MHAT's long-standing programs are innovative and cost-effective – they are preventative, proactive, solution-centered, and wellness-orientated, and they harness the power of specially trained and dedicated staff and volunteers to provide services to those in the community who otherwise would not have the means of receiving treatment at all. MHAT's programs are administered by a small staff of incredibly driven, part-time professionals. These programs focus on empowering individuals to take ownership of their own mental health and recovery, so that they can be healthier, happier, more productive members of their families and community.

MHAT provides supports to individuals, families and children through three unique programs:

- Family Advocacy Network - Staff Advocates offer one-on-one and group support, advocacy, parenting skills training, and community resources to parents raising school-age children with emotional or behavioral issues.
- Pro Bono Counseling Network – Through our network of volunteer therapists, we are able to offer uninsured individuals in our community up to eight free sessions - often enough to get them back on their feet.
- **Compeer - see below**

In addition to MHAT's three signature programs, it also has fiscal and programmatic partnerships with two other community projects - the Orange Partnership for Alcohol and Drug-Free Youth and the Family Success Alliance. Both programs fit seamlessly into MHAT's

preventative and proactive approach to addressing the critical needs of our community, and through our cost-effective collaboration, we have been able to further address and meet the needs of individuals and families in our county who otherwise would not have access to vital resources needed to live healthy, fulfilling lives.

MHAT's Compeer Program offers companionship for adults with severe and persistent mental illness. Compeer harnesses the power of friendship and mentoring to combat the loneliness and isolation that people with mental illness so often experience.

After being carefully screened and trained, a Compeer volunteer is matched by our Program Coordinator with an individual of the same gender, close in age, and with similar interests. By giving an hour a week of their time for at least a year, Compeer volunteers get to know some wonderful people - and they help speed and sustain the recovery of their friends.

Our Compeer Program is modeled after the national Compeer organization, which began in 1973 in Rochester, New York and remains a model mental health organization. The Compeer model is recognized as a best practice for recovery by the American Psychological Association.

The Compeer Program achieves measurable results:

- Our volunteer mentoring relationships build self-confidence and independence.
- Our program saves healthcare dollars and burden by reducing hospitalization costs.
- All those involved in our program - the people we serve, volunteers, and therapists who recommend the program - give outstanding effectiveness ratings, ranging from 94-100% satisfaction

People in treatment for serious mental illness achieve a significant increase in social support and personal well-being as a result of being matched in a Compeer friendship - and many relationships sustain themselves well-beyond the one year commitment.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: **Mental Health America of the Triangle –** Compeer

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring/Ongoing Friendship		X	X	X	
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Individuals with severe and persistent mental illness often find themselves at a stage in their recovery where what they need most is a companion, and not another doctor or mental health professional. Mental illness is often accompanied by isolation, where individuals withdraw from family, friends, even activities they once enjoyed. Perhaps there were even fractured relationships or lost jobs as a result of their illness. A critical part of

their recovery is rehabilitation into their community, and MHAT's Compeer Program provides a safety net for them to do so. With only a one-hour per week commitment with someone matched specifically for them, they can feel comfortable taking small steps out into our community again. Individuals who have the support of a caring, committed friend are more likely to stay engaged with their treatment and other meaningful activities in their life. They are also less likely to deteriorate or require hospitalization, all of which saves money and promotes recovery for those living with a severe mental illness.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

North Carolina has a large population of individuals with mental illness in need of services. Mental illness is often accompanied by feelings of isolation and decreased self-esteem that impacts the individual's ability to reach out to others for support. Since 1995, the Compeer Program has addressed this stigma, isolation, and loneliness of mental illness through the power of companionship. Trained volunteers commit a minimum of one hour per week for one year to a Compeer "friend" who lives with a mental health condition, typically someone with a severe and persistent mental illness (SPMI) such as Schizophrenia or Bipolar Disorder. The clients (friends) are stable and at the critical point in their recovery in which they are reestablishing relationships and connections within the community.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Clients with a severe and persistent mental illness (SPMI) such as Schizophrenia or Bipolar Disorder who are stable and at a point in their recovery journey when they could benefit from and participate in a supported friendship are appropriate Compeer "friends." These clients are referred by their mental health professional from organizations like UNC XDS/STEP Clinic/Oasis, the Durham VA, and other therapists/psychiatrists in the community.

e) Who specifically will carry out the activities and in what location will they be carried out?

Program volunteers are carefully matched by the Program Coordinator according to gender, age, interests, and compatibility. Meetings occur in natural settings, and friends meet weekly to engage in regular activities, like enjoying a walk together, meeting for coffee, playing checkers or tennis, sharing a meal, or exploring a library. All program participants come together biannually for the Fall and Spring Compeer Picnics, hosted at the MHAT office.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Compeer volunteers make a minimum of a one-year commitment to meet weekly for at least one hour with their Compeer friend. Volunteers also complete a monthly report. Each year, Compeer friends, volunteers, referring mental health professionals, and Compeer staff complete the Compeer Inc. Annual Survey.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- **UNC CECMH (Center for Excellence in Community Mental Health) –** When PBCN staff screen a client who has severe and persistent mental illness, such as Bipolar Disorder or psychosis, a referral is made to UNC CECMH. The majority of Compeer referrals come from staff at the UNC CECMH in the Dept. of Psychiatry.
- **Club Nova –** Many Compeer Friends are also members of Club Nova. Club Nova staff also help coordinate Compeer referrals.
- **Volunteer Center of Durham –** Partners with the Compeer Program and helps recruit interested volunteers through their website (www.handsontriangle.org), as well as hosts the annual **Duke University Volunteer Fair** that the Compeer Program Coordinator attends.
- **Retired and Senior Volunteer Program (RSVP) of Durham County –** Partners with the Compeer Program to recruit, interview, and refer volunteers.
- **Carolina Center for Public Service –** Helps to recruit UNC students to become Compeer volunteers.
- **Faith Connections on Mental Illness –** Assists with both volunteer recruitment and educating the public about the Compeer Program.
- **Durham Veterans Affairs Medical Center, Psychosocial Rehabilitation and Recovery Center**--refers clients to Compeer and assists Compeer with volunteer recruitment.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

The Compeer Program continues to experience yearly growth, both in the number of volunteers, as well as in friends being referred for a Compeer volunteer. The Compeer model has a proven success rate, with 91% of clients reporting an improved quality of life, and 92% of clients reporting feeling less lonely and less isolated. Program participants report a 98% overall happiness with the program, with 97% of volunteers feeling they improved the lives of the people they served.

Funding currently supports a limited part-time, 12-hour Program Coordinator, who is also responsible for the Pro Bono Counseling Network (PBCN). The ever-growing requests for PBCN services demand more of the Coordinator's time. As such, MHAT cannot devote sufficient staff resources to growing the Compeer Program to its fullest potential – promoting the program, recruiting and training volunteers, and then matching clients with friends as the community need increases. At present, Compeer has 20 individuals waiting for a friend, and the list continues to grow. MHAT has concluded that unless we separate the Compeer and PBCN responsibilities into two positions, it will no longer be feasible to continue operating the Compeer Program, as demand for services would far exceed staff capabilities.

i) Include any other pertinent information.

The Compeer Program is included in the National Registry of Evidence-Based Programs and Practices, a program of SAMHSA (Substance Abuse and Mental Health Services Administration), and is recognized by the American Psychological Association as a best-practices model.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: **X Persons** ☐ **Households** ☐ **Units**

Program: **Compeer**

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	9	8	10
Female	14	15	18
Total	23	23	28
Ethnicity			
African-American	5	4	7
American Indian or Alaska Native	0	0	0
Asian	0	0	0
Caucasian	18	19	21
Native Hawaiian/Pacific Islander	0	0	0
Other	0	0	0
Total	23	23	28
Of the above, how many Hispanic/Latino	0	1	1
Of the above, how many non-Hispanic/Latino	23	22	27
Total	23	23	28
Age			
0-5 years	0	0	0
6-18 years	0	0	0
19-50 years	15	15	17
51-61 years	6	7	10
62+ years	2	1	1
Total	23	23	28
Geographic Location			
Durham City			
Durham County	8	6	6
Carrboro	6	7	7
Chapel Hill	9	9	9
Chapel Hill Public Housing Residents			
Orange County		1	6
Raleigh			
Wake County			
Total	23	23	28

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	.5	3%	$ 1,583	$ 615	$ 1,028	3%	
Compeer Coor/Supervisor	.8	40% to 6%	$ 14,500 (40% prog staff)	$ 5,572	$ 3,045 (6% prog staff)	10%	
Compeer Coordinator (new)	.6	100% - FY16-17	$ 0	$ 0	$ 21,599	72%	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES **NO**

X a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

X b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

X c) Current beneficiaries of the project/program for which funds are requested?

X d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Marci White, MSW — 1/25/2016
Executive Director — Date

Signature: D J Hopkins — 1/25/2016
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Compeer staff promotes the program with therapists, coordinates and facilitates match meetings, and supports both the Compeer friends and volunteers as needed throughout the course of the relationship.	Compeer staff promotes the program with therapists, coordinates and facilitates match meetings, and supports both the Compeer friends and volunteers as needed throughout the course of the relationship.	Compeer staff promotes the program with therapists, coordinates and facilitates match meetings, and supports both the Compeer friends and volunteers as needed throughout the course of the relationship.
Program Goal	75% of individuals living with severe and persistent mental illness referred to Compeer will be matched with a trained volunteer for weekly social activities.	75% of individuals living with severe and persistent mental illness referred to Compeer will be matched with a trained volunteer for weekly social activities.	75% of individuals living with severe and persistent mental illness referred to Compeer will be matched with a trained volunteer for weekly social activities.
Performance Measures	The number of current, new and terminated Compeer matches on a monthly basis; monthly record of volunteer hours and activities	The number of current, new and terminated Compeer matches on a monthly basis; monthly record of volunteer hours and activities	The number of current, new and terminated Compeer matches on a monthly basis; monthly record of volunteer hours and activities
Program Results	Of the 23 matched Compeer friends and volunteers in FY14-15, 53% remain engaged in weekly social outings leading to improved socialization skills, reduced isolation, and reduced frequency of noncompliance with treatment. The Compeer Program hosted 2 cook-outs with social activities for Compeer friends and volunteers, as a means to increase social engagement.	Of the 23 matched Compeer friends and volunteers in FY15-16, 60% are estimated to remain engaged in weekly social outings leading to improved socialization skills, reduced isolation, and reduced frequency of noncompliance with treatment. The Compeer Program has hosted 2 cook-outs with social activities for Compeer friends and volunteers, as a means to increase social engagement.	Of the 28 projected matched Compeer friends and volunteers in FY16-17, 65% will remain engaged in weekly social outings leading to improved socialization skills, reduced isolation, and reduced frequency of noncompliance with treatment. The Compeer Program will host 2 cook-outs with social activities for Compeer friends and volunteers, as a means to increase social engagement.
Program Activity 2	Compeer staff recruit, train and match volunteers, monitor progress, and offer ongoing support to both volunteers and friends.	Compeer staff recruit, train and match volunteers, monitor progress, and offer ongoing support to both volunteers and friends.	Compeer staff recruit, train and match volunteers, monitor progress, and offer ongoing support to both volunteers and friends.
Program Goal	95% of the Compeer participants will report that his/her Compeer friend has had a positive impact on their lives and 75% will show improved management of their illness demonstrated by reduction in need for hospitalization and/or crisis services.	95% of the Compeer participants will report that his/her Compeer friend has had a positive impact on their lives and 75% will show improved management of their illness demonstrated by reduction in need for hospitalization and/or crisis services.	95% of the Compeer participants will report that his/her Compeer friend has had a positive impact on their lives and 75% will show improved management of their illness demonstrated by reduction in need for hospitalization and/or crisis services.
Performance Measures	Results from the Compeer Inc. Annual Survey to gain information about program services, satisfaction, improved well-being and populations served.	Results from the Compeer Inc. Annual Survey to gain information about program services, satisfaction, improved well-being and populations served.	Results from the Compeer Inc. Annual Survey to gain information about program services, satisfaction, improved well-being and populations served.
Program Results	Actual results tabulated by Compeer, Inc. demonstrate positive outcomes on scales associated with increased social functioning, self-esteem, and reduced isolation. 97.8% of adult clients that responded to the 2014 Compeer, Inc. Annual Survey reported an overall happiness with Compeer. 91% also reported a sense of improved quality of life.	Actual results tabulated by Compeer, Inc. demonstrate positive outcomes on scales associated with increased social functioning, self-esteem, and reduced isolation at rates equal to or greater than those of 2014.	Actual results tabulated by Compeer, Inc. will demonstrate positive outcomes on scales associated with increased social functioning, self-esteem, and reduced isolation at rates equal to or greater than those of 2015.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program: **Mental Health America of the Triangle: Compeer**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 7,500	$ 500	$ 2,500	400%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County			$ 12,000	0
Town of Chapel Hill	$ 1,500	$ 1,500	$ 2,000	33%
Town of Carrboro	$ 2,000	$ 2,000	$ 2,000	0%
Other Local: Durham County	$ 1,755	$ 12,000	$ 1,000	-92%
Other Local:				0
Other Local:				0
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Cardinal Innovations	$ 10,000	$ 10,000	$ 10,000	0%
Other Grants:				0
Miscellaneous/Other Revenue	$ -	$ -	$ -	0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
Total Agency Revenue	**$ 22,755**	**$ 26,000**	**$ 29,500**	**13%**
AGENCY EXPENSES				
Compensation	$ 16,269	$ 17,732	$ 24,690	39%
Rent & Utilities	$ 708	$ 445	$ 530	19%
Supplies & Equipment	$ 732	$ 747	$ 675	-10%
Travel & Training	$ 314	$ 557	$ 525	-6%
Other Expenses:	$ 4,643	$ 3,452	$ 3,448	0%
Please list 3 largest "Other Expenses":				
Contractual Services $ 3,364.00				
Insurance $ 235.00				
Dues, Bank, Adver $ 1,044.00				
Total Agency Expenses	**$ 22,666**	**$ 22,933**	**$ 29,868**	**30%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 89**	**$ 3,067**	**$ (368)**	**-112%**

Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: ___Compeer_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Individual Volunteer Recruitment	$ 120	6 hours/volunteer x 28	$ 3,360
Volunteer Training & Prep (4 session/year)	$ 300	15 hours/session x 4 sessions	$ 1,200
Review & match Volunteers with Compeer friend	$ 160	8 hours/match x 28	$ 4,480
Cook-outs for Volunteers/Compeer friends	$ 250	2 cook-outs/year	$ 500
Volunteer recruitment/program promotion	$120/week	6 hours/week x 40 weeks	$ 4,800
		Total	**$ 14,340**

b.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$ 22,667**	**$22,933**	**$29,868**
Total # of Units	**23**	**23**	**28**
Cost Per Unit	**$ 985**	**$ 997**	**$1,066**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: Mental Health America of the Triangle

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 84,877	$ 87,185	$ 70,892	-19%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County			$ 17,000	0
Town of Chapel Hill	$ 5,500	$ 5,500	$ 6,000	9%
Town of Carrboro	$ 5,500	$ 5,700	$ 6,000	5%
Other Local: JCPC Local Match	$ 15,605	$ 15,605	$ 15,605	0%
Other Local: Durham County	$ 23,588	$ 23,588	$ 23,588	0%
Other Local: Family Success Alliance		$ 38,817	$ 53,000	37%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government: JCPC Funds - Orange	$ 52,024	$ 52,024	$ 52,024	0%
Federal Government	$ 106,227	$ 125,753	$ 125,753	0%
Other Grants: JCPC Funds - Durham		$ 14,000	$ 14,000	0%
Other Grants: ABC/PUD Funds	$ 20,000	$ 20,000	$ 20,000	0%
Other Grants: Cardinal Innovations	$ 79,000	$ 79,000	$ 79,000	0%
Miscellaneous/Other Revenue	$ 953	$ 1,000	$ 1,000	0%
Please list 3 largest Miscellanous sources:				
Training Revenue $ 953.00				
$ -				
$ -				
Total Agency Revenue	**$ 393,274**	**$ 468,172**	**$ 483,862**	**3%**
AGENCY EXPENSES				
Compensation	$ 245,364	$ 281,105	$ 337,844	20%
Rent & Utilities	$ 18,663	$ 20,100	$ 20,100	0%
Supplies & Equipment	$ 38,766	$ 15,344	$ 14,337	-7%
Travel & Training	$ 12,212	$ 18,509	$ 13,400	-28%
Other Expenses:	$ 106,675	$ 123,622	$ 92,166	-25%
Please list 3 largest "Other Expenses":				
Contractual Services $ 91,155.00				
Insurance $ 6,261.00				
Dues, Bank, Adv, FR Exp $ 9,259.00				
Total Agency Expenses	**$ 421,680**	**$ 458,680**	**$ 477,847**	**4%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (28,406)**	**$ 9,492**	**$ 6,015**	**-37%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **_Mental Health America of the Triangle_**

Program(s) **_Family Advocacy Network_**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ***X Applicant Contact Information*** **b.** ***X Project/Program Contact Information*** **c.** ***X Funding Requests Identified*** **d.** ***X Signed Application Cover Page***	
2. Agency Information -	**a.** ***X Agency's Years in operation*** **b.** ***X Agency's Purpose/Mission*** **c.** ***X Agency's Types of Services Provided*** **d.** ***X Agency's Experience*** **e.** ***X Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ***X Type of Application and Program Identified*** **b.** ***X Summary of Program*** **c.** ***X Description of Identified Need*** **d.** ***X Description of Population to be Served*** **e.** ***X Activity Manager and Location Description*** **f.** ***X Activity Implementation Timeline*** **g.** ***X Agency Collaboration*** **h.** ***X Describe Impact of Reduced/No Allocation*** **i.** ***X Other Pertinent Information*** **j.** ***X Complete Target Population/Beneficiary Chart*** **k.** ***X Complete Schedule of Positions*** **l.** ***X Signed Conflict of Interest Disclosure*** **m.** ***X Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ***X Program Budget Worksheet*** **b.** ***X Program Budget Detail*** **c.** ***X Cost Per Unit*** **d.** ***X Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	N/A
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ***X IRS Federal Form 990*** **c.** ***X NC Solicitation License*** **d.** ***X IRS Federal Tax-Exemption Letter*** **e.** ***X Certificate of Insurance*** **f.** ***X List of Board of Directors*** **g.** ***X Articles of Incorporation/Bylaws*** **h.** ***X Authorization to Request Funds*** **i.** ***X Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification (Exempt due to leasing office space)***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: **Mental Health America of the Triangle**

Applicant Organization's Physical Address: 3729 Murphy School Road, Durham, NC 27705

Applicant Organization's Mailing Address: P.O. Box 16246 Chapel Hill, NC 27516

Applicant Organization's Web Address: www.mhatriangle.org

Executive Director: Marci White, MSW

Telephone Number: 919-942-8083 (o); (919 616-7772 (c) E-Mail: mwhite@mhatriangle.org

DUNS Number: N/A
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Family Advocacy Network

Project/Program Primary Contact and Title: Marci White, MSW – Executive Director

Telephone Number: 919-942-8083 (o); (919 616-7772 (c) E-Mail: mwhite@mhatriangle.org

c) Funding Request Identification

Total Project/Program Cost: $**130,027** Total Amount of Funds Requested: $**9,000**

Proposed Use of Funds Requested (2-3 Line Maximum): Provide Common Sense Parenting Classes through the Family Advocacy Network for Orange/CH/TOC residents, especially those who are DSS-involved.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

X Human Services: **X** Carrboro $**2,000** **X** Chapel Hill $**2,000** **X** Orange County $**5,000**

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Marci White, MSW _____ 1/25/2016
Executive Director Date

Signature: D J Hopkins _____ Board Chairperson 1/25/2016

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

For over fifty years, Mental Health America of the Triangle has continued its Mission "to improve the lives of those touched by mental illness, and to unite the mental health community by serving as a clear, unwavering voice of advocacy and hope."

Initially founded as the Mental Health Association of Orange County (MHAOC), it began serving the community in 1966 as an unincorporated nonprofit affiliate of the North Carolina Mental Health Association. The organization recognized and worked to reduce the impact of mental illness on the individual, family, and community through multiple community-based programs. To broaden its scope and reach, the organization was incorporated in August 2010 in North Carolina as Mental Health America of the Triangle (MHAT), secured nonprofit status with the IRS, and obtained a Charitable Solicitation License as its new entity. MHAT is affiliated with the national organization, Mental Health America, but operates autonomously financially here in the local community.

Mental Health America of the Triangle's approach is both comprehensive and responsive to identified community needs – by targeting high-risk populations as well as individuals and families who "fall through the cracks"; those without adequate healthcare coverage or resources to meet their mental health needs; and those families in need of parenting skills who are at risk of disruption due to abuse or neglect allegations. As an established community-based agency, MHAT has consistently demonstrated its ability to recognize community needs for high-risk populations and tailor programs to address those specific needs.

MHAT's long-standing programs are innovative and cost-effective – they are preventative, proactive, solution-centered, and wellness-orientated, and they harness the power of specially trained and dedicated staff and volunteers to provide services to those in the community who otherwise would not have the means of receiving treatment at all. MHAT's programs are administered by a small staff of incredibly driven, part-time professionals. These programs focus on empowering individuals to take ownership of their own mental health and recovery, so that they can be healthier, happier, more productive members of their families and community.

MHAT provides supports to individuals, families and children through three unique programs:

- **Family Advocacy Network (FAN) - see below**
- Pro Bono Counseling Network – Through our network of volunteer therapists, we are able to offer uninsured individuals in our community up to eight free counseling sessions - often enough to get them back on their feet.
- Compeer - Our evidence-based Compeer Program matches adults recovering from severe and persistent mental illness with a volunteer friend to help them engage in social activities of mutual interest.

In addition to MHAT's three signature programs, it also has fiscal and programmatic partnerships with two other community projects - the Orange Partnership for Alcohol and Drug-Free Youth and the Family Success Alliance. Both programs fit seamlessly into MHAT's

preventative and proactive approach to addressing the critical needs of the community, and through cost-effective collaboration, MHAT has been able to further address and meet the needs of individuals and families in our county who otherwise would not have access to vital resources needed to live healthy, fulfilling lives.

The Family Advocacy Network (FAN) began in 2000 in response to the need for a child-focused, family-driven System of Care to meet the mental health needs of the community's children. Since then, through the work of program staff Family Advocates, MHAT continues to provide critical support and assistance to parents raising school-age children with emotional or behavioral issues, mental health issues, learning differences, high-functioning Autism, substance abuse problems, and other challenges.

FAN Advocates have received best-practice training and offer empathy and insights gained through their own experience as parents raising children with special needs. Advocates also offer one-on-one and group support, advocacy, and parenting skills training to help improve family/youth outcomes. In addition to strengthening parenting skills, parents are connected to community resources and taught appropriate and effective advocacy skills that better equip them to interact and navigate with multiple systems - school and special education, dependency and juvenile court, and treatment services - educating and empowering them to advocate on behalf of their children.

To effectively reach the community, FAN Advocates maintain a strong presence in juvenile and dependency court proceedings, court planning, and truancy courts. They also participate in Child and Family Team (CFT) meetings, Individual Education Plan (IEP) meetings, one-on-one family meetings, and frequently communicate with court counselors, DSS social workers, educators, as well as providers in face-to-face conversations, telephone and email contact.

The compassionate, nonjudgmental support and services that FAN Advocates provide can be lifelines for parents juggling challenges at home, school, extra medical needs, increased stress, strained relationships, and lost work hours as they struggle to meet their children's needs.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: **Mental Health America of the Triangle –** Family Advocacy Network

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

X Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education		X		X	X
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring/Ongoing Friendship		X		X	X
Transportation					
Housing					
Other: Please specify – Parenting Skills Building and Parent Advocacy		X		X	X

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

FAN's staff are trained, professional Family Advocates, who are themselves parents of special needs children. They provide services to other parents, including: supportive counseling, developing family strengths, parenting skills building, parent education workshops and navigation support for accessing needed mental health treatment, special

education, and social services - all of which together form a vital safety net for some of our community's most vulnerable children and families. FAN Program goals are to increase parenting and system access skills in order to reduce the frequency of juvenile criminal justice system conflicts; increase school attendance and academic success; and increase parenting skills for DSS-involved parents to facilitate reunification with their children or to prevent removal from the home due to abuse or neglect allegations. Family Advocates provide support, case management, coaching, and education to better equip parents to be effective advocates for their children with mental health and substance abuse issues.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Research shows that half of all lifetime cases of mental illness begin by age 14. Scientists are discovering that changes in the body leading to mental illness may start much earlier, long before any symptoms appear. Through greater understanding and research into child brain development, we are learning more about the early stages of a wide range of mental illnesses that appear later in life. Once mental illness develops, it becomes a regular part of a child's behavior and more difficult to treat. Though significant advances have been made to better treat many disorders, the National Institute of Mental Health reports that many children with mental illness do not get the treatment they need. While approximately one in five children under the age of 18 live with a diagnosable mental health condition, between 50-75% of these children do not receive treatment.

According to the 2013 Orange County Census Report, there are an estimated 140,352 residents, 20.5% of whom are under age 18. Of the over 28,770 youth in the community, an estimated 5,754 are currently living with a mental health condition, meaning that here in Orange County, somewhere between 2,500 and 3,800 youth are not receiving needed treatment.

40% of the clients served by the FAN Advocates are through direct Orange County DSS referrals or self-referrals, usually DSS-involved families. In these situations, parenting classes are essential for maintaining their family units, or reunifying after removal has already taken place. Due to limited resources, FAN has been unable to meet the ever-growing demand for parenting classes - classes that are necessary for fostering healthy families in our county. Funding from JCPC does not support the parenting skills building classes.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Stigma around mental illness is a common factor among people who don't seek treatment. Parents often hesitate, not wanting their child to be labeled. In some circumstances, families are unable to afford treatment services, or treatment is otherwise inaccessible. Parents of these youth often do not understand mental illness and blame the child for making willful choices when, in fact, it is a health condition that causes the behaviors. The parents' denial of their child's mental health concerns can cause other problems within the family dynamic, including increased risk of abuse and neglect of children, and even set the stage for divisions between parents and other siblings.

Youth may engage in negative behaviors, such as stealing, truancy, or fights at school, that cause the court system to become involved in the family's life. Likewise, mental illness can dramatically impact a young student's success in the public school system. Whether due to negative behaviors, severe depression, anxiety, or psychosis, parents and teachers

struggle to provide these children a positive school experience. In addition, parents struggling to meet the basic needs of their families often have their own mental health needs that make them more vulnerable to the family stressors described above. In such situations, DSS may become involved due to concerns about abuse and neglect. If parents do not receive needed support, treatment, skills building, and education, they risk losing their children or being unable to reunify after removal. These issues place extraordinary stress on parents, families, and the community, and these families are most in need of the safety net of services and supports that MHAT provides through its FAN program.

e) Who specifically will carry out the activities and in what location will they be carried out?

Trained staff, FAN Advocates, engage parents in case management-like services that include help in navigating multiple systems (juvenile court, social services, school/special education, treatment services, and community resources), while also providing opportunities for one-on-one and group support. FAN Advocates offer specialized training through workshops and parent skills building classes to empower parents to improve outcomes for their children living with mental illness, as well as for their entire family. FAN Advocates spend at least 12 hours when working one-on-one with parents and upwards of 100 hours providing case management-like services. The duration of service is individually based on the parents' and families' unique needs, averaging 6 - 9 months. For other parents, FAN Advocates provide brief consultation services by phone, email, and/or one-one-one meetings ranging from one to four hours of service to help parents better identify needs, assist with navigation, provide support or coaching, and/or connect them to resources. Services are provided in the community (school, court, home and other places), as well as at the MHAT office.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

FAN will provide 11 six-week Common Sense Parenting Classes during FY16-17, scheduling 2 to 3 each quarter of the year. Throughout the year, FAN staff will continue to provide 1:1 support for parents of children with mental health needs, as well as short-term consultation and referral for parents seeking appropriate mental health and/or education services for their children.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- **Juvenile Court –** FAN receives many of its referrals through Juvenile Court, and provides feedback and reports to Juvenile Court Counselors regarding parent involvement in FAN services and improved functioning at home, school and in the community for their children.
- **Orange County Department of Social Services (DSS) –** FAN collaborates with DSS by providing parent skills building training to parents referred by DSS social workers, utilizing the "Common Sense Parenting" best practices curriculum and providing one-on-one support to help referred clients be compliant with court or department orders.
- **Orange County/Chapel Hill-Carrboro Schools** – As with Juvenile Court and DSS, FAN receives referrals from school personnel for its services; and attends IEP meetings as warranted and provides supports to parents in order to improve their children's functioning in school.

- **KidSCope –** FAN partners with this agency to provide professional development for FAN staff and provide trainings in FAN's "Common Sense Parenting" to their parents of toddlers/preschoolers with emotional-behavioral challenges, reinforcing the concept that mental illness is treatable and early intervention works.
- **Family Success Alliance –** FAN accepts referrals from FSA for individuals in Zone 4 who are in need of FAN services. FSA staff are co-located at the MHAT office, and assist each other with resource and referral information for the families each program serves.
- **Orange County Care Review –** A FAN staff member attends Care Review meetings to support the family's voice when a parent is applying for out-of-home placement for their child with at-risk behaviors.
- **Orange County Collaborative –** A FAN staff member attends monthly collaborative meetings, which is a working group designed to learn from other members, identify gaps and needs for mental health services delivered to youth under age 18, and work in partnership with the committee to develop ways to fill the identified gap in treatment services and skills building to parents, youth, and families.
- **Volunteers for Youth –** FAN partners with Volunteers for Youth to help youth who are court-involved comply with community service hours, as well as provide support and training opportunities to parents of youth in their mentoring and restitution programs.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Since the FAN Program's inception in 2000, demand for program services continues to grow exponentially each year. FAN services are essential to parents raising children with at-risk behaviors rooted in mental health conditions. Referrals for services come from a variety of resources – the juvenile court system, DSS, schools, treatment providers, churches, other community agencies, friends or family members who have previously and successfully utilized FAN services, and self-referrals. FAN has always adapted to fit the needs of the community, though limited staff and resources have prevented them from fully meeting the demonstrated need. JCPC funding does not include support for FAN's Common Sense Parenting classes or for the increasing number of referrals for short-term consultation and assistance accessing and navigating needed services for their children. We are seeking a small amount of new funding from Orange County ($5,000) to increase our ability to provide these classes. Parenting classes were cut from 15 in FY14-15 to only 6 in FY15-16 due to staff reductions.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

MAIN APPLICATION

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: X **Persons** ☐ **Households** ☐ **Units**

Program: Family Advocacy Network

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	312	189	212
Female	143	136	153
Total	345	325	365
Ethnicity			
African-American	72	68	77
American Indian or Alaska Native			
Asian			
Caucasian	249	234	263
Native Hawaiian or other Pacific Islander			
Other	24	23	25
Total	57	325	365
Of the above, how many Hispanic/Latino	138	130	146
Of the above, how many non-Hispanic/Latino	111	104	219
Total	345	325	365
Age			
0-5 years			
6-18 years	57	55	62
19-50 years	192	182	204
51-61 years	88	81	92
62+ years	8	7	7
Total	345	325	365
Geographic Location			
Durham City			
Durham County	68	74	84
Carrboro	31	33	37
Chapel Hill	92	91	102
Chapel Hill Public Housing Residents			
Orange County	154	127	142
Raleigh			
Wake County			
Total	345	325	365

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	.5	25%	$ 14,000	$ 8,800	$ 12,653	10%	
FAN Coordinator	.5	100%	$ 34,231	$ 11,688	=	0%	
Family Advocate	.8	100%	$ 26,725	$ 37,045	$ 43,338 (1.0 FTE)	33%	
2 Family Advocates	.75	100%	$ 40,092	$ 29,605	$41,733 (1.2 FTE)	32%	
Marketing Director	.5	22%	-	-	$ 4,286	3%	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES	NO	
	X	a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?
	X	b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?
	X	c) Current beneficiaries of the project/program for which funds are requested?
	X	d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Marci White, MSW — 1/25/2016
Executive Director — Date

Signature: D J Hopkins — 1/25/2016
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	**Parenting Skills Classes** - FAN advocates provided small group parenting skills classes, in English and Spanish	**Parenting Skills Classes** - FAN advocates will provide small group parenting skills classes, in English and Spanish	**Parenting Skills Classes** - FAN advocates will provide small group parenting skills classes, in English and Spanish
Program Goal	Improve parent/child relationship; improve parents' skills to handle problem behaviors with positive and effective strategies; improve parent effectiveness to prevent removal of children and/or enable reunification	Improve parent/child relationship; improve parents' skills to handle problem behaviors with positive and effective strategies; improve parent effectiveness to prevent removal of children and/or enable reunification	Improve parent/child relationship; improve parents' skills to handle problem behaviors with positive and effective strategies; improve parent effectiveness to prevent removal of children and/or enable reunification
Performance Measures	At least 80% of the parents of children living with a mental health condition, co-occurring mental illness or substance abuse who complete parent skill-building training (6 weeks) will report increased competencies in the areas of 1) reducing child's problem behavior; 2) improved family relationships; 3) conflict resolution; and 4) coping skills.	At least 80% of the parents of children living with a mental health condition, co-occurring mental illness or substance abuse who complete parent skill-building training (6 weeks) will report increased competencies in the areas of 1) reducing child's problem behavior; 2) improved family relationships; 3) conflict resolution; and 4) coping skills.	At least 80% of the parents of children living with a mental health condition, co-occurring mental illness or substance abuse who complete parent skill-building training (6 weeks) will report increased competencies in the areas of 1) reducing child's problem behavior; 2) improved family relationships; 3) conflict resolution; and 4) coping skills.
Program Results	**14 class series provided; 75 parents completed; 91% of parents reported increased competencies in target areas.**	**6 class series to be provided; est. 30 parents to complete. 3 class series provided through 12/31/15; 90% of parents reported increased competencies in targe areas.**	**11 class series to be provided; est. 55 parents to complete. 80% of parents will report increased competencies in target areas.**

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 2	**Family Consultations/ Referrals:** FAN advocates provided support, advocacy and information/referral assistance for parents who called MHAT/FAN for help with services for their child. FAN advocates spent approximately 1-4 hours on one or more phone calls or 1:1 meetings to identify needs, services, providing service navigation assistance, supporting and coaching parents on how to advocate for needed services and how and where to connect youth to positive community resources.	**Family Consultations/ Referrals:** FAN advocates provide support, advocacy and information/referral assistance for parents who call MHAT/FAN for help with services for their child. FAN advocates spend approximately 1-4 hours on one or more phone calls or 1:1 meetings to identify needs, services, providing service navigation assistance, supporting and coaching parents on how to advocate for needed services and how and where to connect youth to positive community resources.	**Family Consultations/ Referrals:** FAN advocates will provide support, advocacy and information/referral assistance for parents who call MHAT/FAN for help with services for their child. FAN advocates will spend approximately 1-4 hours on one or more phone calls or 1:1 meetings to identify needs, services, providing service navigation assistance, supporting and coaching parents on how to advocate for needed services and how and where to connect youth to positive community resources.
Program Goal	Improve access to services for children with mental health needs; improve parents' ability to advocate effectively and secure needed services for their children	Improve access to services for children with mental health needs; improve parents' ability to advocate effectively and secure needed services for their children	Improve access to services for children with mental health needs; improve parents' ability to advocate effectively and secure needed services for their children
Performance Measures	Parent reports of satisfaction with information and referral assistance; feedback from parents and community agencies re: effectiveness of parent advocacy to obtain needed services	Parent reports of satisfaction with information and referral assistance; feedback from parents and community agencies re: effectiveness of parent advocacy to obtain needed services	Parent reports of satisfaction with information and referral assistance; feedback from parents and community agencies re: effectiveness of parent advocacy to obtain needed services
Program Results	**Consultations & Referrals provided for 213 families**	**Consultations and Referrals provided to estimated 225 families (130 families through 12/31/15)**	**Consultations and Referrals provided to estimated 240 families**

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section III. Program Information
Program Budget Worksheet

AGENCY NAME: **Mental Health America of the Triangle - Programs: FAN**

		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
PROGRAM REVENUE					
Private Donations		$ 18,000	$ 1,400		-100%
Program Generated Revenue (fees)		$ -			0
Local Government Grants:					
Orange County				$ 5,000	0
Town of Chapel Hill		$ 2,000	$ 1,000	$ 2,000	100%
Town of Carrboro		$ 2,000	$ 1,000	$ 2,000	100%
Other Local:	Orange County - JCPC Match	$ 12,217	$ 12,217	$ 12,217	0%
Other Local:	Durham County	$ 18,979	$ 5,088	$ 5,088	0%
Other Local:	Durham County JCPC	$ -	$ 14,000	$ 14,000	0%
	If more than 3 sources, please provide a separate list.				
Non-Local Government Grants					
Triangle United Way					0
State Government: JCPC - Orange		$ 40,722	$ 40,722	$ 40,722	0%
Federal Government					0
Other Grants:	Cardinal Innovations	$ 49,000	$ 49,000	$ 49,000	0%
Other Grants:					0
Miscellaneous/Other Revenue		$ -	$ -	$ -	0
Please list 3 largest Miscellanous sources:					
	$ -				
Total Program Revenue		**$ 142,918**	**$ 124,427**	**$ 130,027**	**5%**
PROGRAM EXPENSES					
Compensation		$ 116,624	$ 89,656	$ 102,010	14%
Rent & Utilities		$ 7,551	$ 6,492	$ 6,500	0%
Supplies & Equipment		$ 4,221	$ 3,033	$ 4,230	39%
Travel & Training		$ 4,679	$ 3,632	$ 3,512	-3%
Other Expenses:		$ 11,565	$ 13,153	$ 13,625	4%
Please list 3 largest "Other Expenses":					
Contractual Services	$ 6,450				
Insurance	$ 4,265				
Dues, Bank, Adv	$ 850				
Total Program Expenses		**$ 144,640**	**$ 115,967**	**$ 129,877**	**12%**
SURPLUS/(DEFICIT) FOR PERIOD:		**$ (1,722)**	**$ 8,461**	**$ 150**	**-98%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: __Family Advocacy Network_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Common Sense Parenting Class – 6 sessions, 2 hours each – Teacher in class	$ 240 / class series	12 hours/class x 11 classes = 132 hours	$ 2,640
Common Sense Parenting Class Prep, Set-up - 3 hours/class session	$ 240 / class series	2 hours/session x 6 sessions x 11 classes = 132 hours	$ 2,640
Parent Consultation and Referral to Services	$ 30	1.5 hours/consultation x 240 consultations = 360 hours	$ 7,200
		Total	**$ 12,480**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$ 144,640**	**$ 115,967**	**$ 129,877**
Total # of Units	**345**	**325**	**365**
Cost Per Unit	**$ 419**	**$ 479**	**$ 355**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

Agency Name: **Mental Health America of the Triangle**

		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Agency Revenue					
Private Donations		$ 84,877	$ 87,185	$ 70,892	-19%
Agency Generated Revenue (fees)					0%
Local Government Grants:					
Orange County				$ 17,000	0%
Town of Chapel Hill		$ 5,500	$ 5,500	$ 6,000	9%
Town of Carrboro		$ 5,500	$ 5,700	$ 6,000	5%
Other Local:	JCPC Local Match	$ 15,605	$ 15,605	$ 15,605	0%
Other Local:	Durham County	$ 23,588	$ 23,588	$ 23,588	0%
Other Local:	Family Success Alliance		$ 38,817	$ 53,000	37%
	If more than 3 sources, please provide a separate list.				
Non-Local Government Grants					
Triangle United Way					0%
State Government: JCPC Funds - Orange		$ 52,024	$ 52,024	$ 52,024	0%
Federal Government		$ 106,227	$ 125,753	$ 125,753	0%
Other Grants:	JCPC Funds - Durham		$ 14,000	$ 14,000	0%
Other Grants:	ABC/PUD Funds	$ 20,000	$ 20,000	$ 20,000	0%
Other Grants:	Cardinal Innovations	$ 79,000	$ 79,000	$ 79,000	0%
Miscellaneous/Other Revenue		$ 953	$ 1,000	$ 1,000	0%
Please list 3 largest Miscellanous sources:					
Training Revenue	$ 953.00				
	$-				
	$-				
Total Agency Revenue		**$ 393,274**	**$ 468,172**	**$ 483,862**	**3%**
AGENCY EXPENSES					
Compensation		$ 245,364	$ 281,105	$ 337,844	20%
Rent & Utilities		$ 18,663	$ 20,100	$ 20,100	0%
Supplies & Equipment		$ 38,766	$ 15,344	$ 14,337	-7%
Travel & Training		$ 12,212	$ 18,509	$ 13,400	-28%
Other Expenses:		$ 106,675	$ 123,622	$ 92,166	-25%
Please list 3 largest "Other Expenses":					
Contractual Services	$ 91,155.00				
Insurance	$ 6,261.00				
Dues, Bank, Adv, FR Exp	$ 9,259.00				
Total Agency Expenses		**$ 421,680**	**$ 458,680**	**$ 477,847**	**4%**
SURPLUS/(DEFICIT) FOR PERIOD:		**$ (28,406)**	**$ 9,492**	**$ 6,015**	**-37%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency Orange County Disability Awareness Council

Program(s) _Education/Employment, Training, and Technology _____Services_____

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☐ ***Applicant Contact Information*** **b.** ☐ ***Project/Program Contact Information*** **c.** ☐ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☐ ***Agency's Years in operation*** **b.** ☐ ***Agency's Purpose/Mission*** **c.** ☐ ***Agency's Types of Services Provided*** **d.** ☐ ***Agency's Experience*** **e.** ☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☐ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☐ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Orange County Disability Awareness Council

Applicant Organization's Physical Address: 503 West Franklin St., Chapel Hill, NC 27516

Applicant Organization's Mailing Address: 503 West Franklin St., Chapel Hill, NC 27516

Applicant Organization's Web Address: http://triangledac.org/

Executive Director: Timothy Miles

Telephone Number: 919.245.4337 E-Mail: ocdac@orangecountync.gov

DUNS Number:
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Education and Training Resources for People with Disabilities

Project/Program Primary Contact and Title: Timothy Miles, Director

Telephone Number: 919-245-4337 E-Mail: ocdac@orangecountync.gov

c) Funding Request Identification

Total Project/Program Cost: $30000 Total Amount of Funds Requested: $30000

Proposed Use of Funds Requested (2-3 Line Maximum): Funding for as-needed basic operating expenses, ADA related workshop employment training, human interest projects, resources, supplies, staff training, computer support, travel and printing.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $10000 ☒ Chapel Hill $10000 ☒ Orange County $10000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: **Timothy L. Miles** **January 20, 2016**
Executive Director Date
Signature: **Lynn M. Sheilds** **January 20, 2016**
Board Chairperson Date

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date 1/29/16

Signature: _____ Board Chairperson — Date 1/20/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
17 years, 2 February 1999

b) Agency's Purpose/Mission
The primary mission is to assist in the implementation of the ADA. This is would be through education, training, and other efforts to identify removal of physical, attitudinal, and other barriers to full inclusion and independence for those with disabilities

c) Types of Services the Agency Provides
The services that TDAC provides are career planning and placement, computer and technology education and training, and professional continuing education workshops.

d) Agency's Experience with Similar Programs as the Funding Request
These services are provided by trained professionals who have over 25 years of experience in vocational rehabilitation, housing and civil rights education, and the technology industry.

e) Other Pertinent Agency Information
OCDAC was originally organized in 1970 as a Mayor's Committee in connection with the Governor's Advocacy Council for Persons with Disabilities. Following the passage of the Americans with Disabilities Act in July, 1990, OCDAC was reorganized as a 501(3) (c) nonprofit education organization and commissioned by the Orange County Commissioners, Mayors of Chapel Hill, Carrboro and Hillsborough NC.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Orange County Disability Awareness Council

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X	X	X	
Health and Nutrition					
Job Training	X	X	X	X	
Sports and Arts Activities					
Pre-School Activities					
After-School Activities	X				
Mentoring					
Transportation	X	X	X	X	
Housing	X	X	X	X	
Other: Technology Training & Referrals _____	X	X	X	X	

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

- Workshop(s) on disaster preparedness in association with OC EMS, The Orange Sheriff's Office and Social Services.
- To some extent, collaborative efforts with NC Fair Housing Project and the Orange County Land-trust to address homeownership to cut down homelessness of people with disabilities.
- Computer programs. The computer and assistive technology classes educate

citizens about technology which is can be used in the home and on the job

- All the Triangle Disability Awareness Council (OCDAC) provides job counseling and training will require collaboration with OC NC Works partner agencies in client's job readiness development, e.g. voice over IPad, speech imput/output.
- OCDAC provides volunteer opportunities for members of A Helping Hand, UNC Service Groups which offers work related and/or services learning to junior and seniors in the medical track. Many of the clients they work with who have become share the past work vocation and current disability related experiences.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

- The concept of fostering self-sufficiency among persons with disabilities, and fullfill the County and Tri-city government priorities… e.g. affordable/accessible housing, unemployment, accessible and safe living. The Triangle Disability Awareness Council (TDAC) expects to further develop its existing programs, and that will enable more clients to get food delivered the same day delivery, technology training to find gainful employment, city/county ADA related facility assessments, etc.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

- We're serving everyone in the Chapel/Carrboro/Orange County region. TDAC will identify its beneficiaries through the use of social media and our partner agency connections.

e) Who specifically will carry out the activities and in what location will they be carried out?

- Trained professionals with over 25 years of experience will carry out the activities of TDAC and these events and activities will be held at city/county funded sites.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

- These activities in coordination with ongoing job education and career training are typically held over a ten month period extending from the end of January until the beginning of December. These programs and activities are held typically held two times per month. In varying degrees of capacity our services are being provided everyday whether that is through personal interaction or electronically.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- The Orange County Disability Awareness Council training programs are being developed and implemented with the collaboration of :
  - Teaming 4Technologies, the United Way,
  - NC ADA Network,
  - UNC Apples Interns, High School Service Learning, UNC PA Interns
  - Various Orange County Offices, OC Libraries, Adult Social Services, etc.
  - NC Central Food Bank
  - OC Senior Centers
  - S.H.I.P.
  - Triangle Transit, and area transit agencies

- Various Chapel Hill, Carrboro, offices,
- Volunteer Center of Durham

We invite any other social agencies that desire training or consulting concerning implementation of the ADA and customer services to people with disabilities.

We publish a bi annual newsletter and post all events in print and electronic media to the OCDAC website. www.triangledac.org is a major social media source, linking us to organizations such as the NC Housing Coalition and New Hope Project, OPC Mental Health, NC Central Food Bank and Triangle Transit.

We have undertaken collaborative projects in housing for persons with disabilities with Housing and Human Rights and the Center for Economic Justice in Raleigh. We have an ongoing collaborative relationship with UNC Apples, A Helping Hand and Chapel Hill High School - Service Learning and the NC Works Center. We have and plan to expand the use of volunteer UNC-Chapel Hill students and hopefully students from other area colleges. We are also continuing to work on developing a cooperative program with North Carolina Services for the Blind.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

- Services for people will low to no income would be charged for the services that TDAC provides and many people would go without. Workload for our partner agencies would increase and general knowledge and understanding about social services would be diminished. TDAC provides necessary resources to its clients that would otherwise not be provided the assistance that they need.

i) Include any other pertinent information.

- It is crucial with the increase of requests for immediate housing to avoid homelessness by people with disabilities; that we are funded for paid half-time staff. Note: the cost for services and/or rental is $500.00 to 1,500 e.g. assistive listening devices, interpreters.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☐ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	175	180	180
Female	325	335	335
Total	500	515	515
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	300	300	300
American Indian or Alaska Native			
Asian			
Caucasian	195	195	195
Native Hawaiian or other Pacific Islander			
Other	5	5	5
Total	0	0	0
Of the above, how many Hispanic/Latino	5	5	5
Of the above, how many non-Hispanic/Latino			
Total	500	500	800
Age			
0-5 years			
6-18 years	50	50	50
19-50 years	325	325	325
51-61 years	125	125	125
62+ years			
Total	0	0	0
Geographic Location			
Durham City			
Durham County			
Carrboro			
Chapel Hill	250	250	250
Chapel Hill Public Housing Residents	150	150	150
Orange County	50	50	50
Raleigh			
Wake County			
Total	450	450	450
Income Level – See following chart (Omit for HS)			

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Operating Officer	.5	50	1500	1500	12000	40	N/A
Finance Officer	.3	15	500	500	4000	13.33	N/A
Technology Officer	.3	15	500	500	4000	13.33	N/A
Administration	.3	15	500	500	4000	13.33	N/A
Events Coordinator	.05	5	volunteer	volunteer	volunteer	N/A	N/A

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1960} = \text{Volunteer FTE}$$

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

Emergency preparedness			
Program Goal	75	75	75
Performance Measures	75	75	
Program Results	75	75	75
Affordable housing			
Program Goal	15	15	75
Performance Measures	15	15	
Program Results	15	15	75
Computer classes			
Program Goal	N/A	20	20
Performance Measures	N/A	20	
Program Results	N/A	15	20

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

This budget includes Salaries for the half time positions of Program Director and Administrative / Bookkeeping support.

Budget Item	Budget Amount					
Personnel - Salaries	24,000					
Transportation (Fuel, travel, etc.)	750					
Program Supplies	1,750					
Outreach (Advertising, printing, etc.)	1,000					
Insurance	2,200					
Postage	300					
Program Total	$30,000					

Program Budget

Agency/Program:

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations				0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 4,000	$ 4,000	$ 10,000	150%
Town of Chapel Hill	$ 3,500	$ 3,500	$ 10,000	186%
Town of Carrboro	$ 2,500	$ 2,500	$ 10,000	300%
Other Local: Hillsborough(discontinued)	$ 400	$ -	$ -	0
Other Local: ADA Project	$ 650	$ 650	$ 650	0%
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 11,050**	**$ 10,650**	**$ 30,650**	**188%**
AGENCY EXPENSES				
Compensation	$ 3,000	$ 3,000	$ 24,000	700%
Rent & Utilities	$ 2,000	$ 2,000	$ 2,000	0%
Supplies & Equipment	$ 3,000	$ 3,000	$ 2,000	-33%
Travel & Training	$ 1,500	$ 1,500	$ 1,000	-33%
Other Expenses:	$ 1,500	$ 1,500	$ 1,000	-33%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 11,000**	**$ 11,000**	**$ 30,000**	**173%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 50**	**$ (350)**	**$ 650**	**286%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
½ Time Program Director	12,000		12,000
½ Time Administrative / Booking Support	12,000		12,000
Program Supplies (Paper, pens, meeting supplies, etc)	1,750		1,750
Printing brochures, flyers, program badges	1,000		1,000
Company Insurance	2,200		2,200
Postage : brochure / flyer mailings	300		300
Travel to and from meetings; Seminars	750		750
		Total	**30,000**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program			
Total # of Units			
Cost Per Unit			

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? July 1, 2015 through June 30, 2016.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

OCDAC Operating Budget

Expenses	
Salaries	24000
Office Supplies	1750
Printing	1000
Insurance	2200
Postage	300
Travel	750
Total Expenses	**30000**

Revenue	
Grants	
Orange County	3,500
Town of Chapel Hill	1,000
Town of Carrboro	2,500
Town of Hillsboro	400
ADA Project	650
Total Revenue Grants	**8050**
Revenue Workshops	4000
Revenue Donations	500

Total Revenue	**12,550**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **Orange County Literacy Council**

Program(s) **Adult Literacy**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐**Part A:** ***CDBG & HOME*** **B.** ☐**Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Orange County Literacy Council, Inc.

Applicant Organization's Physical Address: 200 N Greensboro St, Suite C-2, Carrboro, NC 27510

Applicant Organization's Mailing Address: 200 N Greensboro St, Suite C-2, Carrboro, NC 27510

Applicant Organization's Web Address: www.orangeliteracy.org

Executive Director: Alice L. Denson

Telephone Number: 919-914-6153 E-Mail: info@orangeliteracy.org

DUNS Number: 931145122
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Adult Literacy

Project/Program Primary Contact and Title: Joy Turner

Telephone Number: 919-914-6153 E-Mail: jturner@orangeliteracy.org

c) Funding Request Identification

Total Project/Program Cost: $_____ Total Amount of Funds Requested: $_____

Proposed Use of Funds Requested (2-3 Line Maximum): _____

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

☒ Human Services: ☒ Carrboro $5,000 ☒ Chapel Hill $15,000 ☒ Orange County $15,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Executive Director Date 1.26.2016

Signature: _____ Board Chairperson Date 1-26-16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

The Orange County Literacy Council was incorporated in October 1984. We have been in operation for 31 years.

b) Agency's Purpose/Mission

Orange Literacy envisions a community where literacy is available to all. Our mission is to help adults reach their education, employment and life goals. We do this by providing free, flexible instruction in reading, writing and basic math, English and computer skills and GED preparation.

c) Types of Services the Agency Provides

Orange Literacy provides free one-on-one and small group instruction in reading, writing, basic math, computer literacy, GED preparation and English language skills throughout Orange County. Orange Literacy partners with El Centro Hispano and the Chapel Hill Training and Outreach Project to offer comprehensive family literacy in Carrboro and Hillsborough respectively, under funding from the Orange County Partnership for Young Children. Further, Orange Literacy offers citizenship education as a sub-grantee of Church World Services (CWS) on a U.S. Citizenship and Immigration grant.

d) Agency's Experience with Similar Programs as the Funding Request

Since it's inception in 1984, Orange Literacy has built a strong and successful record of helping adult learners identify and achieve their short- and long-term goals. Many adult literacy and ESOL students have progressed in their employment goals, such as getting a job, being promoted to a higher-paying job or moving to a new job that pays a higher wage. Other adult learners have achieved their goal of a better education for themselves and their children by passing the GED, developing the literacy skills of their young children and grandchildren, or helping their older children with homework. In addition to Adult Literacy, our flagship program, Orange Literacy offers comprehensive family literacy (in partnership with El Centro Hispano and Orange County Head Start/Early Head Start), citizenship classes (through USCIS funding) and weekly writing workshops at the area homeless shelters.

We work very closely with the NC Community College System (NCCCS), the entity charged with providing formal Basic Skills and adult ESL instruction in the state. Orange Literacy staff adheres to NCCCS standards for program quality, staff and tutor training and students and program evaluation.

e) Other Pertinent Agency Information
n/a

MAIN APPLICATION

Agency & Program Name: Orange County Literacy Council, Adult Literacy

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction— (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside— (Main Application AND Part A)**

☐ **HOME Other— (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education		x			
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Program Services/Priorities

Orange Literacy will continue to provide high quality, free one-on-one and small group instruction in reading, writing, basic math, digital literacy, English and GED and citizenship prep to adults living or working in Orange County. By helping individuals to build the literacy and language skills they need to participate more fully in the local workforce, the educational system and the community as a whole, we are helping to create a welcoming and friendly community that provides all people with access to opportunities and supports and improves economic vitality.

c) Local Need

Orange Literacy addresses the problem of adult illiteracy in Orange County. Strong literacy skills are fundamental to getting and keeping a well-paying job, which in turn affects the ability to find adequate housing, secure healthcare and develop the resources necessary to care for a family. Although studies vary on the exact number of adults with significant literacy needs in Orange County, most estimate the need to be between 12% and 15% of the adult population. Conservative estimates place the percent of adults (25 years old and older) without a high school diploma or GED at 6.8% and those who never progressed past the 9th grade at 4%. Further, for young adults between the ages of 18 and 24, 6.5% have not earned a high school diploma or GED and are not enrolled in school (*American FactFinder, 2005-2009* U.S. Department of the Census). These numbers do not take into account the growing number of county residents needing ESOL instruction.

English is not the primary language in approximately 12% of Orange County households; 4.9% of residents report that they do not speak English "very well." In North Carolina, 84% of Latinos report speaking a language other than English at home (*Pew Hispanic Center*). Studies find that almost half of adults classified as Limited English Proficiency (LEP) have nine years or less of education, and 64% do not have a high school degree (*The Language of Opportunity*, 2003). In Chapel Hill-Carrboro City Schools, only 66.2% of Latino youth graduated from high school in 4 years in 2010, as compared to 92.5% of white students (*2011 Orange County Health Assessment*). Similarly, most Karen/Burmese refugees have had little to no access to formal education and are often unable to read or write in their native language. Many immigrants live in isolation and lack access to community resources due to low education levels and unfamiliarity with U.S. education, health, government, housing, and economic systems.

In addition, racial and ethnic diversity differs across the county. Hillsborough has the largest percentage (37.1%) of non-white residents, with 29.5% Black residents and 6.6% Hispanic/Latino residents. Orange County's Hispanic/Latino population almost doubled between 2000 and 2010 -- from 4.5% to 8.2% respectively. The highest concentration is in Carrboro, where Hispanics/Latinos comprise 13.8% of the population. And while Orange County's Hispanic/Latino population mirrored that of the state (8.2%), the county's Asian population was almost three times higher: 6.7% for the county compared to 2.2% for the state. The highest concentration of Asians was in Chapel Hill, totaling 11.9% of the population in 2010, up from only 4.1% in 2000 (*2011 Orange County Health Assessment*).

According to data from the National Adult Literacy Survey (NALS), 15% of Orange County adult residents have Level 1 literacy skills (functionally illiterate) and 18% have Level 2 literacy skills (significant literacy needs). The majority of Orange Literacy students are in this group: adults who are not yet ready for GED or even ABE classes, who cannot communicate in English and/or who face multiple barriers to educational enhancement. Most of our students have *low educational achievement levels*. Many of our students had limited opportunities to attend school, or fell behind in the traditional public school system and never caught up, becoming *public*

school dropouts as soon as they were old enough. Non-native speakers face additional challenges. For example, by the time Latino children enter kindergarten, there is already a considerable gap between their reading and math skills and those of children in different socio-economic class and racial/ethnicity groups in the United States (*West, Denton & Germino-Hausken*, 2000; *Reardon*, 2005). This gap widens as children progress through their educational careers (*Rathbun, West, & Hausken,* 2004), leading to inequitable outcomes in high school graduation rates and in subsequent enrollment and completion of higher education.

d) Population to be served/identification of beneficiaries

We will provide services to any interested adults living or working in Orange County. Individuals select themselves into the program. Using nationally-accepted, standardized tests, we pre-test potential students to determine their skill level and post-test to measure progress. ESOL students who pre-test out of the program (too high) can participate in conversation classes. For students who have tested out of regular classes, we hold novels-based reading/ discussion classes designed to help them transition to the reading requirements of a University class.

e) Personnel and locations

Most tutoring is done by volunteers. However, we do use paid instructors in specific cases, when it is required by a funding source, or when the hours are not conducive to recruiting volunteers (such as those designed for workers during an overnight shift). We hold classes and have pairs meet all over the county, including at Orange County elementary schools, on UNC campus, at both the Chapel Hill and Orange County (Main) Libraries and at our Carrboro office.

f) Timeline

We offer literacy services year-round. However, the number of classes and variety of location is fewer during the summer months. In a typical year, our timeline is:

June-September

- On-going ABE/GED pairs (each pair meets for at least 3 hours/week)
- On-going GED prep class at UNC-Chapel Hill (meets 3 times per week)
- ESOL - twice weekly morning and evening classes at Orange Literacy office

September-December

- On-going ABE/GED pairs (each pair meets for at least 3 hours/week)
- On-going GED prep class at UNC-Chapel Hill (meets 3 times per week)
- ESOL - twice weekly morning and evening classes at Orange Literacy office
- Fall Semester ESOL classes at Orange County Elementary Schools and Seymour Senior Center
- Fall Semester Family Literacy classes at El Centro Hispano and Fairview Child and Family Center
-

January-May

- On-going ABE/GED pairs (each pair meets for at least 3 hours/week)
- On-going GED prep class at UNC-Chapel Hill (meets 3 times per week)
- ESOL - twice weekly morning and evening classes at Orange Literacy office
- Spring Semester ESOL classes at Orange County Elementary Schools and Seymour Senior Center
- Spring Semester Family Literacy classes at El Centro Hispano and Fairview Child and Family Center

g) Collaborators and partners

- Orange Literacy holds two twice-weekly classes at **Efland-Cheeks Elementary School, Grady Brown Elementary School** and **New Hope Elementary School** for

non-English speaking parents of elementary school students to help them learn to communicate with teachers and school administrators and at **Chapel Hill Public Housing**. Our partners provide space, childcare and student recruitment. Orange Literacy provides intakes, pre- and post-testing, goal-setting, curriculum development, tutor training and support, instruction and instructional materials.

- Orange Literacy collaborates with the other partners of the Skills Development/NCWorks Center. We provide and receive client referrals to agencies including **DSS Work First staff, NC Department Commerce-Employment Security Division, Joint Orange Chatham Community Action Agency, Vocational Rehabilitation, Good Work,** and **Disabilities Awareness Council.**
- We work closely with Adult Basic Education (ABE), GED and ESOL instructors from **Durham Technical Community College and Alamance Community College**. We provide tutors for students who need individual assistance at DTCC's Skills Development Center site as well as other sites across the county. We also work similarly with ACC for students in northern Orange who choose to go to this school.
- We receive client referrals and self-referrals from human services agencies including: **Freedom House, Community House, Project HomeStart, Orange County Health Department, Orange County Mental Health, Horizons, IFC, Chapel Hill Housing Authority, Chapel Hill Carrboro Schools, Orange County Schools, El Centro Hispano, Church World Service**
- A number of area churches, organizations, agencies and businesses provide free space for Orange Literacy programs. These include: **Orange County Public Library, Carrboro Branch Library, Chapel Hill Public Library, UNC-CH**.
- We hold on-going classes at: **Robert and Pearl Seymour Senior Center, Chapel Hill Public Library, UNC Healthcare at Eastowne** (for housekeeping staff)
- Orange Literacy works with **Project Literacy** students (a **UNC Campus Y** program) to tutor University employees, work with ESOL students and volunteer in the Creative Writing Program at the **InterFaith Council's** men's and women's shelters.
- Orange Literacy sources AmeriCorps Members from the **Student Coalition for Action in Student Education (SCALE)** at **UNC's School of Education**.
- With funding from the **Orange County Partnership for Young Children**, Orange Literacy works in partnership with **El Centro Hispano** and **Orange County Early HeadStart/HeadStart at Fairview** to provide a comprehensive family literacy program, with instruction for both parents and their pre-school children.
- Orange Literacy is an active participant in the **Orange County Family Success Alliance Collaborative.** We provide literacy instruction to parents and other caregivers, targeting the curriculum to skills and content necessary to help them work with their children to build both their own and their child's literacy skills. Further, Orange Literacy's Executive Director is a member of the Family Success Alliance Advisory Council.
- In collaboration with **Church World Service**, Orange Literacy has received a grant from the U.S. Citizenship and Immigration Service (USCIS) to provide citizenship instruction in Orange, Durham and Alamance Counties. In Orange County, we are currently holding classes in conjunction with the **Orange County Public Library**, the **Refugee Support Center** and the **Chapel Hill Public Library**. Each of these partners provides space and assistance in recruiting students. Orange Literacy provides intakes, pre- and post-testing, goal-setting, curriculum development, tutor training and support, instruction and instructional materials.

h) Effect of reduced funding

If we were to receive reduced funding, we would need to scale back the services that we can offer.

i) Include any other pertinent information. n/a

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒**Persons** ☐**Households** ☐**Units**

Program: _____

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	170	203	220
Female	345	412	447
Total	515	615	667
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	47	50	55
American Indian or Alaska Native	1	1	1
Asian	165	214	232
Caucasian	299	347	376
Native Hawaiian or other Pacific Islander	0	0	0
Other	3	3	3
Total	515	615	667
Of the above, how many Hispanic/Latino	266	316	343
Of the above, how many non-Hispanic/Latino	249	299	324
Total	515	615	667
Age			
0-5 years	0	0	0
6-18 years	3	3	3

MAIN APPLICATION

19-50 years	405	485	526
51-61 years	69	83	90
62+ years	38	44	48
Total	515	615	667
Geographic Location			
Durham City	82	120	130
Durham County	0	0	0
Carrboro	91	100	108
Chapel Hill	239	264	286
Chapel Hill Public Housing Residents	unknown	Unknown	unknown
Orange County	83	90	98
Alamance County	11	41	45
Raleigh	3	0	0
Wake County	2	0	0
Other Counties	4	0	0
Total	515	615	667
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

Note – In addition to drawing in students who live in Alamance County, but work in Orange, we will be offering a number of citizenship classes in Alamance, I have added a row to account for those students. Further, we have a few students in our UNC employee classes that work at the University, but live in Lee, Guilford or other more distant counties, I have added an "Other counties" row to account for them.

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1	60%	59,084	60,856	62,681	13%	R, H
Program Director	1	100%	42,332	43,602	44,910	9%	R, H
Program Coordinator, ABE	1	100%	30,000	31,500	33,075	6.7%	R, H
Program Coordinator, ESOL	1	100%	30,000	31.500	33,075	6.7%	R, H
Program Coordinator, Citizenship	1	100%	n/a	30,000	31.500	6.5%	R, H
AmeriCorps – fulltime (2)	2	100%	12,000	12,400	15,000	3%	n/a
AmeriCorps – minimum time (1)	.14	100%	300	300	n/a	n/a	n/a
Instructors – varies FY15-8 FY16-12 FY17-12	 2.5 3.3 3.3	 100% 100% 100%	31,325	88,764	90,000	18.4%	n/a
Volunteers -120	5.6	75%	$0	$0	$0	0%	n/a

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YESNO

☐☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐☒ c) Current beneficiaries of the project/program for which funds are requested?

☐☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director Date 1.26.2016

Signature: _____ Board Chairperson Date 1-26-16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Staff will work with potential students to complete intake, set goals and pre-test. Students will be either matched with 1:1 tutor or assigned to an appropriate class.	Staff will work with potential students to complete intake, set goals and pre-test. Students will be either matched with 1:1 tutor or assigned to an appropriate class.	Staff will work with potential students to complete intake, set goals and pre-test. Students will be either matched with 1:1 tutor or assigned to an appropriate class.
Program Goal	60% of all students will receive 12 or more hours of instruction.	60% of all students will receive 12 or more hours of instruction.	60% of all students will receive 12 or more hours of instruction.
Performance Measures	Instructional hours will be counted for one-on-one tutoring, classes and time spent working on approved instructional software in monitored computer lab. Hours will be tracked in LACES, an online database provided by the NC Community College System.	Instructional hours will be counted for one-on-one tutoring, classes and time spent working on approved instructional software in monitored computer lab. Hours will be tracked in LACES, an online database provided by the NC Community College System.	Instructional hours will be counted for one-on-one tutoring, classes and time spent working on approved instructional software in monitored computer lab. Hours will be tracked in LACES, an online database provided by the NC Community College System.
Program Results	62%	64%	65%
Program Activity 2	Once a student has reached the prescribed number of instructional hours, s/he will be post-tested using nationally-accepted, standardized tests - either CASAS or TABE.	Once a student has reached the prescribed number of instructional hours, s/he will be post-tested using nationally-accepted, standardized tests - either CASAS or TABE.	Once a student has reached the prescribed number of instructional hours, s/he will be post-tested using nationally-accepted, standardized tests - either CASAS or TABE.
Program Goal	Of those fulltime students who are tested, 60% will make measurable progress on a federally recognized standardized test.	Of those fulltime students who are tested, 60% will make measurable progress on a federally recognized standardized test.	Of those fulltime students who are tested, 60% will make measurable progress on a federally recognized standardized test.
Performance Measures	Progress will be tracked in LACES. Progress is defined as increasing one's score on the appropriate post-test.	Progress will be tracked in LACES. Progress is defined as increasing one's score on the appropriate post-test.	Progress will be tracked in LACES. Progress is defined as increasing one's score on the appropriate post-test.
Program Results	72%	74%	75%
Program Activity 3			
Program Goal			
Performance Measures			
Program Results			
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Program Activity 5			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Through Church World Services, Orange Literacy was awarded a grant from the U.S. Citizenship and Immigration Service (USCIS) for citizenship education in Orange, Durham and Alamance Counties. Orange Literacy's portion of the grant is $142,408 over the two-year period beginning October 1, 2015 and ending September 30, 2017. This grant is reflected in the sharp increase in program funding and expenses between FY14-15 and FY15-16. The program budget reflects only the amount we estimate we will spend in Orange County.

MAIN APPLICATION

Program Budget

Agency/Program: Orange County Literacy Council

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 10,000	$ 10,000	$ 10,000	0%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 12,000	$ 19,815	$ 15,000	-24%
Town of Chapel Hill	$ 13,000	$ 14,000	$ 15,000	7%
Town of Carrboro	$ 3,500	$ 4,000	$ 5,000	25%
Other Local: Hillsborough	$ 1,200			0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 37,211	$ 46,112	$ 52,000	13%
State Government				0
Federal Government	$ 119,951	$ 176,696	$ 194,992	10%
Other Grants:	$ 1,750			0
Other Grants:				0
Miscellaneous/Other Revenue	$ 61,769	$ 55,406	$ 51,526	-7%
Please list 3 largest Miscellanous sources:				
Events $ 34,769.00				
Contracts $ 27,000.00				
$ -				
Total Agency Revenue	**$ 260,381**	**$ 326,029**	**$ 343,518**	**5%**
AGENCY EXPENSES				
Compensation	$ 212,396	$ 264,703	$ 276,912	5%
Rent & Utilities	$ 19,700	$ 25,540	$ 27,031	6%
Supplies & Equipment	$ 20,490	$ 29,500	$ 31,500	7%
Travel & Training	$ 7,795	$ 6,286	$ 8,075	28%
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 260,381**	**$ 326,029**	**$ 343,518**	**5%**
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ -	$ -	0

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: __Adult Literacy_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Program Director	26.52	2040 hr/yr+health+retirement	54,814
ABE Program Coordinator	18.50	2080 hr/yr+health+retirement	38,472
ESOL Program Coordinator	20.24	2080 hr/yr+health+retirement	42,096
Citizenship Program Coordinator	19.63	2080 hr/yr+health+retirement	40,835
AmeriCorps – ABE	7500	1700 hours/year	7500
AmeriCorps – ESOL	7500	1700 hours/year	7500
Contract Instructors – per class meeting	50	22 – 16 wk classes (704 mtgs)	35,200
Executive Director	37.79	1336 hr/yr+health+retirement	50,495
Rent, utilities	1950.23	82% of rent, utilities	22,919
Rent – instructional space		100% instructional space - offsite	4112
Instructional Materials and Equipment			31500
Training	1000	Most training covered by NCCCS	1000
Travel	590/m	Reimbursed at IRS rate	7075
		Total	**343,518**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**260381**	**326029**	**343518**
Total # of Units	**515**	**615**	**667**
Cost Per Unit	**$505.59**	**530.13**	**515.02**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Orange Literacy has a July 1 to June 30 budget cycle.

Our audit for FY14-15 is currently underway, therefore the information for that time period is unaudited. We will supply a revised budget as soon as the audit is complete. The numbers shown for FY14-15 are on a cash basis. Due to the United Way transitioning to a July to June fiscal year, a portion of the United Way funding will accrue back to FY13-14. The surplus in the FY14-15 budget should be approximately $1,000.

MAIN APPLICATION

AGENCY NAME: Orange County Literacy Council

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 37,875	$ 27,000	$ 28,500	6%
Agency Generated Revenue (fees)	$ -			0
Local Government Grants:				
Orange County	$ 12,000	$ 19,815	$ 15,000	-24%
Town of Chapel Hill	$ 13,000	$ 14,000	$ 15,000	7%
Town of Carrboro	$ 3,500	$ 4,000	$ 5,000	25%
Other Local: Hillsborough	$ 1,200			0
Other Local:	$ -			0
Other Local:	$ -			0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 37,211	$ 52,112	$ 52,000	0%
State Government	$ 48,000	$ 60,000	$ 60,000	0%
Federal Government	$ 120,580	$ 183,696	$ 201,992	10%
Other Grants: Strowd Roses	$ 1,750	$ 4,000		-100%
Other Grants:	$ -	$ 4,678	$ 5,000	7%
Miscellaneous/Other Revenue	$ 110,739	$ 96,864	$ 105,000	8%
Please list 3 largest Miscellanous sources:				
Events $ 76,786.00				
Contracts $ 31,420.00				
Misc $ 2,533.00				
Total Agency Revenue	**$ 385,855**	**$ 466,165**	**$ 487,492**	**5%**
AGENCY EXPENSES				
Compensation	$ 245,086	$ 339,770	$ 357,688	5%
Rent & Utilities	$ 24,025	$ 28,540	$ 30,000	5%
Supplies & Equipment	$ 27,290	$ 32,190	$ 35,000	9%
Travel & Training	$ 9,505	$ 7,665	$ 8,000	4%
Other Expenses:	$ 65,290	$ 58,000	$ 56,804	-2%
Please list 3 largest "Other Expenses":				
Subgrantee (ECH) $ 22,079.00				
Fundraising $ 25,605.00				
Management/Other $ 17,606.00				
Total Agency Expenses	**$ 371,196**	**$ 466,165**	**$ 487,492**	**5%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 14,659**	**$ -**	**$ -**	**0**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Orange County Living Wage**

Program(s) Living Wage Certification Program

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. **☐ *Applicant Contact Information* b. **☐ *Project/Program Contact Information* c. **☐ *Funding Requests Identified* d. **☐ *Signed Application Cover Page*	
2. Agency Information -	a. **☐ *Agency's Years in operation* b. **☐ *Agency's Purpose/Mission* c. **☐ *Agency's Types of Services Provided* d. **☐ *Agency's Experience* e. **☐ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. **☐ *Type of Application and Program Identified* b. **☐ *Summary of Program* c. **☐ *Description of Identified Need* d. **☐ *Description of Population to be Served* e. **☐ *Activity Manager and Location Description* f. **☐ *Activity Implementation Timeline* g. **☐ *Agency Collaboration* h. **☐ *Describe Impact of Reduced/No Allocation* i. ☐ *Other Pertinent Information* j. **☐ *Complete Target Population/Beneficiary Chart* k. **☐ *Complete Schedule of Positions* l. **☐ *Signed Conflict of Interest Disclosure* m. **☐ *Complete Work Statement*	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** **☐ ***Program Budget Worksheet*** **b.** **☐ ***Program Budget Detail*** **c.** **☐ ***Cost Per Unit*** **d.** **☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201-570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A. ☐ Part A: *CDBG & HOME*** **B. ☐ Part B: *Construction/Rehab***	
6. Attachments	**a. ☐ *Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** **☐ ***IRS Federal Form 990*** **c.** **☐ ***NC Solicitation License*** **d.** **☐ ***IRS Federal Tax-Exemption Letter*** **e. ☐ *Certificate of Insurance*** **f.** **☐ ***List of Board of Directors*** **g.** **☐ ***Articles of Incorporation/Bylaws*** **h.** **☐ ***Authorization to Request Funds*** **i.** **☐ ***Authorized official designation*** **j. ☐ *Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

Regarding item a, We receive no federal assistance and do not have more than $500,000 of receipts.

Regarding item c, We are exempt from this requirement. See attached letter of exemption.

Regarding item e, We are exempt from Workers Compensation Compliance because up to this point we do not have any paid employees. Our legal advisors have told us that, based on the nature of our organization, the protection afforded us as an incorporated body in NC is sufficient and we do not need additional insurance at this time.

Regarding item j, Since we do not own or rent a structure of any kind, we are not required to pay the Solid Waste fee.

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Orange County Living Wage

Applicant Organization's Physical Address: 218 Lake Manor Rd., Chapel Hill, NC 27516-4321

Applicant Organization's Mailing Address: PO Box 1502, Carrboro, NC 27510-1502

Applicant Organization's Web Address: http://www.orangecountylivingwage.org/

Executive Director: Susan Romaine (Steering Committee and Board of Directors Chair)

Telephone Number: 919-619-3408 E-Mail: susansromaine@gmail.com

DUNS Number: 942152575
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Orange County Living Wage Certification Program

Project/Program Primary Contact and Title: Susan Romain, Chair, Steering Committee and Board of Directors

Telephone Number: 919-619-3408 E-Mail: susanromain@gmail.com

c) Funding Request Identification

Total Project/Program Cost: $24,850 Total Amount of Funds Requested: $16,750

Proposed Use of Funds Requested (2-3 Line Maximum):
The funds will be used to hire a half-time administrative assistant to coordinate the major activities of the organization, thereby making possible the attainment of the goals specified for 2016-17 in section 3 (m) of this application.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

**☐ Human Services: ☐ Carrboro $_____ ☐ Chapel Hill $_____ **☐ Orange County

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Susan Romaine 1/17/16
Chair of Board of Directors & Steering Committee Date

Signature: Steve Palmer 1/17/16
Vice Chair of Board of Directors Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

The first meeting of the steering committee was May 2, 2015, so we have existed for about 9 months. The date of incorporation is July 20, 2015. We did not begin certification contacts or financial exchanges until after June 30, 2015, so we show no goals or budget figures for 2014-15.

b) Agency's Purpose/Mission

Orange County Living Wage is a non-profit 501c3 organization that is focused on promoting a living wage in Orange County, North Carolina. Through our employer certification program, we certify Orange County employers that pay their employees a living wage. The certification is voluntary on the part of employers. Our goals are to:

- Reward and recognize employers based in Orange County who pay their workers a living wage;
- Provide employers with incentives to pay a living wage; and
- Connect consumers to employers that provide a living wage and encourage them to become customers, patients, and clients of those businesses and organizations.

c) Types of Services the Agency Provides

A member of our certification team meets with each business owner who wishes to apply for certification. An application is completed at this meeting or can be submitted through our website before the meeting. The certification team determines whether our criteria for certification are met. If so, the business/organization is certified and receives materials including a decal that can be displayed at the work site indicating certification. Other materials include a certificate, a poster describing the program and a car magnet to publicize the program. Our website provides an anonymous avenue for employees to inform our certification team if they question whether their wages meet the criteria. Once certified, owners can advertise their certified status in their promotions on their social media, websites and other outreach efforts. Orange County Living Wage will display businesses that have become certified on our website and in our social media communications. We will engage in periodic outreach promotions to make the public of Orange County aware of our organization, businesses that are certified and the importance of a living wage for all employees.

d) Agency's Experience with Similar Programs as the Funding Request

We have been certifying employers and carrying out our functions since mid-summer 2015. To this point our work has been done solely by volunteers. Fortunately, we have not had to start from scratch in implementing this program. It is modeled on a program in Asheville that was founded seven years ago and has certified around 500 employers and one in Durham that has operated for about a year.

e) Other Pertinent Agency Information

We are happy that Orange County government is one of the 46 organizations that have become certified as living wage employers. Adding a paid staff member to coordinate efforts is necessary for us to significantly increase the impact our program has on the community and to insure the sustainability of the organization.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: **Orange County Living Wage Certification Program**

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☐ **Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify **Encouraging improved wages**		**	**	**	**

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

A member of our certification team meets with each business owner who wishes to apply for certification. An application is completed at this meeting or can be submitted to our website before the meeting. The certification team determines whether our criteria for certification are met. For 2015, the minimum wage required for certification is $12.75. If at least fifty percent of an employee's health insurance premium is

covered, the threshold for certification is $11.25. If a business's eligibility depends on employees' tips, commissions or other payments that vary, a member of the certification team interviews a sample of employees. If the criteria are met, the business/organization is certified and receives materials including a decal that can be displayed at the work site indicating certification. Other materials include a certificate, a poster describing the program and a car magnet to publicize the program. Our website provides an anonymous avenue for employees to inform our certification team if they question whether their wages meet the criteria. Once certified, owners can advertise their certified status in their promotions on their social media, websites and other outreach efforts. Orange County Living Wage will display businesses that have become certified on our website and in our social media communications. We will engage in periodic outreach promotions to make the public of Orange County aware of businesses that have been certified, the work of our organization and the importance of a living wage for all employees. For example, we plan to hold several "buy-cots" in which we encourage the public to use a particular certified business on a designated day.

The work of Orange County Living Wage addresses Orange County's emphasis on affordable housing, as described in the Consolidated Plan for 2015-2020. Increasing the wages of employees expands the housing options they can afford for themselves and their families. Increased wages are likely to enable some employees to spend their housing funds within Orange County rather than having to go outside the county to find housing that is affordable for them.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Nearly 40 percent of workers in Orange County earn less than a living wage. If these workers' wages were brought up to the Orange County Living Wage standard, they would be lifted out of poverty. Not only would these individuals be better able to provide for themselves, their children and other dependents, the overall economy in the county would benefit substantially. Research has shown that low wage employees spend much of what they earn. Every dollar going to a low wage employee adds $1.21 to the local economy.

A substantial number of employees are unable to afford to live in Orange County and have to commute from neighboring areas where housing is more affordable. A Chamber of Commerce survey revealed that 41 percent of employees in the county commute from outside locations. Only 22 percent of employees of the town of Chapel Hill live in Chapel Hill/Carrboro zip codes. Only 46 percent of Chapel Hill-Carrboro school employees live in the city. Of UNC-Chapel Hill employees, 49 percent live in the county, and only 18 percent of UNC Health Care employees live in Chapel Hill zip codes. If the wages of some workers are raised so that their employers can become certified by Orange County Living Wage, more will be able to afford housing in the county and thereby funnel more of their pay checks into the county economy.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

County employers who pay their employees a living wage will benefit from being publicly recognized. Hopefully, this publicity will encourage employers who do not meet our criteria to re-examine their business plans and work out a way to raise their wages.

Employees of certified businesses will benefit, particularly if the employer raised wages in order to qualify for certification. Through December 2015, Orange County Living Wage had certified 46 employers with a total of 4,028 employees. Of these employees, 142 received pay raises so that the employer would qualify; the annual total of these raises is $276,240. A notable example of an employer raising wages in order to qualify for certification is Carol Woods Retirement Community. This organization raised the wages of 58 of their 335 employees by a total of $220,000.

Since employers have gone on public record as supporting a living wage, the wage structure for all of their employees is likely to be more secure. When wages are raised for employees who are under the threshold, some employees who are already over the threshold are likely to receive raises as the wage structure is revamped. Our organization is particularly concerned about employees who do not make a living wage. We will reach out specifically to businesses in industries known for low wages, such as restaurants, child care, domestic services, groceries and landscaping.

e) Who specifically will carry out the activities and in what location will they be carried out?

If we are granted the funds requested, we will be able to hire a half-time administrative assistant who can help conduct and coordinate these certification activities as well as coordinate fund raising and publicity. The volunteer members of the organization who have performed these duties to this point will continue their functions; however, their efforts will be rendered more effective and efficient by the oversight and coordination of the administrative assistant. We make contacts with employers throughout the county, and the steering committee and board meetings are held in the Chapel Hill Public Library.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The certification activities are carried out continuously throughout the year by the volunteers. The frequency of contact with employers by certification team members is 8 to 10 per week; however, the number should increase substantially in 2016-17 if we are able to hire the half-time administrative assistant. Approximately two employers per week become certified. Likewise, this number should increase with the addition of the half-time employee. If our funding request is granted, we will fill the administrative assistant position on July 1, 2016.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- The 46 businesses and organizations that were certified through December 2015: We will be publicizing that these businesses provide a living wage and in turn asking them to display their certification decal and comment on their certification on their Facebook pages.
- Chapel Hill-Carrboro Chamber of Commerce: The Chamber shared information from their surveys of their member businesses. We are seeking time at one of their meetings to inform their members about our organization and explore how we can work with them.
- Hillsborough Chamber of Commerce: We will be seeking a similar discussion with this chamber.
- Just Economics in Asheville, NC: We have consulted with them about the mechanics of setting up their living wage certification program and a recent legal issue.
- Durham Living Wage: We have consulted with them about steps to take in beginning a living wage certification program and a recent legal question.
- Inter-Faith Council for Social Service: They have helped us reach out to churches to promote our program and the value of certification.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

The presence of a half-time administrative assistant would allow us to function more efficiently and effectively. If funding is not awarded, we would not be able to hire an administrative assistant and would have to continue the work of the organization as an all-volunteer group. The result would be that we would

not be able to increase our contacts with businesses or certifications over our current level. Our other goals would be equally suppressed. If a reduced allocation is made, we would be able to increase our services proportionate to the percent of our request that is granted.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please Note: We do not collect information on individual employees. We are following the practice of other certification programs that have been our models, including those in Durham and Asheville. Therefore, we are unable to address most of the categories in the table. We consider only employees who are eighteen years of age or older. We make an effort to target businesses in low-paying industries, so many of the employees of certified businesses fall into the < 30 percent of area median income. All of the businesses/organizations are in Orange County and all of the employees work in the county.

Please indicate whether this project/program will serve: **☐ **Persons** **☐ **Households** **☐ **Units**

Program: Orange County Living Wage Program

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male			
Female			
Total	0	8,000	12,000
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American			
American Indian or Alaska Native			
Asian			
Caucasian			

Native Hawaiian or other Pacific Islander			
Other			
Total	0	8,000	12,000

Of the above, how many Hispanic/Latino			
Of the above, how many non-Hispanic/Latino			
Total	0	8,000	12,000

Age

0-5 years			
6-18 years			
19-50 years			
51-61 years			
62+ years			
Total	0	8,000	12,000

Geographic Location

Durham City			
Durham County			
Carrboro	**	**	**
Chapel Hill	**	**	**
Chapel Hill Public Housing Residents	**	**	**
Orange County	**	**	**
Raleigh			
Wake County			
Total	0	8,000	12,000

Income Level – See following chart (Omit for HS)

< 30% Area Median Income	**	**	**
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	8,000	12,000

Special Needs (Omit for HS)

Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Administrative assistant	.50	100	-	-	16,750	67	none
Chair	Vol	100	0	0	0	0	
Vice chair	Vol	100	0	0	0	0	
Treasurer	Vol	100	0	0	0	0	
Secretary	Vol	100	0	0	0	0	
5 members of certification team	Vol	100	0	0	0	0	
1 at large member	Vol	100	0	0	0	0	
	Volunteer FTE	=	3,000/ 1,960	=	1.53 FTE		

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ **☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ **☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County? See comment below.

☐ **☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ **☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

One board member who is on the certification team currently serves on the Orange County Housing Authority and is running for a seat on the Orange County Commissioners. These roles would not appear to present a conflict of interest in regard to the work of Orange County Living Wage or our application for this grant. If elected, he would not take office before decisions about the grant are made. If decisions about funding our organization were made in later years and he is on the board of commissioners, he would need to decide whether to recuse himself.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Suze Romaine 1/17/16
Chair of Board of Directors & Steering Committee Date

Signature: [illegible] 1/17/16
Vice Chair of Board of Directors Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals

- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

Program Activity 1		Make contact with businesses and organizations through personal contacts, promotional activities and media outreach and encourage employers to apply for certification	Make contact with businesses and organizations through personal contacts, promotional activities and media outreach and encourage employers to apply for certification
Program Goal		Contact enough organizations to result in at least 90 certified employers	Contact at least 285 organizations which would represent an increase of 50 percent over the estimate for 2015-16
Performance Measures		Contacts with businesses/organizations are recorded in a data base	Contacts with businesses/organizations are recorded in a data base
Program Results		Through December 2015, OCLW made contact with 99 organizations; we estimate a total of 195 by the end of June 2016.	
Program Activity 2		A certification team member will visit the employer and discuss the application; the certification team will then determine whether criteria are met	A certification team member will visit the employer and discuss the application; the certification team will then determine whether criteria are met
Program Goal		Certify at least 90 organizations	Certify at least 135 organizations, which would represent an increase of 50 percent over the estimate for 2015-16.
Performance Measures		Certification of a business/organization is noted in the data base	Certification of a business/organization is noted in the data base
Program Results		Through December 2015, 46 organizations were certified; we estimate 90 for the 2015-16 year	
Program Activity 3		Reach out to businesses/organizations in low-paying industries; offer them encouragement, consultation and resources to help them find ways of raising their wages	Reach out to businesses/organizations in low-paying industries; offer them encouragement, consultation and resources to help them find ways of raising their wages
Program Goal		Encourage employers who do not pay all of their employees a living wage to raise their wages so that they qualify for certification	Increase the amount by which organizations raise their wages in order to qualify for certification to $825,000, which would be an increase of 50 percent over the amount estimated for 2015-16
Performance Measures		Employers who raised their wages in order to be certified are asked to specify the amount the wages were raised	Employers who raised their wages in order to be certified are asked to specify the amount the wages were raised
Program Results		Through December 2015, the amount employers raised their wages in order to be certified was $276,240. We estimate that this figure would be 550,000 by the end of June 2016	
Program Activity 4		Begin to raise funds to support the work of the organization through solicitation of contributions, applying for grants and crowd funding	With the help of the administrative assistant, investigate funding possibilities and develop a fund raising plan to make the organization sustainable
Program Goal		Secure sufficient funding to cover the basic costs of carrying out the program and to employ a half time administrative assistant for the 2016-17 year.	The administrative assistant will lead efforts to develop a long range fundraising plan to generate funds for program needs and the hiring of an executive director for the program for 2017-18
Performance Measures		Revenue and expenditures are recorded in our buget	Revenue and expenditures are recorded in our buget
Program Results		At the end of 2015, we have revenue in the form of donations for $3,570 and have expenditures of $2,785. We hope to add up to $5,000 through a grant from the Stroud Roses Fund this spring and then hope to be funded for the cost of a half-time administrative assistant for 2016-17 frrom Orange County.	
Program Activity 5		Use Facebook to publicize our program, living wage employers, and living wage issues.	Use Facebook to publicize our program, living wage employers, and living wage issues.
Program Goal		Raise awareness of living wage issues by using a Facebook page as a promotional tool and receiving 400 "likes."	Raise awareness of living wage issues by receiving 1,000 additional "likes" on our Facebook page.
Performance Measures		The number of "likes" on Facebook pages are tabulated	The number of "likes" on Facebook pages are tabulated
		We have only now begun making active use of	

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Program Budget

Agency/Program: Orange County Living Wage Certification Program

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations		$ 6,070	$ 10,000	65%
Agency Generated Revenue (fees)		$ -	$ -	0
Local Government Grants:				
Orange County		$ -	$ 16,750	0
Town of Chapel Hill		$ -	$ -	0
Town of Carrboro		$ -	$ -	0
Other Local:		$ -	$ -	0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way		$ -	$ -	0
State Government		$ -	$ -	0
Federal Government		$ -	$ -	0
Other Grants: Stroud Roses Fund		$ 5,000	$ -	-100%
Other Grants:		$ -	$ -	0
Miscellaneous/Other Revenue		$ -	$ -	0
Please list 3 largest Miscellaneous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ -	$ 11,070	$ 26,750	142%
AGENCY EXPENSES				
Compensation		$ 2,075	$ 20,250	876%
Rent & Utilities		$ -	$ -	0
Supplies & Equipment		$ 2,501	$ 2,700	8%
Travel & Training		$ -	$ -	0
Other Expenses:		$ 2,634	$ 1,900	-28%
Please list 3 largest "Other Expenses":				
Fees $ 400.00				
Website development $ 1,000.00				
Video development $ 500.00				
Total Agency Expenses	$ -	$ 7,210	$ 24,850	245%
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ 3,860	$ 1,900	-51%

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Orange County Living Wage certification Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Produce/maintain website	$1,400	$1,000 design; 400 host fees	1,400
Produce & refine video	500		500
Develop brochures & publicity tools	700		700
Certification materials for employers	400		400
Develop fundraising materials	1,000		1,000
Postage for publicity & correspondence	100		100
Accounting services	500		500
Legal services	3,000		3,000
Half-time Administrative Assistant	$15 per hour	X 1000 hrs = $15,000	16,750
		Soc Sec/Medicare = 1,150	
		Payroll prep/background 600	
		TOTAL	**$24,850**

c.) Cost per Unit

Unit = employees in certified businesses/organizations

	Actual 2014-15	Estimated 2015-16		Projected 2016-17
Total Cost of Program		$7,210		$24,850
Total # of Units		8,000		12,000
Cost Per Unit		**$.90**		**$2.07**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: Orange County Living Wage

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations		$ 6,070	$ 10,000	65%
Agency Generated Revenue (fees)		$ -	$ -	0
Local Government Grants:				
Orange County		$ -	$ 16,750	0
Town of Chapel Hill		$ -	$ -	0
Town of Carrboro		$ -	$ -	0
Other Local:		$ -	$ -	0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way		$ -	$ -	0
State Government		$ -	$ -	0
Federal Government		$ -	$ -	0
Other Grants: Stroud Roses Fund		$ 5,000	$ -	-100%
Other Grants:		$ -	$ -	0
Miscellaneous/Other Revenue		$ -	$ -	0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ -	$ 11,070	$ 26,750	142%
AGENCY EXPENSES				
Compensation		$ 2,075	$ 20,250	876%
Rent & Utilities		$ -	$ -	0
Supplies & Equipment		$ 2,501	$ 2,700	8%
Travel & Training		$ -	$ -	0
Other Expenses:		$ 2,634	$ 1,900	-28%
Please list 3 largest "Other Expenses":				
Fees $ 400.00				
Website Development $ 1,000.00				
Video Development $ 500.00				
Total Agency Expenses	$ -	$ 7,210	$ 24,850	245%
SURPLUS/(DEFICIT) FOR PERIOD:	$ -	$ 3,860	$ 1,900	-51%

A.

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time

Agency Orange County Partnership for Young Children Program(s) Transplanting Traditions Community Farm

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☒ *Applicant Contact Information* b. ☒ *Project/Program Contact Information* c. ☒ *Funding Requests Identified* d. ☒ *Signed Application Cover Page*	
2. Agency Information -	a. ☒ *Agency's Years in operation* b. ☒ *Agency's Purpose/Mission* c. ☒ *Agency's Types of Services Provided* d. ☒ *Agency's Experience* e. ☒ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☒ *Type of Application and Program Identified* b. ☒ *Summary of Program* c. ☒ *Description of Identified Need* d. ☒ *Description of Population to be Served* e. ☒ *Activity Manager and Location Description* f. ☒ *Activity Implementation Timeline* g. ☒ *Agency Collaboration* h. ☒ *Describe Impact of Reduced/No Allocation* i. ☒ *Other Pertinent Information* j. ☒ *Complete Target Population/Beneficiary Chart* k. ☒ *Complete Schedule of Positions* l. ☒ *Signed Conflict of Interest Disclosure* m. ☒ *Complete Work Statement*	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** a. ☒ ***Program Budget Worksheet*** b. ☒ ***Program Budget Detail*** c. ☒ ***Cost Per Unit*** d. ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Orange County Partnership for Young Children

Applicant Organization's Physical Address: 120 Providence Road, Suite 101, Chapel Hill, NC 27514

Applicant Organization's Mailing Address: 120 Providence Road, Suite 101, Chapel Hill, NC 27514

Applicant Organization's Web Address: www.orangesmartstart.org

Executive Director: Robin Pulver

Telephone Number: 919-967-9091 E-Mail: rpulver@orangesmartstart.org

DUNS Number: 007892730
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Transplanting Traditions Community Farm

Project/Program Primary Contact and Title: Kelly Owensby, Project Director

Telephone Number: 919-967-9091 E-Mail: kowensby@orangesmartstart.org

c) Funding Request Identification

Total Project/Program Cost: $171,592 Total Amount of Funds Requested: $15,000

Proposed Use of Funds Requested (2-3 Line Maximum): Funds will be used to support costs associated with staffing and contractual services to serve the Transplanting Traditions Community Farm for Burmese refugees. Contractual services include a native Burmese translator.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $____ ☐ Grant ☐ Loan

☒ Human Services: ☒ Carrboro $5,000 ☒ Chapel Hill $5,000 ☒ Orange County $5,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ **1/25/16**
Executive Director Date

Signature: _____ **1/25/16**
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) **Years in Operation:** 22 years
Date of Incorporation: August 1993

b) **Agency's Purpose/Mission**
The mission of the Orange County Partnership for Children (OCPYC) is to ensure that all young children arrive at school healthy and ready to succeed.

c) **Types of Services the Agency Provides**

The Partnership has served as the administrator for the Smart Start Early Childhood Initiative and the NC Pre-K program in Orange County since 1993. Our programs concentrate on early childhood education, children's health, early intervention, parenting education, and family support.

The TTC Farm focuses on serving low-income families in the refugee and immigrant community by providing refugee adults and youth access to land, healthy food and agricultural and entrepreneurial opportunities. The farm provides a cultural community space for families to come together, build healthy communities and continue agricultural traditions in the Piedmont of N.C. According to 2015 data, 75% of families served by TTC Farm are considered low income based on the U.S. Federal Poverty Guidelines. The Farm is designed to collaboratively and comprehensively address the issues of obesity, economic instability and food insecurity. The TTC Farm is located outside of Chapel Hill and Carrboro just 4 miles from the largest refugee neighborhood in the county.

d) **Agency's Experience with Similar Programs as the Funding Request**

In Spring 2007, OCPYC, concerned with issues of childhood obesity and food insecurity, launched the Healthy Kids Campaign with the start of 3 community gardens that provided gardening, nutrition and outdoor education programming to low-income families, with 90 percent refugee and immigrant families. These became known as the Growing Healthy Kids Community Gardens. In 2010, OCPYC received the Refugee Agricultural Partnership Grant from the Office of Refugee Resettlement allowing 14 refugee families to move from the Growing Healthy Kids community gardens to Triangle Land Conservancy land, forming Transplanting Traditions Community Farm (TTCF). TTCF is entering its sixth year of operation on 5 acres, directly supporting 28 refugee families or 119 individuals and 1,141 additional refugee individuals who receive fresh traditional produce grown by TTCF farmers on a regular basis.

e) **Other Pertinent Agency Information**

The Orange County Partnership for Children was founded as a nonprofit agency in 1993 and was the first Smart Start agency in the state. OCPYC has been operating for 22 years with the mission to ensure that all young children arrive at school healthy and ready to succeed. We accomplish this mission through developing programs, funding evidence-based programs within the community, and providing information to our community. We have been involved with health-related initiatives, including the community gardens mentioned above. The Healthy Kids Campaign sought to ensure that children were provided with opportunities for healthy eating and exercise through working with child care providers and caregivers to develop strategies for better nutrition and active play. We have been a partner with the North Carolina Partnership for Children and the Blue Cross Blue Shield Foundation of North Carolina for over 3 years in implementing SHAPE NC, a program that works with child care providers to improve nutritional offerings, exercise through active play, and

enriching activity through building outdoor learning environments. We have expanded this program to serve 9 centers, and we plan to add several centers for 2016.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Orange County Partnership for Young Children—Transplanting Traditions Community Farm

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	x	x			
Health and Nutrition	x	x	x		
Job Training	x	x	x		
Sports and Arts Activities	x				
Pre-School Activities	x				
After-School Activities	x				
Mentoring	x				
Transportation					
Housing					
Other: Leadership and Conflict Training	x	x	x		

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Funding for this program would support initiatives that address childhood obesity, food insecurity, and economic instability in Orange County. These issues adversely affect the refugee and immigrant communities in Orange County, specifically in Chapel Hill and Carrboro. North Carolina resettles some of the highest numbers of refugees each year. Although the population of Chapel Hill/Carrboro makes up less than 1% of the total population of N.C., over

10% of the total refugee population from Burma lives in this area. The TTC Farm focuses on serving low-income families in the refugee and immigrant community.

Services proposed include the continued access to land to grow healthy traditional foods, weekly translated workshops focused on agricultural topics and small farm business development and youth programming focused on nutrition, active living and leadership development. In addition services include "Share a Share" program in collaboration with PORCH, which provides traditional vegetables for 114 refugee families in need on a monthly basis while providing economic support for TTCF farmers.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Funding priorities of the Board in 2016-2017 include safety-net services for disadvantaged residents; education, mentorship, and afterschool programming for youth facing a variety of challenges and programs aimed at improving health and nutrition of needy residents. OCPYC is requesting funding specifically aimed at improving the health and nutrition of refugee residents in need. OCPYC has provided and expanded these services since the farm's inception in 2011. Studies of other refugee and immigrant communities in the U.S. have shown high rates of obesity in resettled refugee children which may be based on stress, food insecurity, caregivers' unfamiliarity with local food culture, poverty and lack of access to familiar food items. The earlier families can be reached, and these barriers addressed, the more successful and healthier families will be. Childhood obesity and weight continue to be prevalent issues in Orange County, statewide and nationally. According to the 2012 North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS), Orange County had an overweight/obesity rate of 30.1% for children 2-4 years of age. This puts the county 61st overall in overweight percentage and 47th in obesity out of 100 counties. Research shows that weight gain begins within ten years of immigration. (Obesity Among US Immigrant Subgroups Duration of Residence, Goal, McCarthy, Phillips, Wee, JAMA, 12/15/04-VOl 292, No. 23) Transplanting Traditions Community (TTC) Farm strives to address the needs of the entire family through providing a space to grow healthy, culturally appropriate foods and provide educational workshops on nutrition and healthy eating. Access to culturally appropriate fresh food directly impacts the daily diets and health of those involved with the project. Based on data collected in 2013, 95% of refugee farmers with TTC Farm reported their families were able to eat "a lot" more fresh fruits and vegetables as a result of farming with TTC Farm. This is also specifically due to families able to grow culturally appropriate and familiar vegetables that are otherwise hard to find in N.C.

According the U.S. Census, North Carolina has significantly higher food insecurity rates (17.1%) than the national average (14.7%). Over a quarter of minorities, which include refugees and immigrants, are classified as food insecure by the USDA making the work of the TTC Farm crucial. Refugee farmers with TTC Farm are able to both increase supplemental income through selling produce as well as increase fresh fruits and vegetable intake by growing food for their families to consume. In order to make the fruits and vegetables grown on the farm more accessible to the greater refugee and immigrant community farmers market produce within in their own community, sales of traditional produce in 2015 reached $10,000. In addition TTCF formed the Share a Share program in collaboration with hunger relief agency PORCH in order to get more fresh traditional produce to refugee families in need. The program donated 1,200 pounds of traditional produce to PORCH and supported 114 refugee families.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The TTC Farm focuses on serving low-income families in the refugee and immigrant community. The Farm is designed to collaboratively and comprehensively address the issues of obesity, economic instability and food insecurity. The TTC Farm is located outside of Chapel Hill and Carrboro just 4 miles from the largest refugee neighborhood in the county. The location of the farm allows for increased accessibility and regular attendance to programming directly, correlated to the success of the program and significant program growth each year. Beneficiaries are identified through referrals within the refugee community and from refugee support agencies. Data is collected through intake interviews and end of year evaluations with each family.

e) Who specifically will carry out the activities and in what location will they be carried out

OCPYC supports the TTCF program with 2 full time and 1 part time staff, as well as a contracted cultural liaison and interpreter. A majority of the activities will be carried out at the Transplanting Traditions Community Farm on Jones Ferry Rd and in Carrboro and Chapel Hill at various training spaces and area farmers markets.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Activities and services are carried out year round. Translated classroom workshops focused on agricultural topics, finance, business planning, conflict resolution and leadership occur Jan-Feb twice a week. Hands-on, on-farm workshops occur March-November twice a week. Share a Share program food distribution occurs monthly during the farming season. Referrals and connections to service providing agencies occur year round. Youth programming for young children occurs weekly during summer months. Teen programming occurs on an event basis one to two times per month during the school year and weekly during summer break.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- **Triangle Land Conservancy (TLC):** Provides land, infrastructure, and support in expansion. A unique collaboration, the only of its kind between a land conservancy agency and a non-profit educational farm in the state.
- **KCNC (Karen Communities of North Carolina):** Helping to connect with local refugee families.
- **PORCH (People Offering Relief for Chapel Hill and Carrboro Homes)**: TTC Farm both donates and sells produce from the farm to PORCH. PORCH provides service opportunities to teen program
- **Art Therapy Institute**: Event collaboration and client services overlap
- Conservation Fund and Resourceful Communities: Provides strategic planning and fundraising support to TTCF.
- **Carrboro Farmers Market:** Support for teen program and marketing education
- **Chapel Hill Farmers Market**: Support for farm marketing
- **Chapel Hill Carrboro Youth Forward**: Resource and network for other youth orgs
- **CEFS (Center for Environmental Farming Systems):** Resource and network for racial equity training and agricultural support
- **NC FYI (North Carolina Food Youth Initiative)**: Teen program support
- **CFSA (Carolina Farm Stewardship Association)**: Farm tour and public outreach support

- **RAFI (Rural Advancement Foundation International):** Promotion and support of new farmers
- **UNC Chapel Hill:** School of Social Work field placement intern and School of Public. Health and APPLES intern program
- **Chapel Hill Service League**: Volunteer and funding support
- **Chapel Hill/Carrboro Sunrise Rotary Club:** Volunteer and advocacy support
- **PORCH (People Offering Relief for Chapel Hill and Carrboro Homes):** TTC Farm both donates and sells produce from the farm to PORCH. PORCH provides service opportunities to teen program
- **Conservation Fund and Resourceful Communities:** Provides strategic planning and fundraising support to TTCF.
- **Carrboro Farmers Market**: Support for teen program and marketing education
- **Lantern Restaurant** – Fundraising, marketing collaboration and cooking classes

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended. This funding helps to ensure that our staffing is supported and that we can retain our translator/interpreter. The translator is critical to the operation and function of the farm. With a reduced allocation, we would steer human services funding toward supporting the translator/interpreter and seek other sources of funding for other personnel.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	491	496	501
Female	490	495	500
Total	981	991	1,001
Of the females, how many are single-female Head of Households (Omit for Human Services)			

MAIN APPLICATION

Ethnicity

African-American			
American Indian or Alaska Native			
Asian	981	991	1,001
Caucasian			
Native Hawaiian or other Pacific Islander			
Other			
Total	981	991	1001

Of the above, how many Hispanic/Latino			
Of the above, how many non-Hispanic/Latino			
Total	0	0	0

Age

0-5 years	98	100	102
6-18 years	415	417	419
19-50 years	361	363	365
51-61 years	78	80	82
62+ years	29	31	33
Total	981	991	1001

Geographic Location

Durham City			
Durham County			
Carrboro	384	387	390
Chapel Hill	529	534	539
Chapel Hill Public Housing Residents	?	?	?
Orange County	68	70	72
Raleigh			
Wake County			
Total	981	991	1,001

Income Level – See following chart (Omit for HS)

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0

Special Needs (Omit for HS)

Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

* This increased number is based on two additional pieces of data. 1) TTC Farm's participating farmers regularly sharing produce (1x week), during the growing season, with extended family, friends and neighbors in the refugee community. 2.) Number from a new hunger relief program "Share a Share" in partnership with PORCH. , an all-volunteer, grassroots hunger relief organization whose mission is to collect and distribute food for families going hungry in the Chapel Hill and Carrboro, in order to serve more refugee families experiencing food insecurity in our local community. The program was piloted July – November with great success, with $3,320 in donations from 36 community members. These funds were then used to purchase fresh, traditional produce from TTCF farmers. Over 1,200 lbs. of traditional produce grown by TTCF farmers such as roselle, water spinach, pennywort, water gourd and pumpkin was then donated to PORCH to feed 118 refugee families (1 x month). Numbers are significantly higher than the numbers reported in the funding application in January 2015

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1.0	0%	93,521	95,391	97,299	3.00%	(R) (H)
Program Director	1.0	0%	76,332	77,859	79,416	2.63%	(R) (H)
Senior Program Coordinator	1.0	0%	36,192	73,832	75,309	1.24%	(R) (H)
Office Manager	1.0	0%	55,704	56,818	57,954	1.92%	(R) (H)
Research Assistant	.50	0%	14,782	0	0	0.50%	(R)
Agricultural Program Director	1.0	85%	58,263	59,428	60,617	2.00%	(R) (H)
Agricultural Program Assistant	1.0	85%	41,420	42,248	43,093	1.43%	(R) (H)
Health Check Program Coordinator	1.0	0%	37,032	0	0	1.28%	(R) (H)
Marketing Coordinator TTCF	.64	100%	0	12,240	23,664	.80%	(R)

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☒ ☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☒ ☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

1. Colleen Bridger and her designee, Meredith Stewart, are employees of the Orange County Health Department.
2. Mark Dorosin is a county commissioner designated by the Board of County Commissioners to serve on our Board of Directors.
3. Tom Forcella is superintendent of Chapel Hill/Carrboro City Schools. His designee, Kerry Moore, director of Head Start and Pre-K, serves in his absence.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Robin Culver — **1/25/16**
Executive Director — Date

Signature: [illegible] — **1/25/16**
Board Chairperson — Date

Performance Measures	At least 7 farmers will participate in the CSA program, connecting to at least 90 customers. Farmers will earn over $50,000 in supplemental income through the sale of produce	At least 5 farmers will participate in the CSA program, connecting to at least 90 customers. Farmers will earn over $60,000 in supplemental income through the sale of produce	At least 5 farmers will participate in the CSA program, connecting to at least 100 customers. Farmers will earn over $60,000 in supplemental income through the sale of produce
Program Results	7 farmers participated in CSA program During the growing season, TTCF provided farmers 25 hours of classroom workshops, 72 hours of hands-on farm workshop. . $42,220 earned through CSA $61,000 earned in total produce sales	5 farmers particiapted in CSA program During the growing season, TTCF provided farmers 25 hours of classroom workshops, 72 hours of hands-on farm workshop. 43,000 earned through CSA sales $70,000 earned in total produce sales	5 farmers participated in CSA program During the growing season, TTCF provided farmers 25 hours of classroom workshops, 72 hours of hands-on farm workshop. 43,000 earned through CSA sales $70,000 earned in total produce sales
Program Activity 3	Implement afterschool programming; align youth with community partners for special projects	Implement afterschool programming; align youth with community partners for special projects	Implement afterschool programming; align youth with community partners for special projects
Program Goal	Increase communication, job and leadership skills for refugee and immigrant teens	Increase communication, job and leadership skills for refugee and immigrant teens	Increase communication, job and leadership skills for refugee and immigrant teens
Performance Measures	Attendance records; program implementation schedules	Attendance records; program implementation schedules	Attendance records; program implementation schedules
Program Results	8 refugee teens received communication, job and leadership skills through teen program	10 refugee teens received communication, job and leadership skills through teen program	10 refugee teens received communication, job and leadership skills through teen program
Program Activity 4	Implement farm-based weekly summer children's program focused on environmental education and science	Implement farm-based weekly summer children's program focused on environmental education and science	Implement farm-based weekly summer children's program focused on environmental education and science
Program Goal	Provide hands-on outdoor active learning and ESL support for refugee and immigrant children	Provide hands-on outdoor active learning and ESL support for refugee and immigrant children	Provide hands-on outdoor active learning and ESL support for refugee and immigrant children
Performance Measures	Attendance records; program calendars	Attendance records; program calendars	Attendance records; program calendars
Program Results	Average of 16 refugee young children receiving hands-on outdoor active learning and ESL support	Average of 20 refugee young children receiving hands-on outdoor active learning and ESL support	Average of 20 refugee young children receiving hands-on outdoor active learning and ESL support
Program Activity 5	Provide tours; conduct CSA activities	Provide tours; conduct CSA activities	Provide tours; conduct CSA activities
Program Goal	Provide education and outreach to the greater Orange County community	Provide education and outreach to the greater Orange County community	Provide education and outreach to the greater Orange County community
Performance Measures	Tour log; CSA registration records	Tour log; CSA registration records	Tour log; CSA registration records
Program Results	Conducted 15 tours reaching over 500 individuals 7 farmers supplied produce to 92 CSA members	Conducted 20 tours reaching over 500 individuals 5 farmers supplied produce to 92 CSA members	Conducted 20 tours reaching over 500 individuals 5 farmers supplied produce to 100 CSA members

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

For 2016-2017, the budget reflects an addition of a part-time market coordinator to facilitate the development of the CSA and Share a Share activities.

MAIN APPLICATION

Section III. Program Information
Program Budget Worksheet

AGENCY NAME: Orange County Partnership for Young Children

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 162,980	$ 164,610	$ 155,000	-6%
Program Generated Revenue (fees)	$ 3,719	$ 3,756	$ 3,756	0%
Local Government Grants:				
Orange County		$ 2,000	$ 5,000	150%
Town of Chapel Hill	$ 3,000	$ 3,000	$ 5,000	67%
Town of Carrboro	$ 2,500	$ 2,500	$ 5,000	100%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Program Revenue	**$ 172,199**	**$ 175,866**	**$ 173,756**	**-1%**
PROGRAM EXPENSES				
Compensation	$ 57,656	$ 71,994	$ 110,425	53%
Rent & Utilities	$ 2,978	$ 3,008	$ 3,008	0%
Supplies & Equipment	$ 21,578	$ 22,225	$ 22,225	0%
Travel & Training	$ 1,481	$ 1,511	$ 1,511	0%
Other Expenses:	$ 33,748	$ 34,423	$ 34,423	0%
Please list 3 largest "Other Expenses":				
Contracted Services $ 27,918.00				
Land Use and Insurance $ 3,640.00				
Equipment Rental $ 2,190.00				
Total Program Expenses	**$ 117,441**	**$ 133,160**	**$ 171,592**	**29%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 54,758**	**$ 42,706**	**$ 2,164**	**-95%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Transplanting Traditions Community Farm

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Project Director/Coordinator	$26.17 avg.	3,315 hrs (3950 hrs/yr x .85)	86,761
Marketing Coordinator	$18.96	1,248 hrs (24 hrs/wk x 52 wks)	23,664
Translator (Contracted Services)	$25.00	807 hrs (15.52 hrs/wk x 52 wks)	20,175
Contracted Services (Other—maint)	$25.00	336.72 hrs. variable	8,418
Supplies/Equipment	Varies	Varies for seeds, plantings, etc.,	22,225
Travel and Training		(2 trg x 200) + (2057 mi. x .54/mi)	1,511
Rent and Utilities	$42,932	(.07 X total rent an utilities)	3,008
Land Use and Insurance	$303.33	(303.33 avg. X 12 months)	3,640
Equipment Rental	Varies	Varies on agricultural need	2,190
		Total	**$171,592**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**117,441**	**133,160**	**171,592**
Total # of Units	**981**	**991**	**1001**
Cost Per Unit	**119.71**	**134.37**	**171.42**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAME: Orange County Partnership for Young Children

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations (Contributions)	$ 193,650	$ 195,587	$ 185,977	-5%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County		$ 2,000	$ 5,000	150%
Town of Chapel Hill	$ 3,000	$ 3,000	$ 5,000	67%
Town of Carrboro	$ 2,500	$ 2,500	$ 5,000	100%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government	$ 2,802,363	$ 2,802,363	$ 2,802,363	0%
Federal Government	$ -			0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 8,371	$ 8,455	$ 8,455	0%
Please list 3 largest Miscellanous sources:				
Special fundraising events $ 3,719.00				
Sales Tax Refunds $ 1,134.00				
Other Income $ 3,518.00				
Total Agency Revenue	**$ 3,009,884**	**$ 3,013,904**	**$ 3,011,795**	**0%**
AGENCY EXPENSES				
Compensation	$ 413,246	$ 436,511	$ 483,905	11%
Rent & Utilities	$ 42,086	$ 42,507	$ 42,932	1%
Supplies & Equipment	$ 33,431	$ 34,100	$ 34,100	0%
Travel & Training	$ 7,473	$ 8,070	$ 8,070	0%
Other Expenses:	$ 2,447,766	$ 2,451,237	$ 2,441,237	0%
Please list 3 largest "Other Expenses":				
Contracts and Grants $ 2,230,693.00				
Contracted Services $ 173,551.00				
Other Operating Expenses $ 43,522.00				
Total Agency Expenses	**$ 2,944,002**	**$ 2,972,425**	**$ 3,010,244**	**1%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 65,883**	**$ 41,479**	**$ 1,550**	**-96%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency Orange County Rape Crisis Center

Program(s) Client Services & Community Education

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☑ *Applicant Contact Information* b. ☑ *Project/Program Contact Information* c. ☑ *Funding Requests Identified* d. ☑ *Signed Application Cover Page*	
2. Agency Information -	a. ☑ *Agency's Years in operation* b. ☑ *Agency's Purpose/Mission* c. ☑ *Agency's Types of Services Provided* d. ☑ *Agency's Experience* e. ☑ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☑ *Type of Application and Program Identified* b. ☑ *Summary of Program* c. ☑ *Description of Identified Need* d. ☑ *Description of Population to be Served* e. ☑ *Activity Manager and Location Description* f. ☑ *Activity Implementation Timeline* g. ☑ *Agency Collaboration* h. ☑ *Describe Impact of Reduced/No Allocation* i. ☑ *Other Pertinent Information* j. ☑ *Complete Target Population/Beneficiary Chart* k. ☑ *Complete Schedule of Positions* l. ☑ *Signed Conflict of Interest Disclosure* m. ☑ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☑ ***Program Budget Worksheet*** **b.** ☑ ***Program Budget Detail*** **c.** ☑ ***Cost Per Unit*** **d.** ☑ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☑ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☑ ***IRS Federal Form 990*** **c.** ☑ ***NC Solicitation License*** **d.** ☑ ***IRS Federal Tax-Exemption Letter*** **e.** ☑ ***Certificate of Insurance*** **f.** ☑ ***List of Board of Directors*** **g.** ☑ ***Articles of Incorporation/Bylaws*** **h.** ☑ ***Authorization to Request Funds*** **i.** ☑ ***Authorized official designation*** **j.** ☑ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Orange County Rape Crisis Center

Applicant Organization's Physical Address: 1506 E. Franklin Street, Ste 302, Chapel Hill, NC 27514

Applicant Organization's Mailing Address: P.O. Box 4722, Chapel Hill, NC 27515

Applicant Organization's Web Address: ocrcc.org

Executive Director: Alyson Culin

Telephone Number: 919-968-4647 E-Mail: alyson@ocrcc.org

DUNS Number: 835160862

b) Project/Program Contact Information

(i) Project/Program Name: Client Services
(ii) Project/Program Name: Community Education

Project/Program Primary Contact and Title: Alyson Culin, Interim Executive Director

c) Funding Request Identification

(i) Total Project/Program Cost: $349,572.50
(ii) Total Project/Program Cost: $349,572.50

Total Amount of Funds Requested: $74,000

Proposed Use of Funds Requested (2-3 Line Maximum):
Provide 24-hour crisis intervention services for survivors of sexual violence. Provide community education, training, and advocacy on sexual assault prevention and response, including programs in Chapel Hill-Carrboro City Schools, Orange County Schools, and independent schools.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

☒ Human Services: ☒ Carrboro $12,000 ☒ Chapel Hill $27,000 ☒ Orange County $35,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Alyson Culin — 1/25/16
Executive Director — Date

Signature: [signature] — 1/25/16
Board Chairperson — Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

42 years in operation. Founded in 1974. Incorporated in December 1978.

b) Agency's Purpose/Mission

Our mission is to stop sexual violence and its impact through support, education, and advocacy.

c) Types of Services the Agency Provides

The Orange County Rape Crisis Center (OCRCC) provides support to survivors of sexual violence (SV), their loved ones, and professionals who serve survivors in Orange County. Our expert staff and trained volunteers ("Companions") provide emotional support as well as resources and referrals through our 24-Hour Help Line. Companions are available at all times to provide assistance and advocacy through active listening, safety planning, suicide intervention, and other crisis intervention techniques. They are also available to accompany survivors to the hospital, to make an official report to law enforcement, and to court appointments. For clients with financial, housing, and other concerns, we connect them with community resources and agencies.

For long-term support, we provide support groups and workshops for SV survivors and their loved ones. Our innovative support group program, which has served as a model for agencies across North Carolina, offers both traditional discussion-based groups as well as activity-based groups utilizing alternative healing methods. We also provide case management for high-need survivors with multiple concerns. For example, we have connected survivors with resources for emergency and long-term housing, job training and retention, substance abuse treatment, clothing, food, and more.

Additionally, the OCRCC offers educational programs for raising awareness about sexual violence and teaching prevention skills. With a 35-year history of successful education programs, we now reach more than 13,000 youth and adults each year. Our curriculum incorporates research-based best practices utilizing both primary prevention and risk reduction strategies.

The majority of our programs are delivered in elementary schools through our Safe Touch program. We are in every elementary school in both Chapel Hill-Carrboro City Schools (CHCCS) and Orange County Schools (OCS), offering annual safety education programs in every classroom. Our Start Strong program works through health education classes in middle and high schools, using primary prevention strategies to prevent perpetration of sexual violence. Our curriculum is designed to assist schools in meeting state-mandated learning objectives. We also offer prevention and response programs for parents, teachers, and professionals.

The OCRCC's entire community education program is designed for continuous and comprehensive learning. For students, each year's curriculum builds on the skills and knowledge taught in previous years, offering students a clear and sustained message about safety and achieving best results for preventing violence. Furthermore, we provide take-home materials for students to share with their families, training programs for teachers and caregivers, and informational programs for parents and guardians. In this way, crucial safety messages are reinforced throughout the entire community.

In 2007, the OCRCC launched our Latino Services Program with the hiring of a bilingual and bicultural Latino Services Coordinator. With this full-time position, multiple bilingual staff members, and trained Spanish-speaking volunteers, we are able to provide all our crisis services and education programs in both English and Spanish.

d) Agency's Experience with Similar Programs as the Funding Request

The OCRCC has provided crisis intervention services for survivors of sexual violence for over 40 years. Our highly qualified staff members regularly attend continuing education trainings and review new research to ensure that we are providing the best level of trauma-informed care. Additionally, we have the most comprehensive volunteer training program in the state. With more than 60 hours of training, our volunteer crisis Companions – along with our staff – provide expert support and advocacy services to about 600 clients each year. Both qualitative and quantitative data show the high success level of our client services. As a leader in the field, our Client Services team regularly provides consultations for other anti-violence agencies. Among other things, we have presented at state-wide and national conferences; provided one-on-one consultations for agencies seeking advice; and offered trainings for victim service providers, healthcare professionals, and others on best practices for trauma-informed care. Additionally, we created a train-the-trainer program and accompanying manual on how to develop and expand a support group program; in collaboration with the NC Coalition Against Sexual Violence (NCCASA), our staff visited agencies across the state to offer this training. We are highly qualified to continue providing Client Services in Orange County.

Launched 35 years ago, our Community Education program is one of the oldest in the country. Since the beginning, we have enjoyed a close relationship with the local school districts, delivering safety education to tens of thousands of students. Our staff members attend conferences, participate in continuing education trainings, and review new research to incorporate best practices and ensure the highest quality curriculum and pedagogy. We recently conducted a curriculum review of the Safe Touch program with input from community stakeholders, making changes to scripts and materials to improve content and delivery and to better align with new state-mandated learning objectives. Though we have already made many improvements to the Start Strong program, we plan on conducting a similar full review of that curriculum this spring. Like our Client Services program, our Community Education team also receives a large number of requests for assistance from school systems and other nonprofit groups seeking to establish or expand their safety education programs. The Community Education staff has also presented at statewide conferences and has provided consultations. Both quantitative and qualitative data prove the success of our Community Education program. We are well-positioned to continue providing sexual violence prevention and response education programs in Orange County.

e) Other Pertinent Agency Information

The OCRCC is the only agency in the county providing 24-hour crisis intervention services for survivors of sexual violence (SV). Orange County residents rely on us for services and advocacy. Additionally, as the gold standard for SV victim services in North Carolina and with a solid reputation among providers and clients alike, we often provide crisis intervention and long-term support services to survivors outside of Orange County as well. Because of the unique needs of SV survivors and the specific challenges they face, it is important that our services remain free and confidential. Funding from the town and county ensures that we can continue to provide these vital services to all who need them.

With regards to our education programs, more than 80 percent of our programs are provided in public schools within Orange County, but they are not paid for by the two district school systems. We rely on town and county funding to ensure this crucial safety education can be delivered to local students.

3. (i) PROJECT/PROGRAM INFORMATION

Agency & Program Name: Orange County Rape Crisis Center – Client Services

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/ Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Human Services	X	X	X	X	X

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

As described in section one, the Client Services program will provide crisis intervention services to survivors of sexual violence, their loved ones, and professionals who support survivors. Our services include our 24-Hour Help Line, support groups, workshops, and therapy referrals.

Our program intersects with the Town/County priority for affordable healthcare as well as the priority for affordable housing. With regards to accessible healthcare, all of our services are free and confidential. As a free resource and with a strong agency commitment to accessibility for all, we provide crisis intervention and mental healthcare to people across all demographics in Orange County, including low-income residents who can't afford healthcare elsewhere.

With regards to affordable housing, the connection between sexual violence and homelessness is well-documented. People with housing needs are more likely to experience violence and less likely to be able to afford healthcare. With our services being free, and with our location on a public bus line, our support is accessible for this high-risk population.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The 2010 National Intimate Partner Survey (NISVS) from the CDC found that 1 in 5 women in the United States are raped in their lifetime. It also found that nearly 1 in 2 women and 1 in 5 men experience some form of sexual violence other than rape, such as sexual coercion, unwanted touch, sexual harassment, and more. Although local crime statistics are difficult to obtain for any jurisdiction, our experience corroborates this finding and illustrates the need for sexual violence services. The OCRCC served 524 people last fiscal year. In that time, we had a total of 2,453 contacts, meaning that we saw each client an average of 4.7 times.

The long-term effects of sexual violence can be profound and may include depression, anxiety, physical illness, substance abuse, eating disorders, suicidal thoughts and attempts, self-harming behaviors, and more. All of these factors can make it difficult for survivors to function on a daily basis, obtain and keep a job, and maintain safe housing. One study found that 50% of sexual assault victims lost their jobs or were forced to quit after being raped (Ellis, Atkeson, & Calhoun, 1993). Additionally, the abuse itself can cause a housing situation to become unsafe for individuals, such as when an intimate partner is the abuser. According to the Department of Justice, more than 50% of all sexual violence incidents occur at the victim's home or within one mile of their home.

In terms of mental healthcare access, Mental Health America (MHA) reports that 2.6% of adults with mental illness and 12.3% of children with emotional/behavioral/developmental issues in North Carolina do not have consistent health insurance. But even with insurance, mental healthcare is lacking: MHA reports that 20.2% of adults with mental illness in North Carolina said they did not get the mental health services they needed and an astounding 45.7% of children who needed mental health services in North Carolina did not receive them. With affordable therapeutic resources lacking in our community and across the nation, OCRCC is committed to providing free short- and long-term services to all who need them, regardless of income level.

With regards to housing access, sexual violence and homelessness are strongly connected. One study found that 92% of homeless mothers had experienced severe physical and/or sexual violence at some point in their lives; 43% of them had experienced sexual abuse as a child (Browne & Bassuk, 1997). Furthermore, if survivors are on the verge of homelessness or become homeless, their risk for experiencing additional violence increases. According to a study of homeless and marginally housed people, 32% of women, 27% of men, and 38% of transgendered people reported either physical or sexual victimization in the previous year (Kushel et al., 2003). As the local governments work toward improving housing access, our services will be needed and will increase the likelihood of success.

The OCRCC provides short- and long-term support, becoming a significant advocate for years throughout each survivor's healing process. Many long-term effects of sexual trauma can be mitigated if survivors receive early intervention and a supportive environment to disclose their abuse. Connecting with resources that can help survivors meet their basic needs is also crucial to healing. The OCRCC connects survivors to affordable medical care, mental health care, substance abuse treatment, housing, and financial assistance.

Additionally, we provide information and support to other service providers in Orange County who are serving low- and moderate-income individuals. We can help these agencies provide trauma-informed services so that the individuals they serve receive holistic, trauma-informed care.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The OCRCC's services are available to all survivors of sexual violence, stalking, human trafficking, and domestic violence in Orange and neighboring counties. Survivors hear about our services through internet research, word of mouth, promotional materials, referrals from community partners, and more. We conduct specific outreach advertising our services to underserved populations such as the Latino/a and LGBTQ communities, to give just two examples.

e) Who specifically will carry out the activities and in what location will they be carried out?

Our expert staff and trained volunteer Companions will provide crisis support via our 24-Hour Help Line as well as during business hours at the OCRCC office. Support groups will be facilitated by staff and trained facilitators; they are mostly offered at the OCRCC office, though some are offered off-site in collaboration with community partners, for example, the Freedom House Recovery Center.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Activities	*Timeline*
Program Activity 1 – Crisis Support	
Operate a 24-hour hotline	Ongoing
Provide in-person crisis counseling during business hours at the OCRCC office	
Provide resources and referrals to other community partners	
Follow up with clients as needed to ensure case management is provided	
Update listings of resources in crisis counseling manual	
Recruit and train volunteer Crisis Companions in fall training	08/2016-11/2016
Recruit and train volunteer Crisis Companions in spring training	01/2017-04/2017
Program Activity 2 – Support Groups	
Review current waitlist of clients interested in participating in groups	Ongoing
Schedule support group facilitators to facilitate groups and workshops	
Publicize support groups and workshops	
Review client requests for group participation	
Screen clients and, if appropriate, place in group	
Facilitate groups and workshops	
Compile and review FY16-17 support group evaluation data	07/2017

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- OC Domestic Violence Needs Assessment Planning Committee: Along with community members, service providers, and researchers, the OCRCC sits on this committee to address the need for a local shelter for violence survivors.

- Carolina Outreach: OCRCC and Carolina Outreach provide cross-referrals. Additionally, OCRCC is hosting a support group for male survivors at Carolina Outreach during FY15-16.
- NC Coalition Against Sexual Assault: In FY12-13 and FY13-14, the OCRCC collaborated with NCCASA to create a training program for establishing a comprehensive support group (SG) program. With our program as a model, we created a manual, guidelines, and training module, and OCRCC staff provided trainings to other anti-violence agencies on creating a SG program. We also partner on other projects, especially professional development and staff training.
- University of North Carolina at Chapel Hill:
  - Since UNC hired the Interpersonal Violence Prevention Coordinator (IVPC) in 2009, we have maintained a strong relationship to assist their work in preventing sexual violence (SV) and relationship abuse on campus.
  - OCRCC staff members sit on the Sexual Assault and Relationship Violence Training and Education Task Force (SARVTAE), which provides education and resources to the UNC community.
  - Following national attention, UNC has worked to improve their response to SV. OCRCC staff served on the Title IX hiring committee, participated in a task forces, and provided consultations to various campus departments.
  - We work with the Dean of Students Office to provide services and to advocate for student survivors.
  - We work closely with the Carolina Women's Center in providing appropriate support for students, partnering on community events, and serving on joint committees together.
  - We provide education programs to UNC faculty and staff, classrooms, student groups, and Greek organizations.
  - We provide service-learning opportunities for students. With student volunteers and interns, the OCRCC is able to maximize our outreach and services while students gain invaluable professional experience.
- Sexual Assault Response Team (SART): The Center coordinates the county-wide SART. This team brings together representatives from local law enforcement, the District Attorney's office, UNC Hospitals, UNC-Chapel Hill, and other local agencies to improve the overall community response to survivors. The goal is to collaboratively provide the best system of care for survivors needing services through a variety of local departments. Meeting monthly, SART receives training, shares experiences, and addresses issues as they arise.
- The Compass Center for Women & Families: We collaborate with the Compass Center through all our services, referring clients to each other, coordinating shelter services for clients, providing mutual assistance for volunteer training, and conducting joint educational programs. Additionally, a representative from the Compass Center sits on SART.
- El Centro Hispano: Our Latino Services Coordinator works closely with El Centro in order to improve services to the Latino community. In recent years, the LSC has provided client services and educational programs out of their office, allowing greater outreach to Latinos in our community.
- Freedom House Recovery Center: In addition to cross-referrals, we work with Freedom House to provide support groups to survivors of sexual assault who also struggle with addiction.
- Salvation Army – PROJECT FIGHT: We participate in the Rapid Response Team of the Triangle together in order to address the needs of trafficking victims in our area. The two agencies also provide cross-referrals.
- Carrboro Community Clinic: In addition to cross-referrals, OCRCC provided professional training on trauma-informed care and how to connect clients with our services.
- Orange Correctional Center: In this new partnership, OCRCC provides counseling in person or via phone or mail at the prison. We also provide accompaniment to the hospital if an inmate needs a forensic evidence kit ("rape kit").

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Without funding from local government, we would not be able to maintain the level of comprehensive, unique service that we currently offer to our clients, including the large number of support groups and workshops. Altogether, local government grants comprise about 10% of our budget.

i) Include any other pertinent information.

The OCRCC measures the effectiveness of our support group services via participant evaluations. In FY2014-2015, our data showed that OCRCC support group participants, on average, experienced a reliable decrease in PTSD symptom severity. One participant said, "Participating in this support group has made me feel less alone, made me feel like I'm actually getting somewhere in healing, made it easier for me to talk about what happened, and made me start to reach out to old friends I'd isolated myself from."

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Client Services

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	69	66	72
Female	405	410	420
Other	4	6	10
Unknown*	46	108	98
Total	524	590	600
Of the females, how many are single-female Head of Households (Omit for Human Services)	N/A	N/A	N/A
Ethnicity			
African-American	26	18	30
American Indian or Alaska Native	1	1	1
Asian	10	2	4
Caucasian	130	174	175
Native Hawaiian or other Pacific Islander	0	0	0
Other	59	108	128
Unknown*	298	287	262
Total	524	590	600
Of the above, how many Hispanic/Latino	52	106	126
Of the above, how many non-Hispanic/Latino	174	197	212
Total	524	590	600

MAIN APPLICATION

Age			
0-5 years	0	0	0
6-18 years	6	2	6
19-50 years	119	192	204
51-61 years	47	30	40
62+ years	8	6	8
Unknown*	344	360	342
Total	524	590	600

Geographic Location			
Durham City	N/A	N/A	N/A
Durham County	38	42	42
Carrboro	36	32	38
Chapel Hill (incl. UNC)	126	150	160
Chapel Hill Public Housing Residents	N/A	N/A	N/A
Orange County	27	12	29
Raleigh	N/A	N/A	N/A
Wake County	21	30	25
Homeless	6	4	12
Other	98	108	110
Unknown*	172	212	184
Total	524	590	600

* A large amount of our contact with clients is over the phone on our 24-Hour Help Line. Many clients may be experiencing a mental or physical crisis situation, in which case it may not be appropriate to ask demographic questions. Further, because of the nature of our work, many clients may be very nervous about calling us, and they greatly value anonymity. Out of respect for their confidentiality, it may not be appropriate to ask demographic questions. It is easier and more appropriate for us to collect data on clients who utilize long-term services, such as support groups.

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Bud get	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1.0	45% (1) 55% (2)	75,929	74,235	77,673	11%	R,H
Client Services Director	1.0	100% (1)	58,207	55,411	56,929	8%	R,H
Crisis Response Coordinator	1.0	100% (1)	45,446	48,068	45,151	6.4%	R,H
Latina Services Coordinator	1.0	90% (1) 10% (2)	34,690	45,407	46,184	6.6%	R,H
Client Services Assistant	.75	100% (1)	0	0	27,640	4%	R,H (75%)
Community Education Director	1.0	100% (2)	0	52,918	54,335	7.7%	R,H
Prevention Coordinator	1.0	100% (2)	44,567	45,959	46,873	6.7%	R,H
Education & Finance Coordinator	1.0	12% (1) 88% (2)	42,701	49,314	50,116	7%	R, H
Education Assistant	.50	100% (2)	14,524		16,227	2.3%	R
Development & Communications Director	1.0	37% (1) 63% (2)	53,049	58,374	62,944	9%	R,H
Administrative Services Coordinator	1.0	65% (1) 35% (2)	28,736	33,195	38,838	5.5%	R,H
Crisis Response Assistant	.25	100% (1)	7,230	8,419	11,590	1.6%	R
Volunteer Hours	4.0	50% (1) 50% (2)					n/a

1) Client Services
2) Community Education

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Alyson Culin — Executive Director — Date: 1/25/16

Signature: [signature] — Board Chairperson — Date: 1/25/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 1	*Crisis Support:* Staff and trained volunteers ("Companions") respond to walk-in clients and to calls on the 24-Hour Help Line. Companions provide emotional support; give resources, information, and referrals; and accompany survivors to medical, legal, and law enforcement appointments. Staff and trained volunteers facilitate support groups and workshops for survivors.		
Program Goal	The OCRCC will provide assistance to approximately 620 individuals.	The OCRCC will provide assistance to approximately 600 individuals.	The OCRCC will provide assistance to approximately 600 individuals.
Performance Measures	Staff and volunteers keep records of each client contact.		
Program Results	We served a total of 524 clients. We estimated client numbers based on growth rates from previous years, but service numbers unexpectedly declined. Though we saw fewer clients than anticipated, we now see each client more frequently than in the past. In the past 5 years, we have seen a 62% increase in the number of contacts we have per client. 62 of the 524 clients participated in 15 support groups and/or workshops. We held more groups than the expected 8, which takes more staff time for fewer clients.	We expect to serve about 590 clients.	We expect to serve about 600 clients.

Program Activity 2	*Support Groups:* Staff and trained volunteers facilitate support groups and workshops for survivors. Some are traditional discussion-based groups and others are activity-focused groups utilizing alternative healing modalities.		
Program Goal	Clients will report that they have more information about options and resources available to them. Additionally, they will have gained emotional support as a result of their contact with the Center. We expect that more than 90% of those who complete evaluations will: (1) Report that participation in a support group helped them feel less alone in their experience of sexual violence. (2) Report that participation in a support group increased feelings of being supported in their healing process.		
Performance Measures	Using a quantitative standardized scale for measuring post-traumatic stress disorder (PTSD), support group participants will be given a pre- and post-test for these symptoms. Participants are also asked to provide qualitative feedback about the service(s) they utilized at the OCRCC, to evaluate their service provider, and to comment on the accessibility of our programs. The Client Services Director compiles data after each support group and at the end of the fiscal year.		
Program Results	95% of support group participants reported that our groups helped them feel less alone in their experience. 94% of support group participants reported that our groups made them feel more supported in their healing process.		

3. (ii) PROJECT/PROGRAM INFORMATION

Agency & Program Name: Orange County Rape Crisis Center – Community Education

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/ Residents
Education	X	X	X	X	X
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Human Services					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

The Orange County Rape Crisis Center (OCRCC) has provided safety education programs to local youth and adults for 35 years. Our Safe Touch program was innovative and groundbreaking when first launched, and we have continued to incorporate new research and best practices into our curriculum over the years to ensure the highest quality content and delivery.

Our Safe Touch program is designed for preschool through fifth grade, focusing on protective factors against sexual abuse victimization. We teach age-appropriate messages for how to identify inappropriate touches, what to do if they experience violence, and who they can talk to about violence. In fourth and fifth grade, we introduce lessons about sexual bullying, internet safety, and cyber-bullying.

Our Start Strong program works in middle and high schools, focusing on risk and protective factors for perpetration of sexual violence, in accordance with primary prevention theory. In keeping with evidence-based best practices, our messages focus on positive behavior development rather than negative behavior abatement as well as on bystander empowerment rather than risk reduction for potential victims. Our programs increase protective factors for youth, including developing positive and health relationships, promoting healthy sexuality, developing media literacy skills, increasing bystander efficacy, and challenging rape myths.

Our adult and parent programs utilize both primary prevention and risk reduction strategies. Our major program is Stewards of Children®, a professional training curriculum provided by the Darkness 2 Light Coalition. Relying on evidence-based methodology, we teach parents and caregivers concrete steps and practical tips for preventing, recognizing, and responding to child sexual abuse.

The OCRCC's education programs address community priorities by reducing what the CDC terms Adverse Childhood Experiences (ACEs), which form the root causes of many public health issues and contribute to negative life outcomes such as substance abuse, mental and behavioral health issues, and chronic disease. In addition to their prevention focus, the programs are designed to identify children and adolescents currently experiencing violence and connect them with appropriate professional supports. Over the last five years, our staff has assisted school personnel with providing intervention services to 544 students, including making reports to the Department of Social Services in cases where mandated or recommended.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

According to the Darkness 2 Light Coalition, about one in ten children will be sexually abused before their 18th birthday. And as this statistic includes contact-only abuse, we know that even more children will experience other forms of non-contact sexual violence, such as exposure, voyeurism, sexual harassment, and exposure to pornography. Sexual violence occurs in all communities and across all demographic groups, and research shows that children and teens are at even higher risk of victimization than adults: 70 percent of all reported sexual assaults occur to children under the age of 18. Though local data on sexual violence is difficult to assess, our experience corroborates these national findings.

In addition to the alarmingly high rates of child sexual abuse, we also know that the negative impacts of abuse can be severe. Children who experience sexual violence may have mental health issues such as anxiety, depression, aggression, or suicidal thoughts; difficulty with interpersonal relationships and sexuality; self-esteem and body image issues; difficulty at school such as poor performance, poor behavior, or poor attendance; physical illness; and more. Without proper support, these difficulties may persist into adulthood, creating limitations on their health, employment, and housing outcomes. But just as with adults, these long-term consequences can be diminished if children receive early

intervention and a supportive environment to disclose their abuse and begin to heal. Further, because offenders often perpetrate in an escalating manner, recognizing inappropriate behavior and intervening early can prevent more severe abuse from occurring. It is therefore crucial that we work both to prevent initial victimization and also to identify and provide services to those who do experience violence.

With the majority of our programs taking place within local schools, we are able to educate youth and adults across all demographics in Orange County, including underserved populations as well as low- and moderate-income families.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Because the program operates through the public schools, we will serve a majority of families with school-aged children in the county, with a particular emphasis on services to vulnerable and low-income families through our partnership with HeadStart/Early HeadStart and the Exceptional Children programs in both CHCCS and OCS. Every preschool and elementary student enrolled in CHCCS, OCS, or HeadStart will benefit from our programs.

Older students in middle and high school in Chapel Hill and Carrboro will also benefit from our program, which will reach every 7th and 9th grader in each of the CHCCS schools. Beneficiaries in Orange County Schools will be determined based on which school personnel opt to include the program in their curriculum.

While we do not collect demographic information related to housing or household income for the purposes of our educational program, we work within the public schools which maintain a commitment to serving homeless, low-income, moderate-income, and vulnerable children. We are assured that with 100% reach in the schools, we provide benefits to students from a variety of income levels and housing situations, approximately reflecting the population of the county.

e) Who specifically will carry out the activities and in what location will they be carried out?

Program activities will be carried out by qualified staff and trained volunteers in local schools. Safe Touch program activities at the elementary level are delivered through the regular classroom with support from classroom teachers and student support staff (i.e., counselors, social workers, nurses). Preschool classroom programs are coordinated either through the school for site-based pre-K classes, or through the Head Start/Early HeadStart program. Students enrolled in both school-based and facility-based HS/EHS receive the program in the spring when they are most developmentally prepared for the content.

Start Strong program activities at the middle and high school level are delivered by staff and volunteers in the Healthful Living classes, with support from classroom teachers.

Our adult education programs are delivered in a variety of settings, including during the two district Open House events and at specific schools throughout the school year. These are delivered by certified presenters on our staff.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Activities	*Timeline*
Program Activity 1 – Safe Touch	
Renew Memorandum of Agreement with OCS and CHCCS	07/2016-08/2016
Work with school personnel to coordinate program schedule	07/2016-09/2016
Recruit and train volunteers to present Safe Touch programs	08/2016-09/2016
Parent Open House in OCS	09/2016
Implementation of Safe Touch programs in OCS	09/2016-11/2016
Parent Open House in CHCCS	11/2016
Implementation of Safe Touch programs in CHCCS	11/2016-04/2017

Implementation of Safe Touch programs in pre-K and HeadStart/Early HeadStart in OCS and CHCCS	05/2017
Schedule and implement Safe Touch programs as requested for charter schools, private schools, community groups, professional organizations, faith communities, etc.	Ongoing
Program Activity 2 – Start Strong	
Renew Memorandum of Agreement with OCS and CHCCS	07/2016-08/2016
Work with school personnel to coordinate program schedule	07/2016-09/2016
Recruit and train volunteers to present Start Strong programs	08/2016-11/2016
Implementation of Start Strong 7th grade program in CHCCS & OCS middle schools (4 sessions in each participating health class)	10/2016-05/2017
Implementation of Start Strong 9th grade program in CHCCS & OCS high schools (2 sessions in each participating health class)	10/2016-05/2017
Schedule and implement Start Strong programs as requested for charter schools, private schools, community groups, professional organizations, faith communities, etc.	Ongoing
Program Activity 3 – Adult Education & Training	
Schedule and implement adult, parent, professional, and custom programs as requested for charter schools, private schools, community groups, professional organizations, faith communities, etc.	Ongoing

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Orange County Schools and Chapel Hill-Carrboro City Schools: The OCRCC maintains an annual Memorandum of Agreement (MOA) with OCS and CHCCS outlining responsibilities of both parties for program delivery, parent communication, and follow-up protocol with students who raise concerns during or immediately following a program.
- Compass Center for Women & Families: The OCRCC collaborates with Compass to provide joint programming in the Start Strong program. The OCRCC provides 7th and 9th grade programs, and Compass provides 6th and 8th grade programs. We work together to ensure content and evaluation coherence.
- Department of Social Services: The OCRCC regularly refers families of students who raise concerns during classroom programs to DSS for follow-up services and intervention if needed.
- The OCRCC also offers programming by request to a number of independent schools, community groups, professional organizations, faith communities, and others.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Without funding from local governments, we would not be able to provide a large number of safety education programs to our community. With only two full-time and one part-time staff members, we are already stretched beyond capacity and often have to decline program requests. In FY14-15, the OCRCC provided a total of 898 programs to 13,614 people. More than 80% of programs were delivered to pre-K through grade 12 students. Additionally, education staff worked more closely than ever with client services staff to deliver community-wide education opportunities, bringing customized programs to faith communities, neighborhoods and families across the county. Altogether, local government grants comprise about 10% of our budget.

i) Include any other pertinent information.

The following comment from a parent was posted on Facebook and is shared with permission:

"I wanted to let the community and the administration know HOW MUCH I appreciate the Safe Touch education program that the school implemented this past month. The fact that the administration and faculty made this a priority speaks volumes about putting the safety of our children first. I feel such gratitude that my children are in a safe place.... Thank you from the bottom of my heart to whomever made this happen in our school!"

Program/Project Information

(j) Complete the Target Population and Program Beneficiary Demographics Chart
(k) Complete the Schedule of Positions Chart for Program Staff
(l) Disclosure of Potential Conflicts of Interest must be signed
(m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Community Education

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender*			
Male	N/A	N/A	N/A
Female	N/A	N/A	N/A
Total	N/A	N/A	N/A
Ethnicity*			
African-American	N/A	N/A	N/A
American Indian or Alaska Native	N/A	N/A	N/A
Asian	N/A	N/A	N/A
Caucasian	N/A	N/A	N/A
Native Hawaiian or other Pacific Islander	N/A	N/A	N/A
Other	N/A	N/A	N/A
Unknown	N/A	N/A	N/A
Total	N/A	N/A	N/A
Of the above, how many Hispanic/Latino	N/A	N/A	N/A
Of the above, how many non-Hispanic/Latino	N/A	N/A	N/A
Total	N/A	N/A	N/A
Age			
0-5 years	1,869	1,865	1,875
6-18 years	10,523	10,600	10,650
19-50 years	1,222	1,230	1,240
51-61 years			
62+ years			
Unknown			
Total	13,614	13,695	13,765

Geographic Location

Durham City	483	565	600
Durham County	240	200	200
Carrboro	1,136	1,135	1,135
Chapel Hill (incl. UNC)	7,673	7,660	7,660
Chapel Hill Public Housing Residents	N/A	N/A	N/A
Orange County	3,830	3,930	3,965
Raleigh	43	35	35
Wake County	0	0	0
Chatham	162	120	120
Other/Unknown	47	50	50
Total	13,614	13,695	13,765

* We are not able to track education programs based on gender or ethnicity since they typically have mixed audiences. With the vast majority of our programs taking place in the local school districts, we can assume that our outreach numbers reflect county-wide demographic data.

k) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1.0	45% (1) 55% (2)	75,929	74,235	77,673	11%	R,H
Client Services Director	1.0	100% (1)	58,207	55,411	56,929	8%	R,H
Crisis Response Coordinator	1.0	100% (1)	45,446	48,068	45,151	6.4%	R,H
Latina Services Coordinator	1.0	90% (1) 10% (2)	34,690	45,407	46,184	6.6%	R,H
Client Services Assistant	.75	100% (1)	0	0	27,640	4%	R,H (75%)
Community Education Director	1.0	100% (2)	0	52,918	54,335	7.7%	R,H
Prevention Coordinator	1.0	100% (2)	44,567	45,959	46,873	6.7%	R,H
Education & Finance Coordinator	1.0	12% (1) 88% (2)	42,701	49,314	50,116	7%	R, H
Education Assistant	.50	100% (2)	14,524		16,227	2.3%	R
Development & Communications Director	1.0	37% (1) 63% (2)	53,049	58,374	62,944	9%	R,H
Administrative Services Coordinator	1.0	65% (1) 35% (2)	28,736	33,195	38,838	5.5%	R,H
Crisis Response Assistant	.25	100% (1)	7,230	8,419	11,590	1.6%	R
Volunteer Hours	4.0	50% (1) 50% (2)					n/a

1) Client Services
2) Community Education

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Alyson Culin — Executive Director — Date: 1/25/16

Signature: [illegible] — Board Chairperson — Date: 1/25/16

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 1	Present educational programs to youth and adults in the community.		
Program Goal	OCRCC will provide educational programs to 13,010 individuals.	OCRCC will provide educational programs to 13,010 individuals.	OCRCC will provide educational programs to 13,200 individuals.
Performance Measures	Program Record sheets maintained and monitored by OCRCC education staff.		
Program Results	OCRCC provided educational programs to 13,614 individuals in the community.		
Program Activity 2	Present Safe Touch educational programs in elementary schools.		
Program Goal	90% of teachers and counselors whose classrooms receive Safe Touch programs will report an increase in student awareness of personal safety and protection against sexual violence.		
Performance Measures	For each program within a school setting, the OCRCC provides each teacher and school counselor with an evaluation asking them to assess whether the program resulted in an increased awareness of personal safety and protection against sexual violence among students. OCRCC staff reviews evaluations periodically and compiles results biannually.		
Program Results	95% of teachers and counselors at schools that receive OCRCC programs reported an increase in student awareness of personal safety and protection against sexual violence.		

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Program Budget

Agency/Program: **Client Services**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 25,000	$ 25,000	$ 25,000	0%
Agency Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ 15,000	$ 15,000	$ 17,500	17%
Town of Chapel Hill	$ 4,000	$ 10,000	$ 13,500	35%
Town of Carrboro	$ 2,000	$ 5,000	$ 6,000	20%
Other Local: Town of Hillsborough	$ 2,500	$ 2,500	$ -	-100%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 21,412	$ 26,365	$ 22,500	-15%
State Government	$ 43,784	$ 38,550	$ 35,500	-8%
Federal Government	$ 134,932	$ 158,655	$ 193,655	22%
Other Grants: Contracts (LAV)	$ 14,103	$ 12,250	$ 4,000	-67%
Other Grants:				0
Miscellaneous/Other Revenue	$ 25,975	$ 26,893	$ 31,917	19%
Please list 3 largest Miscellanous sources:				
Fundraiser (annual auction) $ -	$ 24,475	$ 24,893	$ 30,417	
Miscellaneous $ -	$ 1,500	$ 2,000	$ 1,500	
$ -				
Total Agency Revenue	**$ 288,706**	**$ 320,213**	**$ 349,572**	**9%**
AGENCY EXPENSES				
Compensation	$ 202,540	$ 235,650	$ 267,250	13%
Rent & Utilities	$ 43,372	$ 45,411	$ 48,005	6%
Supplies & Equipment	$ 14,185	$ 18,150	$ 15,100	-17%
Travel & Training	$ 3,390	$ 3,000	$ 3,000	0%
Other Expenses:	$ 26,679	$ 18,002	$ 16,217	-10%
Please list 3 largest "Other Expenses":				
Financial: Audit, bank fees, etc. $ -	$ 6,010	$ 6,627	$ 6,952	
Professional dues, marketing, misc. $ -	$ 10,711	$ 7,625	$ 8,515	
Client Emergency Funds, contract fees $ -	$ 9,958	$ 3,750	$ 750	
Total Agency Expenses	**$ 290,166**	**$ 320,213**	**$ 349,572**	**9%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (1,460)**	**$ -**	**$ -**	**0**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Client Services

Cost Elements	Cost	Quantity/Unit of	Subtotal
Personnel (staff time)		5.5 FTE	$267,250
Supplies for volunteer training	$40	25 volunteers	$1,000
Client Emergency funds		As many as needed	$250
Communications costs for Helpline		Phone, internet, cell	$8,120
			$72,952.50
		Total	**$349,572.50**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$290,166	$320,213	$349,572.50
Total # of Units	2453	2773	2820
Cost Per Unit	$118.29	$115.47	$123.96

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Program Budget

Agency/Program: Community Education

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 70,387	$ 92,000	$ 92,000	0%
Agency Generated Revenue (fees)	$ 1,722	$ 4,800	$ 6,000	25%
Local Government Grants:				
Orange County	$ 15,000	$ 15,000	$ 17,500	17%
Town of Chapel Hill	$ 16,000	$ 10,000	$ 13,500	35%
Town of Carrboro	$ 7,000	$ 5,000	$ 6,000	20%
Other Local: Town of Hillsborough	$ 2,500	$ 2,500	$ -	-100%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 9,640	$ 15,016	$ 12,500	-17%
State Government	$ 52,065	$ 42,565	$ 45,500	7%
Federal Government	$ 59,533	$ 60,000	$ 60,000	0%
Other Grants: Contracts	$ -	$ -	$ 25,000	0
Other Grants: Private Foundations	$ 15,500	$ 18,938	$ 21,190	12%
Miscellaneous/Other Revenue	$ 66,358	$ 54,394	$ 50,382	-7%
Please list 3 largest Miscellanous sources:				
Fundraiser (annual auction) $ -	$ 46,047	$ 44,194	$ 40,882	
Miscellaneous $ -	$ 1,574	$ 2,200	$ 1,500	
Non-cash donations $ -	$ 18,737	$ 8,000	$ 8,000	
Total Agency Revenue	**$ 288,705**	**$ 320,213**	**$ 349,572**	**9%**
AGENCY EXPENSES				
Compensation	$ 202,540	$ 235,650	$ 267,250	13%
Rent & Utilities	$ 40,122	$ 41,911	$ 44,085	5%
Supplies & Equipment	$ 24,861	$ 17,950	$ 20,100	12%
Travel & Training	$ 3,050	$ 3,500	$ 3,000	-14%
Other Expenses:	$ 19,594	$ 21,202	$ 15,137	-29%
Please list 3 largest "Other Expenses":				
Financial: Audit, bank fees, etc. $ -	$ 6,010	$ 6,627	$ 6,952	
Professional dues, marketing, misc. $ -	$ 8,008	$ 10,075	$ 7,685	
Client Emergency Funds, contract fees $ -	$ 5,576	$ 4,500	$ 500	
Total Agency Expenses	**$ 290,167**	**$ 320,213**	**$ 349,572**	**9%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (1,462)**	**$ -**	**$ -**	**0**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Community Education

Cost Elements	Cost ($)	Quantity/Unit of	Subtotal ($)
Personnel (staff time)		5 FTE	$267,250
Classroom Materials – handouts	$0.33	13,765 participants	$4,500
General operating costs			$77,822.50
		Total	**$349,572.50**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$290,166	$320,213	$349,572.50
Total # of Units	13,614	13,695	13,765
Cost Per Unit	$21.31	$23.38	$25.40

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: Orange County Rape Crisis Center

AGENCY REVENUE		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations		$ 95,387	$ 117,000	$ 117,000	0%
Agency Generated Revenue (fees for out of county community education programs)		$ 1,722	$ 4,800	$ 6,000	25%
Local Government Grants:					
Orange County		$ 30,000	$ 30,000	$ 35,000	17%
Town of Chapel Hill		$ 20,000	$ 20,000	$ 27,000	35%
Town of Carrboro		$ 9,000	$ 10,000	$ 12,000	20%
Other Local: Town of Hillsborough		$ 5,000	$ 5,000	$ -	-100%
Other Local:					0
Other Local:					0
If more than 3 sources, please provide a separate list.					
Non-Local Government Grants					
Triangle United Way		$ 31,053	$ 41,381	$ 35,000	-15%
State Government		$ 68,849	$ 81,115	$ 81,000	0%
Federal Government		$ 194,465	$ 218,655	$ 253,655	16%
Other Grants: Private Foundations		$ 15,500	$ 18,938	$ 21,190	12%
Other Grants: contracts		$ 14,103	$ 12,250	$ 29,000	137%
Miscellaneous/Other Revenue		$ 92,333	$ 81,288	$ 82,300	1%
Please list 3 largest Miscellanous sources:					
Fundraiser: annual auction		$ 70,522	$ 69,088	$ 71,300	
miscellaneous	$ -	$ 3,074	$ 4,200	$ 3,000	
Non-cash donations	$ -	$ 18,737	$ 8,000	$ 8,000	
Total Agency Revenue		**$ 577,412**	**$ 640,427**	**$ 699,145**	**9%**
AGENCY EXPENSES					
Compensation		$ 405,079	$ 471,300	$ 534,500	13%
Rent & Utilities		$ 83,494	$ 87,322	$ 92,090	5%
Supplies & Equipment		$ 39,046	$ 36,100	$ 35,200	-2%
Travel & Training		$ 6,440	$ 6,500	$ 6,000	-8%
Other Expenses:		$ 46,271	$ 39,205	$ 31,355	-20%
Please list 3 largest "Other Expenses":					
Financial: Audit, bank fees, etc.	$ -	$ 12,019	$ 13,255	$ 13,905	
Professional dues, marketing, misc.	$ -	$ 18,719	$ 17,700	$ 16,200	
Client Emergency Funds, contract fees	$ -	$ 15,534	$ 8,250	$ 1,250	
Total Agency Expenses		**$ 580,330**	**$ 640,427**	**$ 699,145**	**9%**
SURPLUS/(DEFICIT) FOR PERIOD:		**$ (2,918)**	**$ -**	**$ -**	**0**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Orange Congregations in Mission**

Program(s) Meals on Wheels

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ***x Applicant Contact Information*** **b.** ***x Project/Program Contact Information*** **c.** ***x Funding Requests Identified*** **d.** ***x Signed Application Cover Page***	
2. Agency Information -	**a.** ***x Agency's Years in operation*** **b.** ***x Agency's Purpose/Mission*** **c.** ***x Agency's Types of Services Provided*** **d.** ***x Agency's Experience*** **e.** ***x Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ***xType of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ***x Description of Identified Need*** **d.** ***x Description of Population to be Served*** **e.** ***x Activity Manager and Location Description*** **f.** ***x Activity Implementation Timeline*** **g.** ***x Agency Collaboration*** **h.** ***x Describe Impact of Reduced/No Allocation*** **i.** ***x Other Pertinent Information*** **j.** ***x Complete Target Population/Beneficiary Chart*** **k.** ***x Complete Schedule of Positions*** **l.** ***x Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ***x Program Budget Worksheet*** **b.** ***x Program Budget Detail*** **c.** ***x Cost Per Unit*** **d.** ***x Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ***x Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ***x IRS Federal Form 990*** **c.** ***x NC Solicitation License*** **d.** ***x IRS Federal Tax-Exemption Letter*** **e.** ***x Certificate of Insurance*** **f.** ***x List of Board of Directors*** **g.** ***xArticles of Incorporation/Bylaws*** **h.** ***x Authorization to Request Funds*** **i.** ***x Authorized official designation*** **j.** ***x 3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Orange Congregations in Mission, Inc.

Applicant Organization's Physical Address: 300 Millstone Dr. Hillsborough, NC 27278

Applicant Organization's Mailing Address: 300 Millstone Dr. Hillsborough, NC 27278

Applicant Organization's Web Address: www.ocimnc.org

Executive Director: Rev. Sharon S. Freeland

Telephone Number: 919-731-6194 ext. 10 *E-Mail:* ocimexecdir@embarqmail.com

DUNS Number: 612251009
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Meals on Wheels

Project/Program Primary Contact and Title: Kay Stagner, Manager of Client Services

Telephone Number: 919-732-6194 ex.12 *E-Mail:* ocimsrm@embarqmail.com

c) Funding Request Identification

Total Project/Program Cost: $61,732 *Total Amount of Funds Requested:* $17,000

Proposed Use of Funds Requested (2-3 Line Maximum): Purchase catered meals for Meals on Wheels recipients who are unable to pay the entire amount of the meal. Though the cost charged for meals is $2.80, actual cost of a meal is $3.25; $17,000 would subsidize 17 people for one year.

*Please check all **types, sources,** and **amounts** of funding being requested. You must submit an application package for **each** funding source. *The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

X Human Services: ☐ *Carrboro* $_____ ☐ *Chapel Hill* $_____ *X Orange County* $17,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: (Rev.) Sharon S. Freeland — 1/25/16
Executive Director — Date

Signature: Ann C Wagner — Jan. 21, 2016
Board Chairperson — Date

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☑ *a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?*

☐ ☑ *b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?*

☐ ☑ *c) Current beneficiaries of the project/program for which funds are requested?*

☐ ☑ *d) Paid providers of goods or services to the program or having other financial interest in the program?*

If you have answered YES to any question, **please provide a full explanation below.**

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: (Rev.) Dan D. Orzech — 1/25/16
Executive Director — *Date*

Signature: Ann C Wagner — Jan 21, 2016
Board Chairperson — *Date*

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
May 1981

b) Agency's Purpose/Mission
To minister to the urgent needs of citizens of northern Orange County through the volunteer efforts of diverse congregations and individuals inspired by faith in God, and to enhance self-sufficiency and awareness of community resources.

c) Types of Services the Agency Provides
Meals on Wheels: Provides a nutritious meal, Monday through Friday to primarily elderly people who are homebound, alone during lunchtime, and unable to prepare a nutritious meal themselves due to either cognitive or physical disability.
Samaritan Relief Ministry: Provides emergency food, utility and rental payment, and prescription medication payment.
Thrift Shop: A place where clothing, books, and household items can be purchased for very low cost and donors are able to make tax deductable donations.

d) Agency's Experience with Similar Programs as the Funding Request
Orange Congregations in Mission's involvement in Meals on Wheels began in 1981. At that time the program was strictly volunteer run. In October 2001, OCIM hired the first part-time Meals on Wheels Coordinator. The current Meals on Wheels Coordinator has been with the program for 10 years. During that time the program has become very efficient, with nearly immediate turn-around from interview to meal delivery for qualified referrals. Computerized driver's directions have made it easy to add new recipients onto existing routes. Driver retention and delivery reliability has improved as well.

e) Other Pertinent Agency Information
Orange Congregations in Mission uses a calendar year budget.
OCIM uses a certified public accountant to compile its financials each month.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Orange Congregations in Mission Meals on Wheels

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

X Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition		X	X	X	
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?
Only applying for county funds.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.
The Meals on Wheels program provides a nourishing lunch, five days a week to homebound residents of northern Orange County. According to Orange County's Master Aging Plan, The number of adults age 65+ in Orange County is estimated to increase by

31% between 2012-2017. By 2030, this population will more than double from its size in 2012, reaching an estimated 31,063 people and making up 17.6 of all Orange County individuals. Orange Congregations in Mission's Meals on Wheels program desires to make sure the most fragile members of the northern Orange County communities receive a home-delivered lunch and accompanying visit by the delivery volunteer.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The people who qualify for OCIM's Meals on Wheels program are home alone during the day, unable to prepare a nutritious meal for themselves due to either physical or cognitive disability, and are no longer driving. The individuals this program serves are normally unable to participate in the programs available at the Central Orange Senior Center. Many of the Meals on Wheels recipients are very low income, though the program is open to any person who meets the qualifications. Ideally, if a person has the financial resources available, other options are available. When the Meals on Wheels Coordinator receives a referral, she calls either the person needing the service or an identified family member. Basic questions are asked, including where in Orange County they live. If it appears the person meets the qualifications, the coordinator goes to the home to get clear directions and to discuss the financial sliding scale.

e) Who specifically will carry out the activities and in what location will they be carried out?

The Meals on Wheels Coordinator receives referrals and makes determination of eligibility. Kelsey's Café caters the meals and delivers them to Orange Congregations in Mission. Meals are packed into insulated route bags with accompanying direction notebooks. About 100 volunteers (some drive weekly, some substitute as needed) pick up the meals and deliver them to the people on their route. Due to food safety and volunteer time and gasoline, the routes are arranged to only take about one hour for delivery. In some cases, there are areas of the very northern parts of the county our program is unable to reach at this time.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Meals are delivered Monday through Friday, between 10:30 and 12:00. During winter storms, when the Orange County Schools are closed due to road conditions, our program does not deliver. Prior to anticipated storms, an additional meal of non-perishable items is sent with the understanding that no meal will be delivered if roads are dangerous.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- **Orange County Department of Social Services:** Meals on Wheels receives referrals about possible recipients from Adult Services social workers.
- **Orange County Department on Aging:** Meals on Wheels receives referrals about possible recipients. Likewise, the Meals on Wheels Coordinator makes referrals to the Department on Aging when recipients seem to be in need of other services or there are health or safety concerns.
- **Various home health agencies:** social workers, nurses and aides make referrals for clients they feel would be good candidates for Meals on Wheels.
- **Area Congregations:** Members of area congregations volunteer for Meals on Wheels as well as refer people who may need home-delivered meals.
- **Orange County Employees, PHE, Sports Endeavors:** Employees give up a lunch hour to deliver Meals on Wheels.

- **Meals on Wheels Association of America:** OCIM's Meals on Wheels program is a member of the national organization which provides information, training, and networking opportunities. "Mayors for Meals" is an event sponsored through MOWAA. This annual event involves mayors from local communities in the delivery of meals on the third Wednesday of March. Through this event, local governments become more aware of Meals on Wheels and the needs of the elderly in our community. Hillsborough's mayor, Tom Stevens, has participated in this event for many years. In 2015, Commissioner Renee Price also participated.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.
If the Meals on Wheels program did not receive funding from Orange County, the program would be unable to continue as it currently exists. Without the Orange County funds, so few meals would be able to be purchased that the program would have to either offer no sliding scale and only be available to people who could afford the full cost or only be available to a very few people.

i) Include any other pertinent information.
The program demographics give description of the individuals receiving meals. The actual cost per unit reflects numbers of meals delivered. Because the individuals receiving the meals come and go for varying periods of time, there is no way to accurately indicate demographic information for each meal delivered.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: x **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	19	20	20
Female	47	50	50
Total	66	70	70

Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	26	28	28
American Indian or Alaska Native			
Asian			
Caucasian	40	42	42
Native Hawaiian or other Pacific Islander			
Other			
Total	66	70	70
Of the above, how many Hispanic/Latino	0		
Of the above, how many non-Hispanic/Latino	66	70	70
Total	66	70	70
Age			
0-5 years			
6-18 years			
19-50 years	2	2	2
51-61 years	6	7	7
62+ years	58	61	61
Total	66	70	70
Geographic Location			
Durham City			
Durham County			
Carrboro			
Chapel Hill			
Chapel Hill Public Housing Residents			
Orange County	66	70	70
Raleigh			
Wake County			
Total	66	70	70
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			

MAIN APPLICATION

Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1	.30	49,457.98	50,243	50,243		R/H
Manager of Client Services	1	.10	46,052	45,007	45,007		R/H
Meals on Wheels/Pantry helper	.75	.60	12,398.43	14,040	14,040		
All others	3.75	0	115,598.56	135,710	135,710		2 R/H
MOW volunteers (1,250 hours)	.75						
Total volunteers (10,033 hours)	5						

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Referrals are made and the Meals on Wheels Coordinator follows up with an initial phone call and if qualifications are met, a home visit is made and meals are initiated.	Referrals are made and the Meals on Wheels Coordinator follows up with an initial phone call and if qualifications are met, a home visit is made and meals are initiated.	Referrals are made and the Meals on Wheels Coordinator follows up with an initial phone call and if qualifications are met, a home visit is made and meals are initiated.
Program Goal	A total of 73 people will receive a home-delivered, nutritious meal five days a week	A total of 70 people will receive a home-delivered, nutritious meal five days a week	A total of 70 people will receive a home-delivered, nutritious meal five days a week
Performance Measures	Information is recorded about dates of referral, interviews, and starting service as well as reasons for needing or discontinuing Meals on Wheels.	Information is recorded about dates of referral, interviews, and starting service as well as reasons for needing or discontinuing Meals on Wheels.	Information is recorded about dates of referral, interviews, and starting service as well as reasons for needing or discontinuing Meals on Wheels.
Program Results	Of the 66 individuals who received a home-delivered meal, 100% of this fragile population was able to remain in their own homes and maintain independence for as long as safely possible, other arrangements were made for their care, or their condition improved.	Of the 70 individuals who receive a home-delivered meal, 100% of this fragile population will be able to remain in their own homes and maintain independence for as long as safely possible, other arrangements are made for their care, or their condition improves.	Of the 70 individuals who receive a home-delivered meal, 100% of this fragile population will be able to remain in their own homes and maintain independence for as long as safely possible, other arrangements are made for their care, or their condition improves.
Program Activity 2			
Program Goal			
Performance Measures			
Program Results			
Program Activity 3			
Program Goal			
Performance Measures			
Program Results			
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Program Activity 5			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program: **Orange Congregations in Mission Meals on Wheels**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 4,342	$ 5,000	$ 5,000	0%
Agency Generated Revenue (fees)	$ 9,523	$ 15,500	$ 15,500	0%
Local Government Grants:				
Orange County	$ 17,000	$ 17,000	$ 17,000	0%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 19,623	$ 14,500	$ 14,500	0%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 4,462	$ 5,000	$ 5,000	0%
Please list 3 largest Miscellanous sources:				
Other foundations & grants $ -				
$ -				
$ -				
Total Agency Revenue	**$ 54,950**	**$ 57,000**	**$ 57,000**	**0%**
AGENCY EXPENSES				
Compensation	$ 1,112	$ 1,300	$ 1,300	0%
Rent & Utilities	$ 7,213	$ 5,450	$ 5,450	0%
Supplies & Equipment	$ 2,923	$ 4,170	$ 4,170	0%
Travel & Training	$ 252	$ 250	$ 250	0%
Other Expenses:	$ 50,235	$ 49,927	$ 49,927	0%
Please list 3 largest "Other Expenses":				
Client Assistance $ 26,586.00				
Personnel Costs $ 23,639.00				
Depreciation $ 10.00				
Total Agency Expenses	**$ 61,735**	**$ 61,097**	**$ 61,097**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (6,785)**	**$ (4,097)**	**$ (4,097)**	**0%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Meals on Wheels

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Personnel	24,751		24,751
Occupancy	7,213		7,213
Food Purchase	3.25	Cost per meal	28,197
Miscellaneous	3,186		3,186
		Total	**63,347**

c.) Cost per Unit (one meal delivered)

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**61,736**	**63,347**	**63,347**
Total # of Units	**8,175**	**8,676**	**8,676**
Cost Per Unit	**7.55**	**7.30**	**7.30**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Orange Congregations in Mission**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 517,545	$ 449,000	$ 449,000	0%
Agency Generated Revenue (fees)	$ 201,456	$ 236,726	$ 236,726	0%
Local Government Grants:				
Orange County	$ 50,415	$ 50,415	$ 50,415	0%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local: Town of Hillsborough	$ 5,000	$ -	$ -	0
Other Local: Town of Hillsborough water assistance	$ 2,828	$ 5,600	$ 5,600	0%
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 39,974	$ 29,000	$ 29,000	0%
State Government				0
Federal Government FEMA	$ -	$ 15,000	$ 15,000	0%
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 68,741	$ 109,994	$ 109,994	0%
Please list 3 largest Miscellanous sources:				
Duke Energy Foundation $ 4,596.59				
Other grants $ 61,145.00				
Miscellaneous/Recycling $ 2,999.37				
Total Agency Revenue	**$ 885,959**	**$ 895,735**	**$ 895,735**	**0%**
AGENCY EXPENSES				
Compensation	$ 143,033	$ 147,763	$ 147,763	0%
Rent & Utilities	$ 43,952	$ 37,250	$ 37,250	0%
Supplies & Equipment	$ 16,092	$ 15,655	$ 15,655	0%
Travel & Training	$ 4,179	$ 5,650	$ 5,650	0%
Other Expenses:	$ 748,707	$ 691,502	$ 691,502	0%
Please list 3 largest "Other Expenses":				
Client Assistance $ 502,099.00				
Salaries (exclude Exec. Dir.) $ 174,049.00				
Accounting Fees $ 35,903.00				
Total Agency Expenses	**$ 955,963**	**$ 897,820**	**$ 897,820**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (70,004)**	**$ (2,085)**	**$ (2,085)**	**0%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Orange Congregations in Mission**

Program(s) Samaritan Relief Ministry

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ***X Applicant Contact Information*** **b.** ***X Project/Program Contact Information*** **c.** ***X Funding Requests Identified*** **d.** ***x Signed Application Cover Page***	
2. Agency Information -	**a.** ***x Agency's Years in operation*** **b.** ***x Agency's Purpose/Mission*** **c.** ***x Agency's Types of Services Provided*** **d.** ***x Agency's Experience*** **e.** ***x Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ***x Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ***x Description of Identified Need*** **d.** ***x Description of Population to be Served*** **e.** ***x Activity Manager and Location Description*** **f.** ***x Activity Implementation Timeline*** **g.** ***x Agency Collaboration*** **h.** ***x Describe Impact of Reduced/No Allocation*** **i.** ***x Other Pertinent Information*** **j.** ***x Complete Target Population/Beneficiary Chart*** **k.** ***x Complete Schedule of Positions*** **l.** ***x Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ***x Program Budget Worksheet*** **b.** ***x Program Budget Detail*** **c.** ***x Cost Per Unit*** **d.** ***x Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ***x Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ***X IRS Federal Form 990*** **c.** ***x NC Solicitation License*** **d.** ***x IRS Federal Tax-Exemption Letter*** **e.** ***x Certificate of Insurance*** **f.** ***x List of Board of Directors*** **g.** ***x Articles of Incorporation/Bylaws*** **h.** ***x Authorization to Request Funds*** **i.** ***x Authorized official designation*** **j.** ***x 3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Orange Congregations in Mission, Inc.

Applicant Organization's Physical Address: 300 Millstone Dr. Hillsborough, NC 27278

Applicant Organization's Mailing Address: 300 Millstone Dr. Hillsborough, NC 27278

Applicant Organization's Web Address: www.ocimnc.org

Executive Director: Rev. Sharon S. Freeland

Telephone Number: 919-732-6194 *E-Mail:* ocimexecdir@embarqmail.com

DUNS Number: 612251009
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Samaritan Relief Ministry

Project/Program Primary Contact and Title: Kay Stagner, Manager of Client Services

Telephone Number: 919-732-6194 ext. 12 *E-Mail:* ocimsrm@embarqmail.com

c) Funding Request Identification

Total Project/Program Cost: $569,700 *Total Amount of Funds Requested:* $33,415

Proposed Use of Funds Requested (2-3 Line Maximum): These funds would be used to purchase food for the Samaritan Relief Ministry food pantry, and emergency assistance for rent and utilities; a portion goes to Support Services, which administratively supports Orange Congregations in Mission, for wages for the program manager.

*Please check all **types, sources,** and **amounts** of funding being requested. You must submit an application package for **each** funding source. *The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

X Human Services: ☐ Carrboro $_____ ☐ Chapel Hill $_____ X Orange County $33,415

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: (Rev.) Sharon S. Freeland — 11/25/16
Executive Director — Date

Signature: Ann C Wagner — Jan 21, 2016
Board Chairperson — Date

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☑ *a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?*

☐ ☑ *b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?*

☐ ☑ *c) Current beneficiaries of the project/program for which funds are requested?*

☐ ☑ *d) Paid providers of goods or services to the program or having other financial interest in the program?*

If you have answered YES to any question, **please provide a full explanation below.**

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: (Rev.) Dawn S. Neeld — Jan. 25, 2016
Executive Director — *Date*

Signature: Ann C. Wagoner — Jan. 21, 2016
Board Chairperson — *Date*

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
May 1981

b) Agency's Purpose/Mission
To minister to the urgent needs of citizens of northern Orange County through the volunteer efforts of diverse congregations and individuals inspired by faith in God, and to enhance self-sufficiency and awareness of community resources.

c) Types of Services the Agency Provides
Samaritan Relief Ministry: Provides emergency food, utility and rental payment, and prescription medication payment.
Meals on Wheels: Provides a nutritious meal, Monday through Friday to primarily elderly people who are homebound, alone during lunchtime, and unable to prepare a nutritious meal themselves due to either cognitive or physical disability.
Thrift Shop: A place where clothing, books, and household items can be purchased for very low cost and donors are able to make tax deductable donations.

d) Agency's Experience with Similar Programs as the Funding Request
The Samaritan Relief Ministry has been helping people in northern Orange County since 1981. The program has grown from a checkbook administered by a church secretary to a highly efficient food pantry and immediate financial assistance availability. Donations of food come from many community resources. The current program manager has been in place for over 18 years and has brought the program record keeping from index card files to a computerized database.

e) Other Pertinent Agency Information
Orange Congregations in Mission uses a calendar year budget.
OCIM uses a certified public accountant to compile its financials each month.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Orange Congregations in Mission, Samaritan Relief Ministry

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

X Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition Food Pantry	✓	✓	✓	✓	
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify Rent, Utility assistance _____	✓	✓	✓	✓	

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?
Only applying for county funds.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The Samaritan Relief Ministry provides food and emergency financial assistance (rent, utilities, pharmacy) for people living in northern Orange County. Over the years, as the community has grown, the need for emergency assistance has grown. For historical perspective, in 1990, there were 94,232 people living in Orange County. That year the Samaritan Relief Ministry assisted 4,327 people, 3,009 of those were assisted with food; 3% of the people in Orange County received food assistance from the OCIM food pantry. In 2014, there were 140,420 people living in Orange County. That year the Samaritan Relief Ministry assisted 10,948 individuals, 8,946 of those received assistance from the OCIM food pantry; 6% of the population in Orange County received food assistance from the OCIM food pantry.

There is an unknown factor regarding changes to the FNS Benefits (Food Stamp) program. To quote a News and Observer article from 1/9/2016, '*According to Nancy Coston, director of Orange County Social Services, her staff has to speak with 700 people who are affected (by these changes.) They have to determine "who's working, who's in school, and we can't tell that without interviewing them all."'* The article goes on to say, '*it is unclear at this time how many people will lose their food stamp benefits and need to turn to food banks, which expect more demand for emergency food supplies because of the change.'*

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Orange Congregations in Mission's Samaritan Relief Ministry provides emergency groceries as well as financial assistance for rent, utilities, and pharmacy to people living within the geographical boundaries of the Orange County School District. This area is primarily rural, with Hillsborough being the largest municipality. The Chapel Hill/Carrboro area is served by the Inter-Faith Council for Social Services. The Samaritan Relief Ministry is a referral-based program. Various Orange County departments, school social workers, pastors, mental health programs, and local non-profits make referrals for their clients who are in need of the services this program offers.

e) Who specifically will carry out the activities and in what location will they be carried out?

The program manger (or trained volunteer) receives referrals from the various Orange County agencies and congregations. An "order form" is generated and daily pantry volunteers pack groceries. When financial assistance is requested, the program manager either calls in a commitment or writes a check directly to the vendor. All transactions take place at the Orange Congregations in Mission building in Hillsborough.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The Samaritan Relief Ministry is open year-round, Monday-Friday, 9:00 a.m. to 5:00 p.m.; households are able to receive food from the pantry a total of seven times during a 12-month period. As long as a request is not made twice in one week, the time between food referrals does not matter. Financial assistance has a maximum amount (usually $100) available every six months.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- **Orange County Department of Social Services:** The Samaritan Relief Ministry receives referrals for individuals and families needing food and emergency financial assistance.

- **Orange County Health Department:"**WIC" and other maternity/young children related programs make referrals for food, baby formula, and diapers.
- **Lutheran Family Services, RHA and other mental health case management programs;** Social workers and case managers refer clients to the Samaritan Relief Ministry for food.
- **Orange County Schools:** Social workers refer students and their families for food. During the holidays some schools hold food drives that are vital to restocking the Samaritan Relief Ministry food pantry. For the past two years, Cedar Ridge High School has also held a coat drive and the coats were brought to the Samaritan Relief Ministry for distribution to people needing warm coats.
- **Private and Charter Schools:** These schools are becoming more active in collecting food for the pantry.
- **Area Congregations:** Pastors of OCIM member congregations make referrals for food and financial support for people within these congregations. Food is available to people who are initially unaware of Orange County Department of Social Services and choose to go to churches for help. Many donations to the Samaritan Relief Ministry food pantry come through monthly food collections as well as general donations to the Samaritan Relief Ministry. Many of the Samaritan Relief Ministry volunteers come from member congregations.
- **Orange County Sheriff's Office:** During the holidays, the Sheriff's Office makes referrals of individuals and families in Orange County who could use extra help with a traditional holiday meal. These are families who may not have previously been identified as needing help. The Sheriff's Office delivers these holiday boxes. The Sheriff's Office held a food drive and sock drive in 2015. The Samaritan Relief Ministry received donations from both of these drives.
- **Food Bank of Central and Eastern NC:** The Samaritan Relief Ministry receives food at low or no cost.
- **Inter-Faith Food Shuttle:** The Samaritan Relief Ministry receives produce and other food at a low fee. The food has previously been delivered at no cost to our agency. Because of their own budget challenges, a small fee will be charged, beginning January 2016.
- **PORCH Chapel Hill & Hillsborough:** The Samaritan Relief Ministry pantry receives monthly donations of non-perishable food items from local neighborhoods.
- **Food Lion Stores:** Local Food Lion stores are donating "pulled" or "near date" produce, meat, and bakery goods. They also provide food through the sale of their "Holiday's without Hunger" boxes.
- **Weaver Street Market:** Through special fundraising campaigns, the pantry receives weekly deliveries of fresh eggs and apples.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

If the Samaritan Relief Ministry did not receive funding from Orange County, fresh milk and meat purchases would be greatly reduced, (we purchase nearly $800 worth of milk a month); 85 households would not receive help with rent and utilities, and the program manager would have to either have a cut in pay or funds would have to be diverted from

other areas to pick up the balance.

i) Include any other pertinent information.
The program demographics show duplicated numbers. Each time a household is assisted, it draws from the programs resources and each time is considered a separate "crisis" for the household. Some households may only need help once, while others need help the maximum number of times.
For the demographic information; Gender is only collected for adults, for informational purposes, the children were divided 50% female and 50% male. Ethnicity is collected by household, not individuals (the chart will reflect that), likewise, we collect age group information a little bit differently (the chart will reflect that.)

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: X **Persons** X **Households** ☐ **Units**

Program: Samaritan Relief Ministry

Program Beneficiary Demographics	Actual 2015 2014-15	Estimated 2016 2015-16	Projected 2017 2016-17
Gender			
Male	4799	5075	5075
Female	5976	6203	6203
Total	10,775	11,278	11,278
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity by Household			
African-American	1613	1687	1687
American Indian or Alaska Native			
Asian			
Caucasian	2094	2181	2181
Native Hawaiian or other Pacific Islander			
Other	223	247	247

MAIN APPLICATION

Total	3930	4,116	4,116
Of the above, how many Hispanic/Latino	201	206	206
Of the above, how many non-Hispanic/Latino	3729	3910	3910
Total Households	3930	4,116	4,116
Age			
0-4 0-5 years	1498	1578	1578
5-17 6-18 years	2872	3045	3045
18-64 19-50 years	6089	6315	6315
65 + 51-61 years	316	340	340
62+ years			
Total	10,775	11,278	11,278
Geographic Location			
Durham City			
Durham County			
Carrboro			
Chapel Hill			
Chapel Hill Public Housing Residents			
Orange County	10,775	11,278	11,278
Raleigh			
Wake County			
Total	10,775	11,278	11,278
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1	.30	49,457.98	50,243	50,243	.05	R/H
Manager of Client Services	1	100	46,052	45,007	45,007	.048	R/H
Meals on Wheels Coordinator/pantry helper	.75	.25	12,398.43	14,040	14,040	.012	
All others (2 f/t, 3 p/t)	3.75	0	115,598.56	135,710	135,710	.12	2 R/H
SRM volunteers (5,718 hours)	3						
Total volunteers (10,033 hours)	5						

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2015 2014-2015	Estimated 2016 2015-2016	Projected 2017 2016-2017
Program Activity 1	Individuals or households are refered to the Samaritan Relief Ministry by Orange County agencies and pastors of OCIM member congregations.	Individuals or households needing food assistance are refered to the Samaritan Relief Ministry by Orange County agencies and pastors of OCIM member congregations.	Individuals or households needing food assistance are refered to the Samaritan Relief Ministry by Orange County agencies and pastors of OCIM member congregations.
Program Goal	In 2015, 11,500 individuals will receive up to one week of groceries a maximum of six times in 12-months.	10,000 qualified referrals/individuals will receive up to one week of groceries a maximum of seven times in 12-months.	10,000 of qualified referrals/individuals will receive up to one week of groceries a maximum of seven times in 12-months.
Performance Measures	A database of clients served is maintained on each household, detailing when and what assistance has been requested and given.	A database of clients served is maintained on each household, detailing when and what assistance has been requested and given.	A database of clients served is maintained on each household, detailing when and what assistance has been requested and given.
Program Results	100% of qualified referrals received food, providing 9,497 food insecure individuals with a week's worth of groceries. The anticipated increase in referrals did not occur as anticipated.	100% of qualified referrals will receive food, thus providing 10,000 food insecure individuals with a week's worth of groceries.	100% of qualified referrals will receive food, thus providing 10,000 food insecure individuals with a week's worth of groceries.
Program Activity 2	Households are referred to the Samaritan Relief Ministry by Orange County agencies and pastors of OCIM member congregations.	Households are referred to the Samaritan Relief Ministry by Orange County agencies and pastors of OCIM member congregations.	Households are referred to the Samaritan Relief Ministry by Orange County agencies and pastors of OCIM member congregations.
Program Goal	130 households will receive emergency financial assistance to be able to retain housing or utilities an additional 30 days.	130 households will receive emergency financial assistance to be able to retain housing or utilities an additional 30 days.	130 households will receive emergency financial assistance to be able to retain housing or utilities an additional 30 days.
Performance Measures	A database of clients served is maintained on each household, detailing when and what assistance has been requested and given.	A database of clients served is maintained on each household, detailing when and what assistance has been requested and given.	A database of clients served is maintained on each household, detailing when and what assistance has been requested and given.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program: **Orange Congregations in Mission: Samaritan Relief Ministry**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 440,680	$ 344,000	$ 344,000	0%
Agency Generated Revenue (fees)	$ 8,779	$ 11,000	$ 11,000	0%
Local Government Grants:				
Orange County	$ 33,415	$ 33,415	$ 33,415	0%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local: Town of Hillsborough Water Assistance	$ 2,828	$ 5,600	$ 5,600	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 19,752	$ 14,500	$ 14,500	0%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 14,386	$ 18,585	$ 18,585	0%
Please list 3 largest Miscellanous sources:				
Duke Energy $ 4,596.59				
Other foundations/groups $ 9,789.00				
$ -				
Total Agency Revenue	**$ 519,840**	**$ 427,100**	**$ 427,100**	**0%**
AGENCY EXPENSES				
Compensation	$ 14,241	$ 12,448	$ 12,448	0%
Rent & Utilities	$ 11,382	$ 10,300	$ 10,300	0%
Supplies & Equipment	$ 2,492	$ 3,180	$ 3,180	0%
Travel & Training	$ 201	$ 100	$ 100	0%
Other Expenses:	$ 541,383	$ 414,172	$ 414,172	0%
Please list 3 largest "Other Expenses":				
Client Assistance $ 475,304.00				
Personnel Costs $ 65,717.00				
Depreciation $ 362.00				
Total Agency Expenses	**$ 569,699**	**$ 440,200**	**$ 440,200**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (49,859)**	**$ (13,100)**	**$ (13,100)**	**0%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Samaritan Relief Ministry

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Personnel	79,958	1 f/t with H/R & 1 p/t	79,958
Occupancy	11,382		11,382
Food Purchase	27,045		27,045
Food Donation/assistance value	1.69	Per pound	406,374
Client Financial Assistance	42,094		42,094
Miscellaneous/other	2,846		2,846
		Total	**569,699**

c.) Cost per Unit: A unit is one person assisted.

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**569,699**	**440,200**	**440,200**
Total # of Units	**10,775**	**11,278**	**11,278**
Cost Per Unit	**52.87**	**39.03**	**39.03**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Orange Congregations in Mission**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 517,545	$ 449,000	$ 449,000	0%
Agency Generated Revenue (fees)	$ 201,456	$ 236,726	$ 236,726	0%
Local Government Grants:				
Orange County	$ 50,415	$ 50,415	$ 50,415	0%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local: Town of Hillsborough	$ 5,000	$ -	$ -	0
Other Local: Town of Hillsborough water assistance	$ 2,828	$ 5,600	$ 5,600	0%
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 39,974	$ 29,000	$ 29,000	0%
State Government				0
Federal Government FEMA	$ -	$ 15,000	$ 15,000	0%
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 68,741	$ 109,994	$ 109,994	0%
Please list 3 largest Miscellanous sources:				
Duke Energy Foundation $ 4,596.59				
Other grants $ 61,145.00				
Miscellaneous/Recycling $ 2,999.37				
Total Agency Revenue	**$ 885,959**	**$ 895,735**	**$ 895,735**	**0%**
AGENCY EXPENSES				
Compensation (Exec. Dir. salary included)	$ 143,033	$ 147,763	$ 147,763	0%
Rent & Utilities	$ 43,952	$ 37,250	$ 37,250	0%
Supplies & Equipment	$ 16,092	$ 15,655	$ 15,655	0%
Travel & Training	$ 4,179	$ 5,650	$ 5,650	0%
Other Expenses:	$ 748,707	$ 691,502	$ 691,502	0%
Please list 3 largest "Other Expenses":				
Client Assistance $ 502,099.00				
Salaries (exclude Exec. Dir.) $ 174,049.00				
Accounting Fees $ 35,903.00				
Total Agency Expenses	**$ 955,963**	**$ 897,820**	**$ 897,820**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (70,004)**	**$ (2,085)**	**$ (2,085)**	**0%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **OE Enterprises, Inc.**

Program(s) **Transitions to Employment**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: **OE Enterprises, Inc.**

Applicant Organization's Physical Address: **348 Elizabeth Brady Road Hillsborough, NC 27278**

Applicant Organization's Mailing Address: 348 Elizabeth Brady Road Hillsborough, NC 27278

Applicant Organization's Web Address: www.oeenterprises.org

Executive Director: Margaret Samuels

Telephone Number: 919-732-8124 E-Mail: samuelsm@oeenterprises.org

DUNS Number: 189444938
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Transitions to Employment

Project/Program Primary Contact and Title: Tracey Craven, Director of Community Employment

Telephone Number: 919-732-8124 E-Mail: cravent@oeenterprises.org

c) Funding Request Identification

Total Project/Program Cost: $1,295,000 Total Amount of Funds Requested: $66,100

Proposed Use of Funds Requested (2-3 Line Maximum): OE Enterprises seeks funding for provision of vocational placement, training, and community integration supports for students and adults who have disabilities.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☒ **Human Services:** ☒**Carrboro $5,000** ☒**Chapel Hill $10,000** ☒**Orange County $51,100**

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ **1/25/16**
Executive Director Date

Signature: _____ **1/25/16**
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a. Years in Operation/Date of Incorporation:

35 years/ November 19, 1981

b. Agency's Purpose/Vision:

The Purpose/Mission of OE Enterprises is creating opportunities for personal and professional growth for person with disabilities or other barriers to employment. OE Enterprises promotes achievements, self-reliance, life choices and respect through relationships with individuals in our community with disabilities and our community employers.

c. Types of Services the Agency Provides:

In order to accomplish our mission OE provides vocational opportunities through community-based work experiences, facility based contract work, volunteer work serving the community and community integration for individuals with disabilities including community members with intellectual/developmental disabilities, physical disabilities and other employment barriers. These services are designed to assist the individual with the acquisition, retention, and improvement of independence in areas such as self-help, socialization, adaptive, vocational skills, self-determination, decision making, resume completion, dress and appearance, interview skills and work habits. OE sub-contracts with local businesses in the areas of mailing sub-assemblies, packaging and product fulfillment. Services provided to individuals include evaluation, work adjustment, job placement, job coaching, long-term employment supports, career counseling, transitioning from school to work, retirement and employment. Individuals learn about their job strengths, needs and interests. Evaluation may take place at our Hillsborough facility or in the Orange County business community. Strategies used during evaluation will be based on the individual plan, and may include observation of work habits, interest and aptitude inventories, job site visits and interviews. When the evaluation is completed the individual will receive recommendations for how to enter, rejoin and maintain success in the work force. Job development helps each person find a job that is matched to their abilities and interests. On the job training is also provided. OE provides support to both the employee and the employer as needed to assist with job maintenance.

d. Agency's Experience with Similar Programs as the Funding Request:

Supported employment is offered to assist individuals, who have more significant disabilities, with job development and placement, on the job training, and long term job retention. OE Enterprises serves as a major employment resource for the Orange County community and provides vocational and pre-employment training to individuals with disabilities and other disadvantages. All training is geared to the individual's abilities and designed to meet specific vocational goals. OE Enterprises, Inc. has been a fixture in the North Carolina business community for over 40 years with its roots in the Orange County area. OE Enterprises, Inc. (OE) was incorporated on November 19, 1981 as Orange Industries, a public non-profit agency that was formerly part of OPC Mental Health Center serving individuals with disabilities in the Orange County area. In October, 2003 Orange Enterprises established a federal set-aside custodial operation in Winston-Salem and has since

established similar sites across North Carolina and in South Carolina. On July 1, 2005 Orange Enterprises began to provide vocational services for persons with disabilities in Alamance and Caswell counties, changing the organization's name to OE Enterprises. We expanded services to Durham County in 2009 and Rockingham County in 2010.

Through our mission, OE meets the employment needs of Orange County citizens with disabilities as well as the Orange County employment community. OE's Transition program provides job experiences to students, allowing them to make informed choices upon graduation and explore employment or post-secondary education options. The purpose is to provide an opportunity for students to develop marketable and transferable skills. In addition to work skills, students learn life skills- such as resume building, daily living, and social skills. Our job coaches assist students with disabilities transitioning from high school by developing a student's strengths and working towards independence in areas such as employability, transportation, and daily living skills. Individuals who receive services from OE have the opportunity to go to work every day, earn a salary, pay taxes, buy goods and contribute to their communities. Individuals learn needed skills and work habits that lead to community employment. Senior employees have the opportunity to participate in integrated community-based senior citizen and retirement activities. OE has helped thousands of individuals with disabilities gain employment and work towards self-sufficiency.

e. Other Pertinent Agency Information:

OE was invited to join a new commercial venture called the Consumer Products Packaging Initiative (CPPI). This was a very lengthy selection process with over 200 nonprofits applying to participate. First, OE went through desk audits of its financial records and quality control documents. After that was successfully completed, OE had an onsite assessment by a national team. OE is a founding member of this initiative. The Consumer Products Packaging (CPP) Group is scheduled to launch in Winter, 2016. OE will be working with other similar organizations in the network to provide kitting and packaging services for national business clients. We will receive support in marketing and business development as well as utilizing the strength of the group to seek discounts for consumables to support the CPP Group's members and increase job opportunities for individuals with disabilities in Orange County.

The best way to illustrate the impact of OE services on the lives of Orange County residents with disabilities is through an individual's story from one of the many lives served by OE:

Sandy is one of many consumers who face employment barriers that OE Enterprises is assisting in finding competitive employment within their communities. Sandy is a lifelong resident of Orange County and graduated from the Chapel Hill/Carrboro school system. Sandy is currently receiving training opportunities through OE's Adult Day Vocational Program in Hillsborough as well as participation in the Supported Employment Program. Within the Adult Day Vocational Program, Sandi has been able to learn important work skills and work habits. She also participates in the weekly Job Club at OE that involves issues around community employment including how to get and keep a job, different types of work and work requirements including interviewing skills, dressing for success and practicing on the job skills.

Sandy has a great personality and likes working with people. She wants a part-time job that allows her to interact with others. Through OE's Supported Employment Program, Sandy receives job development services that include assistance with resume writing, completing job applications, mock interviewing and assistance during the interview process. She is currently working with OE's Job Development Specialist Melinda Shelton to help her find competitive employment within her community. Sandy recently moved to a supported apartment in Meadowmont in Chapel Hill and is living independently for the first time! She would like to have a job that is close to her new

apartment. The job search process will focus on finding employment that is tailored to meet Sandy's specific needs and vocational interests.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: OE Enterprises, Inc. Transitions to Employment

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition					
Job Training	**X**	**X**	**X**	**X**	**X**
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Town/County priority: Job Training

OE will utilize all funding from Human Services grant to expand our current mission and numbers served by supporting staffing and transportation. Our program addresses the above issues by providing employment readiness training, job coaching, volunteer experiences and vocational placement and support to high school students and adults with disabilities. By preparing individuals for the transition to employment from high school we increase their chances of obtaining and maintaining employment. By providing work training, placement, and support to adults with disabilities we are addressing the rate of unemployment among individuals with disabilities in Orange County.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Although the unemployment rate has dropped since the years of the recession, unemployment remains a major issue facing the US as a whole. In November 2015, the unemployment rate was 5.5% statewide with Orange County having an unemployment rate of 4.2%. Lower unemployment rates do not mean that Orange County does not face a serious unemployment issue, particularly among workers with disabilities. The 2011 Orange County Community Health assessment reported that the unemployment rate for individuals with a disability was 23.2% statewide, but jumps to 41.1% in Orange County. In 2013 Cornell University reported the employment rate of working-age people with disabilities in NC was 31.4 percent. In 2013, the employment rate of working-age people without disabilities in NC was 76.4 percent. (http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport_NC.pdf)

A troubling statistic includes the data that at all levels of education, persons with a disability were much less likely to be employed than were their counterparts with no disability http://www.bls.gov/news.release/pdf/disabl.pdf). Orange County employment is concentrated in government and University positions. Per the 2011 Community Health Assessment, the unemployment rate for individuals with only a high school diploma or equivalent stands at 26.2%. There are fewer opportunities for younger, entry level workers and there is increased competition for these jobs due to the UNC Student population (Orange County Community Health Assessment 2011, p70-71).

There are few services available for integration of individuals with disabilities into established senior retirement and community activities Services for disabled senior citizens remain a critical need. Mobility, vision, hearing, and balance issues become even more impactful for seniors with disabilities. Most seniors lose community and family support as they age and for seniors with disabilities this can be life altering as family members may have been their caretakers.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

OE will serve students, adults and senior citizens who have a disability or other barriers to employment. Most of our referrals for adult services come from Vocational Rehabilitation and Cardinal MCO, but we also are connected with individuals seeking services from schools, Social Services, residential providers, families, self-referral and other community members. OE serves individuals with varying disabilities to include development/intellectual disabilities, physical disabilities, mental health issues, substance and alcohol abuse, hearing and vision impaired as well as those with extensive criminal backgrounds. OE also works with the student population served through Orange and Cedar Ridge High School's OCS Programs. Students served through this program are age 16 through 22 years of age.

e) Who specifically will carry out the activities and in what location will they be carried out?

OE's Job Development Specialists work with individuals during the process of finding employment that is tailored to their needs and interests and takes place at businesses throughout the community. Once employment is obtained, individuals receive job coaching from OE's coaching staff at the respective job sites in order to learn the tasks associated with the job. OE has based our work on the proven best practice system of Supported Employment. Supported Employment is a system of supports for people with disabilities to assist them with employment in integrated settings. This system uses "coaches" to train individuals on skills that are task specific and on "soft skills" such as appropriate socialization in a work setting. Coaches also provide ongoing support. This proven model can be applied to community integration into senior activities as well. With the use of the coach, senior participants can learn about their communities, develop task specific skills, and increase socialization experiences by overcoming existing barriers. Coaching for both

employment and community integration are offered at locations throughout Orange County that meet the needs and choices of each individual. Vocational assessment services both in the facility and in the community.

Facility based services are offered in Hillsborough at 348 Elizabeth Brady Road. Individuals participating in OE's Adult Day Vocational Program are able to increase their work skills and knowledge by participating in pre-vocational training within our facility provided by our Occupational Training Specialists. Individuals participating in the Adult Day Vocational Program also have the opportunity to participate in weekly Job Club classes at the facility that focus on aspects of finding competitive employment within their respective communities.

Vocational assessment services both in the facility and in the community are offered.
The services that take place with our student population takes place within the 2 high schools that OE currently works with within Orange County. Our Job Development Specialists teach weekly job club classes at each high school. Topics revolve around the complete job search process, interviewing techniques and maintaining employment.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Each person served participates in creating a written individual plan to meet their unique needs. Length of service, frequency and amount of time spent in different phase of service is customized for each person. Individuals participating in OE's pre-vocational services through ADVP are offered services 7 hours a day/5 days a week. Our community based employment services may vary from daily to weekly services. The frequency varies depending on the stage in which the individual is with their employment search and training phase. For our student population served in the high school settings, the frequency of activity led by our Job Development specialists is once per week at each high school.

Implementation Timeline: July 1 2016-June 30, 2017

July -August, 2016	Funding secured	Planning for 16-17 OC Schools and identify facility clients who are preparing for competitive employment
August-September, 2016	Clients/Students identified	Work with EC and OCS teachers and families to identify students for Transitions to Employment Program
September, 2016	Identify senior clients	Work with referral agencies and caregivers on goals for senior clients
October-December, 2016	Intake, assessment, skills training and identification on needs and resources	Work with all level of clients on defining goals and outcomes
January-April 2017	Work on person centered goals and employment outcomes	Individualized plan work and integration into competitive employment and retirement/senior activities
May-June 30, 2017	Assessment and measurement of goals and outcomes	Goal tracking and outcome measurement work

g. Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Chamber of Commerce, Cardinal Innovations, and the United Way Greater Triangle. We maximize opportunities, create relationships with local business that may employ Orange County residents with disabilities and ensure that we network for all the available opportunities for our clients. We organize and participate in job fairs and community training with DSS and the school systems. We work with the college systems to engage volunteers, assist in recruiting staff and provide information to students interested in this profession.

- Food insecurity and basic needs- Because of our longevity OE has strong connections with Orange Congregation in Mission (OCIM); Interfaith Council for Social Services; Orange County Department of Social Services and through these relationships we assist our clients with unmet basic needs including food. We also hold an annual blood collection drive at our Orange County location in collaboration with the American Red Cross.
- Third Sector Alliance - Through the Third Sector Alliance, OE is able to take an active part with other funded agencies to "provide a collective voice for the nonprofit sector". OE is member of the Third Sector Alliance and is represented on the steering committee.
- State Organizations - OE also interacts with other agencies in our field throughout North Carolina by participating in two organizations, the NC Association for Persons in Supported Employment (NCAPSE) and the NC Association of Rehabilitation Facilities (NCARF), to share ideas and training. We have two staff active in the North Carolina Employment First Steering Committee, one serving as the NCEF co-chair.
- Group Homes/Housing supports and Transportation - Many of the individuals we support receive services through various residential providers in the area. Housing is extremely important in employment success. Collaborating with these agencies assists our consumers in meeting their residential needs. We collaborate closely with OPT and Chapel Hill Transit as our clients rely heavily on public transportation to get back and forth to work.

h. Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

OE has worked hard in the Orange County community for over 40 years. We continually look for efficiencies and ways to maximize all of our funding. We are so grateful and appreciative to the funds provided by Orange County, Town of Chapel Hill and the Town of Carrboro. Over the years we have seen both local and state dollars decrease due to the recession, lack of investment in social services and mental health needs and constant change to systems of managing Medicaid dollars and cuts in rates to federal and state dollars. Without the Orange County funds work with students in the high schools and seniors would be in jeopardy. It is challenging for individuals with disabilities to find, obtain and keep jobs. Our staff engages in difficult work and we are always maximizing efficiencies to ensure we are utilizing public dollars efficiently and effectively.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Transitions to Employment

Program Beneficiary Demographics

MAIN APPLICATION

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	129	129	129
Female	105	105	105
Total	234	234	234
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	104	104	104
American Indian or Alaska Native			
Asian			
Caucasian	121	121	121
Native Hawaiian or other Pacific Islander			
Other	9	9	9
Total	234	234	234
Of the above, how many Hispanic/Latino	7	7	7
Of the above, how many non-Hispanic/Latino	227	227	227
Total	234	234	234
Age			
0-5 years	0	0	0
6-18 years	25	25	25
19-50 years	164	164	164
51-61 years	35	35	35
62+ years	10	10	10
Total	234	234	234
Geographic Location			
Durham City			
Durham County	5	5	5
Carrboro	40	40	40
Chapel Hill	74	74	74
Chapel Hill Public Housing Residents	15	15	15
Orange County	98	98	98
Raleigh			
Wake County	2	2	2
Total	234	234	234

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	**FTE** ***	**% Program Staff +**	**Actual 2014-15**	**Estimated 2015-16**	**Projected 2016-17**	**% Total Budget**	**If provided, indicate: (R) Retirement Plan (H) Health Plan**
Occupational Training Specialists* (entire agency)	45	50%	1,058,781	1,064,075	1,069,395	20%	(H)
Employment Service Lead	4	50%	201,443	202,451	203,463	4%	(H)
Program Service Lead	6	50%	164,802	165,626	166,454	3%	(H)
Case Support Specialist	4	50%	65,834	66,163	66,494	1%	(H)
Business Relations Representative	1	50%	44,094	44,314	44,536	1%	(H)
Project Manager	2	50%	109,041	109,586	110,134	2%	(H)
Job Development Specialist	8	21%	199,141	200,137	201,138	4%	(H)
Senior Management	7	17%	635,268	638,444	641,637	12%	(H)
Job Retention Coordinator	2	0%	42,760	42,974	43,189	1%	(H)
Federal Contract Employees	72	0%	1,949,743	1,959,492	1,969,290	37%	(H)
Administrative Staff	8	0%	187,727	188,665	189,609	4%	(H)
Production Staff	47	0%	635,268	638,444	641,637	12%	(H)

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ **1/25/16**
Executive Director Date

Signature: _____ 1/25/16
Board Chairperson Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1			
Program Goal	15 student participants will obtain jobs in the community	15	15
Performance Measures	Number of students placed in comeptitive employment	Number of students placed in comeptitive employment	Number of students placed in comeptitive employment
Program Results	12 obtained competitive employment	Mid year-2	15
Program Activity 2			
Program Goal	50 adults will obtain jobs in their community	50	50
Performance Measures	Adults obtaining competitive employment	Adults obtaining competitive employment	Adults obtaining competitive employment
Program Results	51 adults obtained jobs in Orange County	Mid year-27	50
Program Activity 3			
Program Goal	5 senior adult with participants (age55+) will participate in Community Senior and retirement activities	5	5
Performance Measures	Measuring meaningful senior activities and retirement participation of disabled elderly program participants	Measuring meaningful senior activities and retirement participation of disabled elderly program participants	Measuring meaningful senior activities and retirement participation of disabled elderly program participants
Program Results	5 senior adults either transitioned to retirement or particpated in senior activities	Mid year-2	5

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 2,064	$ 2,000	$ 2,000	0%
Agency Generated Revenue (fees)	$ 1,181,022	$ 1,205,000	$ 1,205,000	0%
Local Government Grants:				
Orange County	$ 45,100	$ 45,100	$ 51,100	13%
Town of Chapel Hill	$ 3,000	$ 6,000	$ 10,000	67%
Town of Carrboro	$ 3,500	$ 3,600	$ 5,000	39%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 200	$ 1,000	$ 1,000	0%
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 1,234,886**	**$ 1,262,700**	**$ 1,274,100**	**1%**
AGENCY EXPENSES				
Compensation	$ 990,708	$ 1,003,661	$ 1,008,000	0%
Rent & Utilities	$ 44,962	$ 48,655	$ 50,000	3%
	$ 93,408	$ 95,100	$ 97,000	2%
Travel & Training	$ 42,488	$ 45,000	$ 50,000	11%
Other Expenses:	$ 90,475	$ 90,000	$ 90,000	0%
Please list 3 largest "Other Expenses":				
Subcontractor & Professional Fees $ 65,300.00				
Workers Comp Ins $ 25,175.00				
$ -				
Total Agency Expenses	**$ 1,262,041**	**$ 1,282,416**	**$ 1,295,000**	**1%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (27,155)**	**$ (19,716)**	**$ (20,900)**	**-6%**

b.) Program Budget Detail

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Transitions to Employment

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Job coaches/Employment Counselors	$21.49	257 hours per month x 12	$66,100
		Total	**$66,100**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$1,262,041**	**$1,282,416**	**$1,295,000**
Total # of Units	**60,250**	**60,250**	**60,250**
Cost Per Unit	**$20.94**	**$21.28**	**$21.49**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **OE ENTERPRISES, INC.**

AGENCY REVENUE	**Actual 2014-15**	**Estimated 2015-16**	**Projected 2016-17**	**Percent Change**
Private Donations	$ 2,164	$ 2,000	$ 2,000	0%
Agency Generated Revenue (fees)	$ 7,251,647	$ 7,281,650	$ 7,311,650	0%
Local Government Grants:				
Orange County	$ 45,100	$ 45,100	$ 51,100	13%
Town of Chapel Hill	$ 3,000	$ 6,000	$ 10,000	67%
Town of Carrboro	$ 3,500	$ 3,600	$ 5,000	39%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 15,000	$ 15,000	$ 15,000	0%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 7,320,411**	**$ 7,353,350**	**$ 7,394,750**	**1%**
AGENCY EXPENSES				
Compensation	$ 5,293,903	$ 5,315,079	$ 5,341,654	0%
Rent & Utilities	$ 187,242	$ 187,991	$ 188,931	0%
Supplies & Equipment	$ 790,000	$ 793,160	$ 797,126	1%
Travel & Training	$ 150,805	$ 151,408	$ 152,165	1%
Other Expenses:	$ 894,746	$ 898,325	$ 902,817	0%
Please list 3 largest "Other Expenses":				
ubcontract & Professional Fee $191,119.00				
Insurance Expenses $173,869.00				
Incentive Expenses $108,571.00				
Total Agency Expenses	**$ 7,316,696**	**$ 7,345,963**	**$ 7,382,693**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 3,715**	**$ 7,387**	**$ 12,057**	**63%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency _Piedmont Health Services, Inc.

Program(s) _Carrboro Community Health Center

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Piedmont Health Services, Inc.

Applicant Organization's Physical Address: 299 Lloyd Street, Carrboro, NC 27510

Applicant Organization's Mailing Address: 299 Lloyd Street, Carrboro, NC 27510

Applicant Organization's Web Address: www.piedmonthealth.org

Executive Director: Brian Toomey, CEO

Telephone Number: 919-537-7494 E-Mail: toomeyb@piedmonthealth.org

DUNS Number: 07-5568170
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Carrboro Community Health Center

Project/Program Primary Contact and Title: Jen Cunningham, Data Analyst

Telephone Number: 919-913-1097 E-Mail: cunningj@piedmonthealth.org

c) Funding Request Identification

Total Project/Program Cost: $4,178,463 Total Amount of Funds Requested: $18,000

Proposed Use of Funds Requested (2-3 Line Maximum): Funds are requested to support the Carrboro Community Health Center in its mission of being a sliding-fee primary care home for vulnerable and/or economically-disadvantaged residents of Carrboro, Chapel Hill & Orange County.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $3,500 ☒ Chapel Hill $3,500 ☒ Orange County$11,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1/20/16
Brian Toomey, Executive Director Date

Signature: _____ 1/20/2016
Ken Reeb, Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year):
b) Agency's Purpose/Mission:
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

Agency History, Mission and Services: Piedmont Health Services, Inc. (PHS), as Orange County's only Federally-Qualified Health Center (FQHC) organization, is a critical part of the community's health care safety net for vulnerable and/or financially-disadvantaged residents. Incorporated in May 1970 as Orange Chatham Comprehensive Health Services by a group of residents and hospital officials concerned with health care access, PHS changed its name in 1995 to better reflect its growing service area. PHS' mission statement is: "*Our mission is to improve the health and well-being of the community by providing high quality, affordable and comprehensive primary health care. Our vision is a health community in which all people have timely access to quality health care."* PHS is governed by a community Board of Directors, where 51% of Board members are required to be consumers of the organization's services.

FQHCs are charged nationally with reducing barriers to primary health care access for low-income populations (i.e. those living below 200% of the Federal Poverty level). To meet its mission, PHS currently operates ten community health center program sites in four counties (Orange, Caswell, Chatham, Alamance) which together provide more than 42,000 people annually with sliding-fee access to comprehensive family medical care with on-site lab (all sites), family dental care (5 sites), low-cost pharmacy services available via PHS participation in the Federal 340B Drug Pricing Program (7 sites), care management (all sites), Women, Infant, Children (WIC) supplemental nutrition program (5 sites, including the Orange County Health Department) and site-specific outreach services. In addition to addressing financial barriers to care with the sliding-fee scale, PHS seeks to decrease cultural-linguistic barriers to care. <u>All services are available in the Spanish language</u> and additional language capacity is site-specific per need.

In addition to the community health centers, PHS additionally operates Piedmont Health SeniorCare, a CMS-deemed Program of All-Inclusive Care for the Elderly (PACE) with two adult day health centers (ADHCs) in Burlington and Pittsboro. SeniorCare offers PACE-eligible individuals in five counties (including Orange County) an important community-based alternative to nursing home institutionalization. PACE eligible individuals are 55 years or older, declared nursing home eligible by the state, and capable of living safely at home with PACE supports at program entry. PACE is a full-risk, capitated model under Medicare and the state Medicaid program where PHS receives per member per month capitation from Medicare and Medicaid and is responsible for the total health care costs (i.e. primary, specialist, pharmacy hospital and nursing home care) of its now 217 PACE participants.

Orange County Operations: Until 2015, PHS had only one the Carrboro Community Health Center (CCHC) in Orange County. The Center has been <u>overwhelmed</u> by demand for appointments in excess of supply for several years. By demonstrating this unmet need for sliding-fee health care access to HRSA, PHS was able to garner a competitive HRSA New Access Point (NAP) health center grant award in August to support the opening of two new health center program sites in Orange County. The first, IFC Community Health Center, opened in September in collaboration with the InterFaith Council for Social Service at its new IFC@SECU House Men's Shelter on Martin Luther King Jr. Boulevard. The Center is a limited-scope site that serves homeless residents in IFC's men's and women/children's emergency shelter and transitional housing programs with medical and dental care. The second site, the Chapel Hill Community Health Center, just opened in rented space in the Chapel Hill North shopping center, and like Carrboro Health Center offers care to "all comers" regardless of age or residency status. The chart below presents a summary of the services

offered by site. In addition to the New Access Point award, PHS garnered capital funds from HRSA to renovate its Carrboro Health Center to expand its dental clinic from 3 to 6 chairs and expand/enhance delivery space for its other services. This renovation is expected to be completed during the proposed funding period (2016-2017).

Piedmont Health Services Inc.: Orange County-Based Programs

	Carrboro CHC Program	IFC CHC Program	Chapel Hill CHC Program
Founded	1970	2015	2015
Who is Served?	Open to all	IFC Shelter/Transitional Housing Participants	Open to all
Services	• Family Primary Medical Care** with on-site Lab • Dermatology and Cardiology subspecialist consult • Family Dental Care • Pharmacy (open to any PHS-registered patient) • WIC • Care Management • Burmese Interpretation • ACA Enrollment Assistance	• Family Primary Medical Care with integrated Behavioral Health and on-site Lab • Family Dental Care • Care Management	• Family Medical Care with on-site Lab
Budgeted Staff (FTE) for FY2016	35.518	2.100	4.250

** Services of the CCHC medical program include the Reach Out and Read early literacy program, Mobile Mammography Van and Group Diabetes Visits.

To assure adequate access to services, PHS health centers use an open access scheduling system that provides scheduled appointments as well as same-day access to care for urgent needs. There is 24-hour access to medical advice via the UNC nurse triage line, and PHS works closely with UNC and other hospitals to assure a smooth continue of care for its patients. PHS continues to be recognized for the quality of the primary care services it provides. It has been accredited by The Joint Commission since 2001, and is now recognized by the NCQA as a Level 3 Patient Centered Medical Home.

FQHCs are expected to be supported by the communities they serve. PHS' Federal funder, HRSA's Bureau of Primary Health Care, expects all FQHCs to demonstrate other sources of funding besides their Federal grant dollars (which are used to partially underwrite the cost of uncompensated care), including primarily: program revenue generated through insurance billing and patient payments on the sliding fee scale, state and local grants, and donations. In funding PHS, the Towns of Carrboro and Chapel Hill and Orange County help it to demonstrate community support, support critical to garnering additional competitive funding. Other current grant funders of PHS' three Orange County-based community health center programs include: the NCDHHS Community Health Center Grant program, UNC Health Care, Susan G. Komen for the Cure NC Triangle Affiliate, and the Orange County Partnership for Children.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: _Piedmont Health Services, Inc./Carrboro Community Health Center Program).

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition	X	X	X	X	X
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify_____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)

Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

PHS is requesting on-going support of its Carrboro Community Health Center (CCHC) Program (with human services funds generally directed to support sliding-fee primary medical services for the low-income, uninsured population at the Center (i.e those living below 200% of poverty)). As summarized in the table in Section 2, the CCHC program model provides "one-stop shop access" to comprehensive services for people

of all ages, including sliding-fee primary medical care with on-site laboratory, sliding-fee family dentistry, low-cost pharmacy, the WIC Supplemental Nutrition Program; care management, and outreach services including Health Insurance Marketplace enrollment assistance. Medical and dental visits are by individual appointment, with twice monthly group diabetes visits for those who prefer this group care option. There are two medical subspecialist clinics that occur at Carrboro CHC with contracted UNC medical specialists who see patients referred by their PHS primary care provider: a dermatology clinic on Friday afternoons and a cardiology clinic one evening monthly. All services are available in the Spanish language, with many staff bilingual in Spanish. The Center also offers full-time Burmese interpretation services to a large group of Burmese refugees. All staff receive cultural competency training as part of their orientation which includes best-practice training on creating an inclusive environment for the LGBTQ community. Please see Tables under sections e and h provide a precise picture of service delivery staff and hours of operation for all services described.

In terms of additional special programming of the CCHC medical team, diabetic retinopathy screening services are provided in-kind by NC Prevent Blindness one morning monthly (same morning as Spanish group diabetes). Screening mammography is offered by the Rex Mobile Mammography which visits CCHC nearly monthly thanks to a grant from the Susan G. Komen NC Triangle Affiliate. Medical providers participate in the Reach Out and Read Program that provides new, age-appropriate books to children 0-5 years at well child checks, and additionally distributes books provided by Book Harvest. The dental team outreaches to young children in WIC and the medical clinic to provide caregiver oral health education and fluoride varnish.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Pre-ACA it was estimated that 16.4% of the Orange County population age 0-64 lacked health insurance. Low-income groups are much more likely with be uninsured than higher income groups (in NC approximately 60% of uninsured are low-income), with 34% of the Orange County population living below 200% of poverty (n= 43,668) in 2014. Despite the fact that more people have become insured since the implementation of the Affordable Care Act, there are still large numbers of low-income, uninsured people in Orange County who need access to sliding-fee medical care. Moreover, because North Carolina has elected not to expand Medicaid, many low income individuals are in fact “too poor” to qualify for insurance subsidies through the Healthcare Marketplace (i.e. they would have qualified for Medicaid under an expansion), or they are otherwise not qualified for coverage under the ACA (e.g. citizenship status). In addition to financial barriers, many individuals in the County face cultural/linguistic barriers to care, including a large Hispanic immigrant population (Orange County is now 8.4% Hispanic) and a significant growing Burmese refugee population (>1,000 individuals) in Orange County that CCHC services seek to address. The low-income populations served by CCHC face significant documented disparities in health status (e.g. self-reported health status, cancer outcomes, chronic disease prevalence, smoking and obesity rates, low birth weight, dental caries) that can be positively impacted by a continuous relationship with a primary care home.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The Carrboro Community Health Center is open to all comers (subject to appointment availability for medical and dental visits) regardless of residency, citizenship status, or insurance status. As previously

stated, the target population for FQHC services is the low-income population living below 200% of the Federal Poverty Guideline. Most program "beneficiaries" hear of our program word-of-mouth from friends and relatives, but many are referred to our program by other health and human services programs that are aware of CCHC services. With the exception of WIC, HRSA requires all individuals receiving primary care services at CCHC to register as patients, at which time they are provided information about the CCHC program services and its sliding fee scales for medical and dental care. Those who wish to be placed on CCHCs sliding fee scales (overwhelmingly those without health insurance, although those with health insurance may also apply) submit their family size and income documentation on an annual basis to qualify for sliding fees.

e) Who specifically will carry out the activities and in what location will they be carried out?

The CCHC staff members carry out all program activities on site at CCHC. The Table below presents a staffing picture for the Carrboro Health Center by service. Again, Human Services funds help support medical services provided by primary care teams of family health providers (e.g. physicians, family nurse practitioners, physician assistants), nurses, medical assistants, and lab personnel. On occasion, CCHC staff members conduct community outreach, usually in concert with other agencies (e.g. health fairs).

CCHC Primary Care Program Staff (35.518 FTE)*

CCHC Service	FTE
Primary Medical Care with on-site Lab	14.118 FTE (includes 7 medical providers)
Dental Care	6.375 FTE (includes 2 dentists)
Pharmacy (walk-in)	4.825 FTE (includes 5 pharmacists)
WIC Nutrition Program	3.3 FTE (includes 1 dietician)*
Care Management	2 FTE
ACA Outreach and Enrollments Assistance	1 FTE
Center Administrative Staff (i.e. front desks)	7.2 FTE (center management and front office staff)

* WIC staff are considered PHS organization staff, and are part of PHS Central Administrative Office Budget, not the CCHC Program Budget.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Services are continuously available to the community at the times listed in table below. Medical appointments are scheduled on a standard 20-minute interval during the clinical day and are available year round (there are 9 PHS holidays/year when the health centers are closed).

Carrboro Community Health Center: Hours of Operation by Service

CCHC Service	Total Hours	Schedule
Primary Medical Care with on-site Lab	55 hours/week	M/Th: 8 am.-8 pm. T: 9 a-5 p W/Fri: 8a-5p; Sat: 8a-1p
Cardiology (by PHS PCP referral)	3 hours/month	Third Thursday of the month, 5-8pm
Dermatology (by PHS PCP referral)	4 hours/week	Fridays 1-5 pm
Dental Care	49 hours/week	M/T/W/Th: 8a-6p; Friday 8a-5p
Pharmacy (walk-in)	48 hours/week	M/Th: 8:30a-8 p. T: 9a-5p W/Fr: 8:30 a-5 p.
Burmese Interpretation (contracted hourly staff)*	36 hours/week	M/Th: 8:00 am – 5 pm T/W/Fri: 9a-3p
Women Infant Child Nutrition Program	53.5 hrs/week	Same as Medical except Thursday close is 6:30 pm.
Care Management	55 hours/week	Same as Primary Medical Care
ACA Outreach and Enrollments Assistance	55 hours/week	Same as Primary Medical Care

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

PHS collaborates with several local agencies to enhance its impact on the target population, including but not limited to:

- **Orange County Health Department**: PHS provides WIC services at the Orange County Health Department in Hillsborough. CCHC serves as the health department's primary referral point for refugee families needing to establish care with a PCP. The Health Department and PHS collaborate on a Susan G. Komen for the Cure grant to provide screening mammography to low-income women (PHS patients use the Rex Mobile Mammography Unit). PHS contributes to health department needs assessments and program planning as requested. The Orange County Health Department services as administrator for this funding.
- **UNC Health Care**: PHS provides its CCHC facility for the operations of SHAC clinic at no cost to UNC. UNC provides PHS with a care access grant which helps to offset the cost of uncompensated care and funds sub-specialist outreach previously described. PHS works with UNC to identify uninsured individual in the UNC Emergency Department and in its specialty clinics to connect these individuals to care at PHS.
- **Inter-Faith Council for Social Service**: CCHC has long provided medical care and prescriptions to homeless individuals identified by IFC. A PHS physician provided leadership for their free clinic. In September 2015, with IFC's move to their new shelter facility, PHS now provides medical and dental care to IFC emergency/transitional housing participants at the IFC shelter two half days/weekly.
- **Orange County Partnership for Children**: The Partnership has funded Carrboro's Bilingual Children's Resource Coordination Program, a care management program focused on assisting immigrant and refugee families to access resources for their young children.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

The PHS Carrboro Community Health Center program is budgeted to lose money in 2016-2017 (-$144,717 total), and specifically to lose money for medical (-$144,082), and pharmacy services (-$29,488). Because of demand for care from the low-income uninsured population at CCHC, PHS cannot sustain the current CCHC program without grant support beyond that provided by HRSA. To sustain CCHC, PHS currently uses other grant funds and program revenue generated by its other health centers to help offset the CCHC operational loss for the organization. The PHS Board has a strategic goal of every health center breaking even with a 3% reserve. Thus, were the City and County not to fund PHS, it would continue to search for other sources of grant income, increase sliding fee payment expectation on patients (current nominal fee a medical visit for patient living below 100% of poverty is $25), and/or decrease available services at CCHC.

i) Include any other pertinent information.

The CCHC will be undergoing a capital renovation in 2016-2017 to add dental exam rooms and improve service delivery spaces. The capital team is working to plan the renovation to minimize the number of days the Center must be closed through a phased renovation approach. In order to maintain services to CCHC patients during days when the various services are closed to appointments, PHS will move staff to the new Chapel Hill CHC space to see medical patients in need of care at this location.

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Carrboro Community Health Center

Program Beneficiary Demographics	Actual* CY2014	Estimated* CY2015	Projected** 2016-17
Gender			
Male	2,701 (39.9%)	2,651 (39.4%)	*See notes below*
Female	4,072 (60.1%)	4,065 (60.1%)	*See notes below*
Total	**6,773**	**6,716**	*See notes below*
Of the females, how many are single-female Head of Households (Omit for Human Services)	*HS App. Only*	*HS App. Only*	*HS App. Only*
Ethnicity			
African-American	622 (9.2%)	661 (9.8%)	*See notes below*
American Indian or Alaska Native	21 (0.3%)	21 (0.3%)	*See notes below*
Asian	604 (8.9%)	610 (9.1%)	*See notes below*
Caucasian	5,260 (77.7%)	5,175 (77.1%)	*See notes below*
Native Hawaiian or other Pacific Islander	0 (0.0%)	0 (0.0%)	*See notes below*
Other	266 (3.9%)	249 (3.7%)	*See notes below*
Total	**6,773**	**6,716**	*See notes below*
Of the above, how many Hispanic/Latino	4,537 (66.9%)	4,433 (66.0%)	*See notes below*
Of the above, how many non-Hispanic/Latino	2,236 (33.1%)	2,283 (34.0%)	*See notes below*
Total	**6,773**	**6,716**	*See notes below*
Age			
0-5 years	1,140 (16.8%)	987 (14.7%)	*See notes below*
6-18 years	1,817 (26.8%)	1,898 (28.3%)	*See notes below*

19-50 years	2,780 (41.1%)	2,742 (40.8%)	*See notes below*
51-61 years	607 (9.0%)	646 (9.6%)	*See notes below*
62+ years	429 (6.3%)	443 (6.6%)	*See notes below*
Total	**6,773**	**6,716**	*See notes below*
Geographic Location‡			
Durham City	1,633 (24.1%)	1,606 (23.9%)	*See notes below*
Durham County *(excludes Durham city)*	10 (0.1%)	9 (0.1%)	*See notes below*
Carrboro	1,177 (17.4%)	1,226 (18.3%)	*See notes below*
Chapel Hill	2,200 (32.5%)	2,150 (32.0%)	*See notes below*
Chapel Hill Public Housing Residents			*See notes below*
Orange County *(excludes Chapel Hill and Carrboro)*	380 (6.0%)	394 (5.9%)	*See notes below*
Raleigh	71 (1.0%)	64 (1.0%)	*See notes below*
Wake County *(excludes Raleigh city)*	118 (1.7%)	111 (1.7%)	*See notes below*
Other	1,184 (17.5%)	1,156 (17.2%)	*See notes below*
Total	**6,773**	**6,716**	*See notes below*
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	*HS App. Only*	*HS App. Only*	*HS App. Only*
31-50% Area Median Income	*HS App. Only*	*HS App. Only*	*HS App. Only*
51-80% Area Median Income	*HS App. Only*	*HS App. Only*	*HS App. Only*
> 80% Area Median Income	*HS App. Only*	*HS App. Only*	*HS App. Only*
Total	*HS App. Only*	*HS App. Only*	*HS App. Only*
Special Needs (Omit for HS)			
Elderly (Over 62)	*HS App. Only*	*HS App. Only*	*HS App. Only*
Disabled (not elderly)	*HS App. Only*	*HS App. Only*	*HS App. Only*
Homeless	*HS App. Only*	*HS App. Only*	*HS App. Only*
People with HIV/Aids	*HS App. Only*	*HS App. Only*	*HS App. Only*
Total	*HS App. Only*	*HS App. Only*	*HS App. Only*

*PHS reports patient demographic characteristics on a calendar year basis to our Federal funders.

**PHS does not routinely predict patient mix by gender, race/ethnicity, age, or geographic location, instead basing our budget on predicted payer mix. FY2016 budget goal is estimated at 20,758 medical visits and 5,500 dental visits. We would anticipate similar total patient counts and demographic characteristics for patients served in CY2016 as in CY2015.

‡Please note: Patients from Orange County are served by all ten PHS health center locations, and in CY2015 had the following geographic distribution: Durham City: 1,901; Durham County: 32; Raleigh City: 375; Wake County: 983; Town of Chapel Hill: 2,320; Town of Carrboro: 1,282; Orange County: 1,343; Other: 26,548 Total patients served: 34,784. Final CY2015 data will be available summer 2016.

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	**FTE****	**% Program Staff +**	**Actual FY2014**	**Estimated FY2015**	**Projected FY2016**	**% Total Budget**	**If provided, indicate: (R) Retirement Plan (H) Health Plan**
Medical Provider: Physicians *(CCHC: 3.200)*	21.951	0.08	$3,372,038	$3,085,713	$3,090,577	5.8%	*See note at bottom of next page*
Medical Provider: FNP/CNM/PA *(CCHC: 2.168)*	17.013		$1,052,790	$1,279,983	$1,499,140	2.8%	*See note at bottom of next page*
Nurses: RNs *(CCHC: 2.000)*	34.833		$1,148,725	$1,312,023	$1,924,589	3.6%	*See note at bottom of next page*
Enabling Services (Case managers, outreach, eligibility assistance) *(CCHC: 4.000)*	38.675		$853,898	$1,152,427	$1,396,122	2.6%	*See note at bottom of next page*
Dentist *(CCHC: 1.125)*	6.375		$872,146	$835,433	$901,295	1.7%	*See note at bottom of next page*
Dental Hygienist *(CCHC: 1.000)*	2.550		$150,965	$183,068	$227,137	0.4%	*See note at bottom of next page*
Dental Assistants/PCCs *(CCHC: 4.250)*	18.275		$637,753	$524,746	$508,658	0.9%	*See note at bottom of next page*
WIC/Nutrition (CCHC: 3.300)	21.609		$1,024,884	$978,988	$879,617	1.6%	*See note at bottom of next page*
Pharmacist & Pharmacy Technicians *(CCHC: 4.825)*	42.295		$1,800,520	$2,179,900	$2,270,783	4.2%	*See note at bottom of next page*
Other Medical Personnel (MA., Rehab Staff) *(CCHC: 5.750)*	48.620		$1,519,336	$1,497,625	$1,643,691	3.1%	*See note at bottom of next page*
Patient Support Staff (non-clinical) *(CCHC: 5.500)*	36.500		$2,776,176	$3,292,473	$3,067,627	5.7%	*See note at bottom of next page*
Center Administration & Central Management *(CCHC: 7.200)*	249.775		$3,429,175	$4,646,969	$4,882,345	9.1%	*See note at bottom of next page*
Total Personnel Salaries *(CCHC: 35.718)*	436.706		$18,628,406	$20,969,348	$22,291,581	41.5%	
Benefit Package Cost for FY2016 (24% of salary cost)					$5,349,979	10.0%	

TOTAL BUDGET FOR FY2016					$53,681,642		
Volunteer Hours*	See Table Notes below						

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

Table Notes

- FTE and Salary information above reflects entire PHS organizational budget (10 CHCs and 2 SeniorCare programs).
- Benefits: PHS offers employees who work more than 60% time a benefit package which includes health and retirement plan (with PHS contribution of 3% for the first 3% contributed by the employee). As of this submission, 321PHS employees participate in the health plan and 283 are enrolled in our 403(b) retirement plan.
- *Volunteers: PHS has an all-volunteer Board of Directors. PHS does not track or record volunteer hours. At clinical sites, because of the risks inherent in clinical environments, PHS generally limits unpaid staff to health professional students who are actively engaged in pursuing their education and meet our stringent employee health guidelines.

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ 1/20/2016
Brian Toomey, Executive Director — Date

Signature: _____ 1/20/2016
Ken Reeb, Board Chairperson — Date

m.) Work Statement

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

The Carrboro Community Health Center is projected to provide 20,758 medical visits in FY2016, nearly a third of which are estimated for uninsured patients. As discussed above, the requested funding will continue to be used towards salary support of a medical provider given the projected deficit of the medical department within the CCHC program budget.

Piedmont Health Services estimates 4,000 medical encounters performed annually by a physician, or 3,300 medical encounters performed annually by a midlevel provider (FNP/CNM/PA), for an average of 3,650 encounters annually by a medical provider. Based on the average salary of a medical provider at Piedmont Health, the requested funding would provide 17.6% salary support for a single provider. Combining this percentage with the average number of medical encounters, an estimated 645 medical visits would be provided as a result of the requested funding.

In the past, Piedmont Health Services set program goals based on the number of Carrboro/Chapel Hill/Orange County residents that would be served at CCHC with both medical and dental services. Since awarded funds have typically benefited medical services at CCHC, specifically as salary support for medical provider staff, the total number and demographics of Orange County residents were used as program performance measures to demonstrate that requested funds were benefiting a sizeable portion of the medically underserved population in the county. Piedmont Health Services proposes to use the same approach for setting program goals again this year, and will use its electronic medical records to collect all information on program activities. Data collection is the responsibility of the PHS Data Analyst Jen Cunningham. Please see table on next page.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Funding will be used as provider salary support for uncompensated medical and dental care at the CCHC	Funding will be used as provider salary support for uncompensated medical and dental care at the CCHC	Funding will be used as provider salary support for uncompensated medical care at the CCHC
Program Goal	Provide timely access to high-quality, comprehensive primary care to over 3,400 vulnerable and/or financially disadvantaged Orange County residents (<200% FPL)	Provide timely access to high-quality, comprehensive primary care to over 3,400 vulnerable and/or financially disadvantaged Orange County residents (<200% FPL)	Provide timely access to high-quality, comprehensive primary care to over 3,400 vulnerable Orange County residents.
Performance Measures	PHS' electronic practice management system generates reports demonstrating the total number and demographics of individuals served at CCHC	PHS' electronic practice management system generates reports demonstrating the total number and demographics of individuals served at CCHC	PHS' electronic practice management system generates reports demonstrating the total number and demographics of individuals served at CCHC
Program Results	1) 3,721 Orange County residents were served at CCHC; 2) Over 90% of medical patients were below 200% Federal Poverty Level; 3) approximately 41% of medical patients were uninsured; 4) There were over 7,300 uninsured medical visits at CCHC.	*At 6 months* : 1) 2,705 Orange County residents have been served; 2) Approximately 39% of medical patients were uninsured; 4) There were over 3,800 medical visits for uninsured patients. The program appears to be on track to serve 3,400 Orange County residents by the end of the program.	Electronic medical and dental records systems will be used to capture: 1) total number of CCHC patients served; 2) total Orange County residents served at CCHC; 3) total number of medical visits for unsinred patients at CCHC.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

See table next page.

Program Budget

Agency/Program: **Carrboro Community Health Center**

AGENCY REVENUE	Actual FY2014	Estimated FY2015	Projected FY2016	Percent Change
Private Donations	$ -	$ -	$ -	0
Agency Generated Revenue (fees)	$ 3,072,522	$ 3,876,210	$ 3,413,134	-12%
Local Government Grants:				
Orange County	$ 10,000	$ 10,000	$ 11,000	10%
Town of Chapel Hill	$ 3,000	$ 2,500	$ 3,500	40%
Town of Carrboro	$ 2,500	$ 2,500	$ 3,500	40%
Other Local: Orange Partnership/Smart Star	$ 30,000	$ 38,000	$ 28,500	-25%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ 6,990	$ 7,908	$ -	-100%
Federal Government	$ 411,650	$ 441,069	$ 379,591	-14%
Other Grants: Non-Govt grants	$ 210,529	$ 175,120	$ 262,000	50%
Other Grants:				0
Miscellaneous/Other Revenue	$ 44,971	$ 113,118	$ 77,238	-32%
Please list 3 largest Miscellanous sources:				
Patient Management Fees (CCNC_ $ -				
Techinical Assistance $ -				
Board Fundriaser $ -				
Total Agency Revenue	**$ 3,792,162**	**$ 4,666,425**	**$ 4,178,463**	**-10%**
AGENCY EXPENSES				
Compensation	$ 3,177,705	$ 3,349,569	$ 2,776,525	-17%
Rent & Utilities	$ 70,156	$ 85,819	$ 148,539	73%
Supplies & Equipment	$ 420,562	$ 526,171	$ 382,666	-27%
Travel & Training	$ 29,667	$ 25,026	$ 17,839	-29%
Other Expenses:	$ 730,580	$ 858,287	$ 997,610	16%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 4,428,670**	**$ 4,844,872**	**$ 4,323,179**	**-11%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (636,508)**	**$ (178,447)**	**$ (144,716)**	**19%**

Revised November 20, 2014

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Carrboro Community Health Center

Please note that the Carrboro Community Health Center is the program for which funds are being requested. Please refer to the Program Budget table above to review the entire CCHC budget. Piedmont Health does not routinely budget expenses based on a per encounter basis, therefore the Program Budget table above is the most accurate description of how expenses are budgeted for CCHC.

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
		Total	

c.) Cost per Unit – Medical Cost per Medical Visit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$4,161,541	$4,929,635	$2,676,539 (medical dept.)
Total # of Units	25,668 encounters (medical + dental)	29,314 encounters (medical + dental)	20,758 medical encounters
Cost Per Unit	$162.13	$168.16	$128.94

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

See table next page.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Piedmont Health Services, Inc.**

AGENCY REVENUE	Actual FY2014	Estimated FY2015	Projected FY2016	Percent Change
Private Donations	$ 48,798	$ 59,330	$ -	-100%
Agency Generated Revenue (fees)	$ 27,557,940	$ 36,946,576	$ 43,091,569	17%
Local Government Grants:				
Orange County	$ 10,000	$ 10,000	$ 11,000	10%
Town of Chapel Hill	$ 3,000	$ 2,500	$ 3,500	40%
Town of Carrboro	$ 2,500	$ 2,500	$ 3,500	40%
Other Local: Orange Partnership/Smart Star	$ 40,000	$ 38,000	$ 28,500	-25%
Other Local: NC Community Grant - IFC CH	-	-	$ 150,000	#VALUE!
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ 248,271	$ 74,563	$ 865,498	1061%
Federal Government	$ 7,993,848	$ 8,781,411	$ 7,997,978	-9%
Other Grants: Non-GovVt grants	$ 1,194,089	$ 1,447,365	$ 1,207,500	-17%
Other Grants:				0
Miscellaneous/Other Revenue	$ 571,767	$ 625,445	$ 322,597	-48%
Please list 3 largest Miscellanous sources:				
atient Management Fees (CCNC $ -				
Board Fundraiser $ -				
Technical Assistance $ -				
Total Agency Revenue	**$ 37,670,213**	**$ 47,987,690**	**$ 53,681,642**	**12%**
AGENCY EXPENSES				
Compensation	$ 23,352,142	$ 28,148,274	$ 39,798,139	41%
Rent & Utilities	$ 748,303	$ 947,484	$ 2,038,985	115%
Supplies & Equipment	$ 3,401,725	$ 4,179,399	$ 334,075	-92%
Travel & Training	$ 394,496	$ 499,275	$ 330,108	-34%
Other Expenses:	$ 10,298,990	$ 13,437,036	$ 18,180,335	35%
Please list 3 largest "Other Expenses":				
Contracted Patient Care $ -				
Repairs/Maintenance $ -				
Contracted Admin. Services $ -				
Total Agency Expenses	**$ 38,195,656**	**$ 47,211,468**	**$ 60,681,642**	**29%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (525,443)**	**$ 776,222**	**$ (7,000,000)**	**-1002%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency __Piedmont Wildlife Center_____

Program(s) _Nature Day Camp_____

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	***a. Applicant Contact Information*** ***b. Project/Program Contact Information*** ***c. Funding Requests Identified*** ***d. Signed Application Cover Page***	
2. Agency Information -	***a. Agency's Years in operation*** ***b. Agency's Purpose/Mission*** ***c. Agency's Types of Services Provided*** ***d. Agency's Experience*** ***e. Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	***a. Type of Application and Program Identified*** ***b. Summary of Program*** ***c. Description of Identified Need*** ***d. Description of Population to be Served*** ***e. Activity Manager and Location Description*** ***f. Activity Implementation Timeline*** ***g. Agency Collaboration*** ***h. Describe Impact of Reduced/No Allocation*** ***i. Other Pertinent Information*** ***j. Complete Target Population/Beneficiary Chart*** ***k. Complete Schedule of Positions*** ***l. Signed Conflict of Interest Disclosure*** **a.** ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** ***a. Program Budget Worksheet*** ***b. Program Budget Detail*** ***c. Cost Per Unit*** ***d. Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122; Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A. Part A:** ***CDBG & HOME*** **B. Part B*****: Construction/Rehab***	
6. Attachments	**a.** ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ***IRS Federal Form 990*** **c.** ***NC Solicitation License*** **d.** ***IRS Federal Tax-Exemption Letter*** **e.** ***Certificate of Insurance*** **f.** ***List of Board of Directors*** **g.** ***Articles of Incorporation/Bylaws*** **h.** ***Authorization to Request Funds*** **i.** ***Authorized official designation*** **j.** ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Piedmont Wildlife Center

Applicant Organization's Physical Address: 364 Leigh Farm Rd, Durham, NC 27707

Applicant Organization's Mailing Address: 364 Leigh Farm Rd, Durham, NC 27707

Applicant Organization's Web Address: www.piedmontwildlifecenter.org

Executive Director: Gail Abrams

Telephone Number: 919-489-0900 E-Mail: director@piedmontwildlifecenter.org

DUNS Number: 008434741
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Nature Day Camp

Project/Program Primary Contact and Title: Gail Abrams, Executive Director

Telephone Number: 919-489-0900 E-Mail: director@piedmontwildlifecenter.org

c) Funding Request Identification

Total Project/Program Cost: $ 331,433 Total Amount of Funds Requested: $ 10,000

Proposed Use of Funds Requested (2-3 Line Maximum): We currently have children from Orange county that attend our Durham camps, and now we are partnering with Orange County Parks and Rec to offer camps at Blackwood Farm Park in Chapel Hill. We would like to be able to offer the equivalent of 40 scholarships to be allocated for children from Orange County to attend either the Chapel Hill or Durham camps offered throughout the year.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

CDBG Non-Construction (CH) $____ Grant Loan
CDBG Construction (CH) $____ Grant Loan
HOME CHDO (OC) $____ Grant Loan

MAIN APPLICATION

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CDBG Non-Construction (CH) $____ Grant Loan
CDBG Construction (CH) $____ Grant Loan
HOME CHDO (OC) $____ Grant Loan

MAIN APPLICATION

Human Services: Carrboro $ 2500 Chapel Hill $ 2500 Orange County $ 5000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ _____1/25/2016_____
Executive Director Date

Signature: _____ _____1/25/2016_____
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

Years in Operation: 13, Date of Incorporation: December 31, 2002

b) Agency's Purpose/Mission

Inspiring people to develop a positive lifelong connection with the natural world & encouraging active engagement in conservation.

c) Types of Services the Agency Provides

Education programs are geared to school-aged children, their families, adults and the general public as we work to instill in the community an awareness and deeper appreciation for nature and the wildlife that share our environment. We give children direct mentoring and support to explore the wonders of nature like never before. We offer them the skills to become passionate learners and environmental leaders. We offer children and teenagers experiences in nature to foster confidence, natural curiosity, a deepening awareness of the intricacies of the world around them, and a chance to develop into leaders and mentors in their community. We offer adults a community, a place to reawaken their connections to each other and nature as well as outdoor and leadership skills providing a better quality, more sustainable way of life.

Our conservation programs work to restore and enhance wildlife habitat in the local area and in the backyards and schoolyards of the community. We work to connect citizens to the needs of wildlife and to our conservation projects through various citizen scientist opportunities. Our wildlife assistance program encourages more local veterinarians to treat wildlife, and the Center operates a dawn to dusk volunteer staffed wildlife hotline to refer citizens with wildlife issues to the closest and most appropriate source of care and/or humane removal.

d) Agency's Experience with Similar Programs as the Funding Request

MAIN APPLICATION

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough? NO

b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County? NO

c) Current beneficiaries of the project/program for which funds are requested? NO

d) Paid providers of goods or services to the program or having other financial interest in the program? NO

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ _____1/25/2016_____
Executive Director Date

Signature: _____ _____1/25/2016_____
Board Chairperson Date

MAIN APPLICATION

Piedmont Wildlife Center has been offering camps to children, ages 4 to 18, from Orange, Durham, Chatham, and Wake counties for 12 years. Each year the number of children that attend our camps has grown. We now offer summer camps and intersession camps throughout the year in Durham and Raleigh, serving over 1100 children per year. This summer we will be offering camps at a third location, Blackwood Farm Park, between Chapel Hill and Hillsborough. Each year requests for scholarships have increased. In 2015 we awarded 70 full or partial scholarships, and turned down numerous children due to lackof funding.

e) Other Pertinent Agency Information

For the past four years we have run after school programs at some schools in Durham Public Schools and Chapel Hill Carrboro Community School System, and a 28 week homeschool program at Leigh Farm Park in Durham. Many of the students that participated in our after school programs ended up coming to our camps to strengthen their outdoor skills and be part of a community. We have received grant funding for the after school programs for the last four years; however, we feel we can make a much bigger impact during a camp week where we work with the students for 30 hours a week as opposed to 7 hours over a 7 week session in after school. Additionally, it takes an incredible amount of administrative support on top of teaching time for the after school program, making it extremely cost prohibitive.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: _____Piedmont Wildlife Center Nature Day Camp ___

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

Human Services (Main Application Only)

CDBG Non-Construction — (Main Application AND Part A)

CDBG Construction — (Main Application AND Part A AND Part B)

HOME CHDO Set-aside — (Main Application AND Part A)

HOME Other — (Main Application AND Part A AND Part B)

MAIN APPLICATION

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	x				
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring	x				
Transportation					
Housing					
Out of school activities	x				
Nature Connection	x				

Indicate the type of program for which you are requesting funding:
Human Services

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)

Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority

Piedmont Wildlife Center proposes to offer 40 full scholarships to our year-round summer camps at Leigh Farm Park in Durham county, or Blackwood Farm Park in Orange county. We currently provide intersession and one-day day camps throughout the school year at Leigh Farm Park but hope to offer camps during fall and spring breaks at the Orange county location this year.

We also offer exclusive camps for teens all summer long at our Durham location. These camps include an Outdoor Leadership program, a few destination backpacking camps, as well as several others that provide challenges, teach outdoor skills, and connects them with nature and their peers. These camps in particular address a town of Chapel Hill goal of addressing services for youth; gives Orange county a way to support a local business/non-profit that is expanding; and gives youth a connection to our parks, motivating a desire to take care of park land and share them with others.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

According to the Consolidated Plan for Orange County along with the Towns of Chapel Hill, Hillsborough and Carrboro, one of the purposes of the CDBG and HOME Programs is to enhance the quality of life for the low to moderate income residents by increasing the capacity of public facilities and services for non-profit organizations in an efficient, responsive, and non-discriminating manner through organizational partnerships, available resources, and innovative approaches. By offering full camp scholarships to those in low to moderate income families, Piedmont Wildlife Center camps would be directly impacting the quality of life for those children by getting them outside, utilizing the new Orange county park, and instiling a love and interest in their community's public natural spaces. Because we are a local non-profit teaching outdoor education, we would be addressing Chapel Hill's proposal to address the community's needs for public services by developing a strong partnership with Piedmont Wildlife Center. (p. 11 of the FY 2010-2015 Consolidated plan of Orange County HOME Consortium).

The town council of Chapel Hill has a goal to refine focus for youth services. The "Chapel Hill 4 YOUth" initiative is a project they are working on to better meet the needs of community youth ages 12 -18. Through this project their goals are to:

- Engage directly and effectively with youth
- Raise youth awareness of the town's current programs and spaces
- Collaborate and innovate to develop and deploy new programs and services
- Continually assess and evaluate initiatives

(from Town of Chapel Hill Vision 2020/Council Goals: Review and refine focus for youth services and begin planning or Youth-centered facilities). Piedmont Wildlife Center offers opportunities for teens aged 12 to 18 to engage in teen specific camps and/or become leaders through our Counselor in Training program at the Blackwood Farm Park in Chapel Hill. By growing our pilot partnership with Orange County Parks and Rec we could develop new exclusive teen camps at Blackwood Farm and possibly other facilities in the Chapel Hill, Hillsborough and Carrboro areas.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Camps serve children ages 5 to 18 years old. The age group for the camps offered at Blackwood Farm Park will be for youth, 7 to 12. Scholarships are offered through an application process so we can determine who is from Orange county as well as what their financial needs are.

e) Who specifically will carry out the activities and in what location will they be carried out?

Jarl Rasmussen, our camp coordinator, a support counselor, a college intern, and possible Counselors in Training (Teen leadership training) for the Blackwood Farm location, 4215 NC-86, Chapel Hill, NC 27514.

The Camp Director, Sarah Haggerty along with several veteran lead counselors and support counselors, college interns, and Counselors in Training, at the Leigh Farm Park, 364 Leigh Farm Rd, Durham, NC 27707.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Camps at Blackwood Farm Park will be week-long day camps. The camp day runs from 9:00 a.m. to 3:00 p.m. An option for Early Care from 8:00 a.m. to 9:00 a.m. and/or After Care from 3:00 p.m. to 5:30 p.m. may be added on. Camps will be offered for 6 consecutive weeks starting June 13 and running through July 22, 2016.

Camps at Leigh Farm Park in Durham, NC, will also be week-long day camps with the same operating hours as Blackwood Farm. Early and/or aftercare are an option, from 8:00 - 9:00 a.m. and/or 3:00 - 5:30 p.m. Camps in Durham are offered each week from June 13 through August 26, 2016. There is also a day camp offered June 10, 2016.

All of these camps have been posted on our website and registration is currently open.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Orange County Parks and Rec - We have established a pilot partnership to run 6 camps at Blackwood Farm Park this summer.
- Send a Kid to Camp through the Triangle Community Foundation - awards us funding to offer scholarships to families in need
- Chapel Hill Carrboro Youth Forward - Lisiting our organization on their website and moblie app they are developing so families can find us.
- Chapel Hill Carrboro Community Schools - We currently run a nature connection program with three of their elementary after school programs involving all students enrolled at each school, providing a teacher training for afterschool staff who, in turn, helps facilitate the activities. This is carried out utlizing grant money from Orange County, the Town of Chapel Hill, the Town of Carrboro, and funding raised through other avenues.
- Global Giving Foundation - we have a “Send 70 Kids to Nature Camp” project through this foundation helping Piedmont Wildlife Center raise needed funds to provide scholarships.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Each year the requests for financial aid for our camps increases. We have to turn people away and the chance to connect that child with nature and their community forming a deep and lasting bond with their surroundings is diminished. By expanding our camp locations, we can better serve our surrounding communities, reaching those who want to pariticipate but not able to get to our Durham location. Without additional funding, and Piedmont Wildlife Center’s desire and ability to offer the same ratio of scholarships for all of our camp locations will not be possible. We would have to reduce the amount of scholarships per venue impacting families in several counties.

a) Include any other pertinent information.

The young people of today are in danger of losing the skills and ability to connect with the natural world because they are no longer going outside. Research has shown that children are spending half as much

time outside as they did 20 years ago. **On average, children spend 4.5 hours a day on the internet, playing video games and/or watching TV.** Offering sufficient outdoor time improves the overall health of our children while lengthening attention spans, diminishing aggressiveness, improving test scores and ultimately advancing learning. A plethora of research has indicated that hands-on environmental education has a measurably positive impact not only on student achievement in science, but also in reading, social studies, and mathematics.

Outdoor activity has also been proven to improve eyesight, provide Vitamin D for strong bones and healthy hearts, lower body weight, and has been shown to reduce attention deficit symptoms. Most school curricula do not include time spent outdoors, much less time spent studying nature. Numerous studies have tested the impact of nature on children with ADHD. A 2009 study by researchers Andrea Faber Taylor and Frances E. Kuo found that twenty minutes in a park setting was sufficient to elevate attention performance relative to the same amount of time in other settings. These findings indicate that environments can enhance attention not only in the general population but also in ADHD populations. Researchers concluded that “doses of nature” might serve as a safe, inexpensive, widely accessible new tool in the tool kit for managing ADHD symptoms. Faber Taylor, A. & Kuo, F.E. (2009). "Children with attention deficits concentrate better after walk in the park." *Journal of Attention Disorders,* 12, 402-409.

Studies also show that children with more participatory learning experiences have a greater aptitude for leadership, vision and inspired action. Childhood obesity has become one of the major issues facing our country. Getting kids active and outdoors is a consistent strategy in helping to address this critical issue. Piedmont Wildlife Center is working to meet the needs of our children through our camp programs**.**

Program/Project Information

b) Complete the Target Population and Program Beneficiary Demographics Chart
c) Complete the Schedule of Positions Chart for Program Staff
d) Disclosure of Potential Conflicts of Interested must be signed
e) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: **Persons** **Households** **Units**

Program: Piedmont Wildlife Center Nature Day Camp

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			

MAIN APPLICATION

Male	722	731	795
Female	469	466	507
Total	1191	1197	1302

Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	17	18	30
American Indian or Alaska Native			
Asian	37	26	40
Caucasian	1137	1153	1232
Native Hawaiian or other Pacific Islander			
Other			
Total	1191	1197	1302
Of the above, how many Hispanic/Latino	36	29	42
Of the above, how many non-Hispanic/Latino	1155	1168	1260
Total	1191	1197	1302
Age			
0-5 years	51	110	115
6-18 years	1138	1085	1185
19-50 years	2	2	2
51-61 years			
62+ years			
Total	1191	1197	1302
Geographic Location			
Durham City	608	595	600
Durham County	12	20	20
Carrboro	30	45	60

MAIN APPLICATION

Chapel Hill	319	305	357
Chapel Hill Public Housing Residents			
Orange County	36	45	60
Raleigh	76	116	130
Wake County	75	47	50
Other	35	24	25
Total	1191	1197	1302
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

MAIN APPLICATION

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1	29%	74320	76144	77772	14.06%	H, R
Admin assistant	1	56%	33895	29859	31454	5.69%	H
Camp Director	1	50%	49249	49203	50192	9.07%	H
Camp Coordinator	1	32%	41679	40915	42905	7.76%	H
Conservation Coordinator	1	3%	42034	41365	43203	7.81%	H
3 Lead Camp Counselor	1.25	100%	15,852	18000	18975	3.43%	
9 Head/specialty counselor	3.75	100%	17,350	41000	41975	7.59%	
9 Support Counselor	3.75	100%	16,675	25000	25200	4.56%	
6 Interns	1.25	100%	6559	9850	20599	3.86%	
5 Aftercare staff	0.35	100%	3338	8100	9250	1.73%	
3 Office Assistants	0.75	59%	17568	26497	26659	5.00%	
2 Counselors in Training Level 3	0.5	100%	400	600	800	0.15%	
3 afterschool educators	1	0%	12897	22586	4509	0.85%	
4 intersession counselors	1	100%	17511	19000	20692	3.88%	
5 contractual educators	0.15	0%	11081	7800	8103	1.52%	

11 Counselors in Training	2	100%	0	0	0	0.00%	

Notes:
- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough? NO

b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County? NO

c) Current beneficiaries of the project/program for which funds are requested? NO

d) Paid providers of goods or services to the program or having other financial interest in the program? NO

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ _____1/25/2016_____
Executive Director Date

Signature: _____ _____1/25/2016_____
Board Chairperson Date

MAIN APPLICATION

Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	Estimated 2015-2016	Projected 2016-2017
Program Activity 1			Receive applications for financial aid to attend camp
Program Goal			Award 40 full camp scholarships to Orange County residents
Performance Measures			Evaluate how many scholarships were requested from Orange county families from our registrations
Program Results			40 full scholarships granted
Program Activity 2			Offer camps that connect students to nature
Program Goal			Deepen inborn sense of wonder
Performance Measures			Counselors and/or parents will listen to questions campers have about nature and give feedback to staff at end of camp.
Program Results			Campers will be curious about something they are drawn to in nature and ask questions about it
Program Activity 3			Teach campers about flora and fauna of our area, and/or outdoor skills (using field guides, survival skills)
Program Goal			Campers will feel more confident in knowledge of local flora and fauna and/or outdoor skills

Performance Measures			Counselors or parents will observe campers sharing what they have learned and share it in a summary at the end of camp.
Program Results			Campers will be able to demonstrate the skills learned or share their knowledge with others

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Program Budget

Agency/Program: **Piedmont Wildlife Center Day Camps**

			Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE						
	Private Donations		$ 8,551	$ 7,000	$ 14,000	100%
	Agency Generated Revenue (fees)		$249,409	$267,100	$294,843	10%
	Local Government Grants:					
	Orange County		$ -		$ 5,000	0
	Town of Chapel Hill		$ -		$ 2,500	0
	Town of Carrboro		$ -		$ 2,500	0
	Other Local:	DurhamCounty			$ 6,390	0
	Other Local:					0
	Other Local:					0
		please provide a separate				
	Non-Local Government Grants					
	Triangle United Way					0
	State Government					0
	Federal Government					0
	Other Grants:	Triangle Community Four	$ 2,500	$ 5,000	$ 5,000	0%
	Other Grants:	UNC Chapel Hill	$ 1,200	$ 1,200	$ 1,200	0%
	Miscellaneous/Other Revenue					0
	Please list 3 largest Miscellanous sources:					
		$ -				
Total Agency Revenue			**$261,660**	**$280,300**	**$331,433**	**18%**
AGENCY EXPENSES						
	Compensation		$160,190	$191,567	$237,878	24%
	Rent & Utilities		$ 13,366	$ 14,567	$ 15,205	4%
	Supplies & Equipment		$ 15,957	$ 15,374	$ 17,500	14%
	Travel & Training					0
	Other Expenses:		$ 72,187	$ 75,850	$ 60,850	-20%
	Please list 3 largest "Other Expenses":					
	insurance/admin	$ 30,850.00				
	camp scholarships given	$ 30,000.00				
Total Agency Expenses			**$261,700**	**$297,358**	**$331,433**	**11%**
SURPLUS/(DEFICIT) FOR PERIOD:			**$ (40)**	**$ (17,058)**	**$ -**	**100%**

Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	**Cost ($)**	**Quantity/Unit of Measure**	**Subtotal ($)**
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Nature Day Camp_____

Cost Elements	**Cost ($)**	**Quantity/Unit of measure**	**Subtotal ($)**
Executive Director Salary	77,772	29% of salary x 77,772	$22,554
Office Coordinator Salary	31,454	56% of salary x 31,454	$17,614
Director of Education Salary	50,192	50% of salary x 50,192	$25,096
Education Coordinator Salary	42,905	32% of salary x 42,905	$13,730
Conservation Coordinator Salary	43,203	3% of salary x 43,203	$1,296

Lead Counselor Salary	$627	11 sessions x 3 counselors	$20,691
Speciality Counselor Salary	$681	19 groups x 1 counselors	$12,939
Head Counselor Salary	$708	38 groups x 1 counselor	$26,904
Support Counselor Salary	$436	63 groups x 1 counselor	$27,468
Teen Trip Counselors	$981	2 counselors x 3 trips	$5,886
Interns	$327	**63 groups x 1 intern**	$20,601
Aftercare Staff	$10	**(12.5hr/w x 11 w x 5 staff) + (12.5hr/w x 11w x 1 staff)+(12.5hr/w x 8 w x 1 staff)**	$9,250
Office Assistants	$10.90	**1171 hrs between 3 office assistants**	$12,764
Counselors in Training Level 3	$100	**8 CIT III x $109**	$800
afterschool educators	$10.90	**413.67hr between 3 educators**	$4,509
intersession counselors	477	**17 groups with 1 counselor**	$8,103
contractual educators	153	**50 classes taught by various educators**	$7,673
background checks	35.71	**21 staff checked**	$750
telephone use	50	**2 camp cell phones**	$100
materials & supplies	various	**10 binoculars, food for trips, paper supply, arts & crafts, cooking gear, backpacks, printing fliers**	$5,750
advertising	various	**advertising in Herald Sun, News & Observer, INDY, print & online for all of them**	$6,050
transportation	$1.85	**gas needed to drive 1,081 miles to trip locations, pick up**	$2,050

		supplies for all camps	
accident insurance	$300	**camp accident insurance**	$300
portable toilets	$40.90	**portable toilet rental for 11 weeks, 2 toilets**	$900
rental & camping fees for teen trip camps	1150	**fees to camp in parks, van rentals**	$1,150
cleaning fees	$25	10 hours of cleaning our camp office	$250
tech support	$35.71	**42 hours of tech support for office computers**	$1,500
liability insurance	$10,000	**general liability insurance**	$10,000
credit card fees	3.5%	**3.5% credit card processing fees for program registartion**	$12,000
annual audit	$6,300	**cost for annual audit**	$6,300
dues	$500	**dues for camp association**	$500
payroll fees	$450	**payroll processing fees**	$450
office supplies	$50	**paper & postage**	$50
camp scholarships	$250	**120 full scholarships**	$30,000
truck maintenance & insurance	$1,425	**vehicle maintenance & insurance on PWC truck**	$1,425
utilities	$7,000	**gas & electric for 3 facilities**	$7,000
building & grounds maintenance	$3,250	building & grounds maintenance at Leigh Farm Park	$3,250
telephone & computer service	$3,500	**telephone & computer service**	$3,500

rent	$30	**reduced rate by Durham City**	$30
		Total	$331,433

c) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$261,700	$297,358	$331,433
Total # of Units	1191	1197	1302
Cost Per Unit	219.73	248.42	254.55

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Fiscal Year: July 1, 2016 - June 30, 2017

Surplus of funds in 2014-15 was due to increased donations received and higher enrollment in nature camps than budgeted.

Deficit in 2015-16 is projected due to major decrease in individual donations and less revenue received in our November 2015 Auction.

MAIN APPLICATION

Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAME: Piedmont Wildlife Center

AGENCY REVENUE		Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations		$ 61,121	$ 61,365	$ 64,439	5%
Agency Generated Revenue (fees)		$ 412,409	$ 431,889	$ 455,032	5%
Local Government Grants:					
Orange County			$ 2,000	$ 5,000	150%
Town of Chapel Hill		$ 1,000	$ 1,000	$ 2,500	150%
Town of Carrboro		$ 2,000	$ 2,200	$ 2,500	14%
Other Local:	Durham County	$ 8,190	$ 8,190	$ 6,390	-22%
Other Local:	Durham Public Schools	$ 2,000	$ -	$ -	0
Other Local:					0
If more than 3 sources, please provide a separate list.					
Non-Local Government Grants					
Triangle United Way					0
State Government					0
Federal Government					0
Other Grants	Triangle Community Foundatior	$ 2,500	$ 5,000	$ 5,000	0%
Other Grants	Chapel Hill Carrboro Youth Fon	$ 5,000	$ 5,000	$ 5,000	0%
Other Grants					0
Other Grants	Global Giving Foundation	$ 5,059	$ 5,000	$ 1,350	-73%
Corporations		$ 4,470	$ 6,000	$ 6,000	0%
Miscellaneous/Other Revenue		$ 31,000	$ 31,000	$ 31,000	0%
Please list 3 largest Miscellanous sources:					
Durham City in-kind facilities	$ 31,000.00				
	$ -				
Total Agency Revenue		**$ 534,749**	**$ 558,644**	**$ 584,211**	**5%**
AGENCY EXPENSES					
Compensation		$ 360,408	$ 415,919	$ 422,288	2%
Rent & Utilities		$ 45,374	$ 44,366	$ 46,205	4%
Supplies & Equipment		$ 60,256	$ 58,305	$ 62,156	7%
Travel & Training		$ 600	$ 750	$ 1,000	33%
Other Expenses:		$ 46,353	$ 49,807	$ 52,562	6%
Please list 3 largest "Other Expenses":					
member programs	$ 7,339.00				
insurance/accounting	$ 29,243.00				
conservation	$ 9,771.00				
Total Agency Expenses		**$ 512,991**	**$ 569,147**	**$ 584,211**	**3%**
SURPLUS/(DEFICIT) FOR PERIOD:		**$ 21,758**	**$ (10,503)**	**$ -**	**100%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **Planned Parenthood South Atlantic**

Program(s) **Sexual Health Education and Outreach**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **NA** **B.** ☐ **Part B*: Construction/Rehab*** **NA**	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Planned Parenthood South Atlantic

Applicant Organization's Physical Address: 1765 Dobbins Dr, Chapel Hill, NC 27514

Applicant Organization's Mailing Address: 1765 Dobbins Dr, Chapel Hill, NC 27514

Applicant Organization's Web Address: www.ppsat.org

Executive Director: Jenny Black

Telephone Number: 919-833-7526 x6140 E-Mail: jenny.black@ppsat.org

DUNS Number: 110314622
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Sexual Health Education and Outreach

Project/Program Primary Contact and Title: Lisa Garland, Community Health Educator

Telephone Number: 919-818-7760 E-Mail: lisa.garland@ppsat.org

c) Funding Request Identification

Total Project/Program Cost: $ 37,886 Total Amount of Funds Requested: $23,500

Proposed Use of Funds Requested (2-3 Line Maximum): Funds will be used to support the salary costs of a Community Health Educator in Orange County, who will conduct programs intended to reduce the rates of unintended pregnancy and sexually transmitted infection in the Orange County.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

☒ Human Services: ☒ Carrboro $1,000 ☒ Chapel Hill $2,500 ☒ Orange County $20,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Jenny Black **1/21/2016**
Executive Director Date
Signature: Joe Durrkee **1/21/2016**
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
35 years, incorporated July 1980

b) Agency's Purpose/Mission
Planned Parenthood South Atlantic (PPSAT) proactively ensures comprehensive reproductive health care: by providing services in settings that preserve and protect the individual's right to privacy and reproductive choice; by advocating public policies that advance these rights and expand access to such services; by providing educational programming that fosters a culture of healthy sexuality; by working with and meeting the needs of diverse communities and the under-served; and by leading broad-based strategies that further these fundamental rights.

c) Types of Services the Agency Provides
PPSAT works to reduce the incidence of unintended pregnancy, HIV/AIDS, and other STIs, especially among teens, emerging adults (19-29), those with limited financial resources, and uninsured clients. We operate 14 health centers throughout North Carolina, South Carolina, West Virginia, and the Blue Ridge of Virginia.

Our Chapel Hill health center provides a wide range of safe, reliable health care—and the majority is preventive care, which helps reduce unintended pregnancies through contraception, reduce the spread of sexually transmitted infections through testing and treatment, and screen for cervical and other cancers. We reduce barriers to accessing care by offering same-day and by-appointment visits, evening and weekend hours, bilingual staff, and fees that are typically less than those of private providers.

Our Orange County community health educator uses evidence-based curricula to equip adolescents with training and information about reproductive health and/or teen pregnancy prevention so that they can become accurate sources of information for their friends, family, and acquaintances. Our educator also provides single-session programs that serve to convey information and encourage utilization of family planning services.

d) Agency's Experience with Similar Programs as the Funding Request
For more than 35 years, PPSAT has provided high-quality education that reflects the needs of young people, their families, our patients, and the communities we serve. Last year, more than 25,000 young people benefited from our education programs.

Programming ranges from health-center based projects like enrolling patients in health care coverage through the Affordable Care Act; to delivering model, Planned Parenthood South Atlantic-branded sex education programs; to offering professional training in the affiliate and in partnership with other nonprofit organizations; to teaching healthy living curricula in local schools.

While community education is as diverse as the locations where it is offered, we place an emphasis on multi-session sex education programs that are scoped, sequenced, and proven to meet the needs of participants better than one-time presentations.

PPSAT has offered *Teen Voices* and *Smart Girls* in the Orange County community for the past three years.

e) Other Pertinent Agency Information

Starting in July 2015, an opposition group calling itself the "Center for Medical Progress" released a series of deceptively edited videos intended to mislead the public and discredit Planned Parenthood. The videos have since been debunked, but they have bred an increase in hateful rhetoric from anti-women's health advocates, which culminated most recently in an attack on a Planned Parenthood health center in Colorado Springs.

We have discussed these issues with Orange County education alumni. They understand that these fraudulent videos are part of a decade long campaign by extreme opposition groups to cut off access to safe and legal abortion and shut Planned Parenthood's doors. Despite the attack in Colorado Springs, teens report that they continue to feel safe in our health centers and off-site locations.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Sexual Health Education and Outreach

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X			
Health and Nutrition	X	X			
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities	X				
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Indicate the type of program for which you are requesting funding:

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

In FY17, our education department will provide Orange County teens and young adults with medically accurate, intensive, and balanced sexuality education programs that promote positive sexuality, healthy behavior, and responsible choices – with the goal of reducing the rates of unintended pregnancy and sexually transmitted infection. In doing so, we are addressing the Town of Chapel Hill's budgeting priority to fund education, mentorship, and afterschool programming for youth facing a variety of challenges.

PPSAT will provide *Teen Voices*, a sexual education program for teens that uses the evidence-based *Becoming a Responsible Teen* (BART) BART is a comprehensive curriculum specifically designed to increase many of the knowledge and skill-based protective factors about contraception use and negotiation skills. PPSAT will also offer *Smart Girls*, a science-based, intensive adolescent pregnancy prevention program for middle school girls. The goal of both programs is to build self-esteem and healthy decision-making to delay initiation of sex, increase condom use of sexually active teens, and reduce the number of sexual partners for those teens.

We will invite graduates of our teen education programs to participate in our alumni group. Through the alumni group, we will look at the larger community to identify other needs and design and implement appropriate service projects. This service-learning component will work to increase community involvement.

Parent workshops will improve parents' confidence in talking to their children about sex and will increase parent-child communication about sex and contraception. Alumni will lead workshop sessions so that parents have the opportunity to practice talking to teens about these sensitive topics.

Our program will also include a series of charlas or chats aimed at young women (aged 19 – 25) who do not qualify to participate in our after-school program. These workshops will engage them in a dialogue about family planning and pregnancy prevention.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

The Town of Chapel Hill has identified **education, mentorship, and afterschool programming for youth facing a variety of challenges** as a budgeting priority.

The consequences of adolescent pregnancy and childbearing are serious and numerous. Teen mothers are less likely to graduate from high school and more likely to live in poverty and to rely on welfare. The children of teenage mothers are often born at low birth weight, experience health and developmental problems, and are likely to be poor, abused, and/or neglected

The educational programs PPSAT offers influence specific behaviors related to sexual risk-taking and reinforce protective factors to prevent teen pregnancy.

In 2013, the most recent year for which data is available, North Carolina's teen pregnancy rate fell 11% to 35.2 out of every 1,000 15-19 year old girls, which is a record low in the state's history. Orange County's teen pregnancy rate dropped 35% from 2012 - from 14.8 to 9.6 in 2013. This number represents 102 teen pregnancies in 2012 down to 68 in 2013. Orange County has historically had one of the lowest rates in the state, but this large reduction year-to-year is notable and a positive step.

Even with this lowest and dropping overall rate, rate disparities exist by race and ethnicity. Orange County demonstrates a greater racial and ethnic disparity when it comes to teen pregnancy rates than the state as a whole. In our community, 4.8 out of every 1,000 White teens experience teen pregnancy, whereas 21.3 out of 1,000 African American and 41.3 out of 1,000 Hispanic teens are faced with this challenge.

According to the 2013 Youth Risk Behavior Survey (YRBS) for North Carolina, over 47% of high school students report having had sexual intercourse. That includes 57.5% of juniors and 63.9% of seniors. This demonstrates that many adolescents are confronted at some point during their teen years with choices about whether or not to have sex and, if they do, whether or not to use condoms and/or other contraceptives.

Research shows that teens who begin having sex at an earlier age are less likely to use contraception and more likely to become pregnant and to become a parent. They are also more likely to accumulate a greater number of lifetime sexual partners. Of those that reported having had sex, only 60.8% used a condom the last time they had sex. In addition, 21.2% reported using drugs or alcohol before sex.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

This project will primarily serve middle and high school aged teens living in Orange County, Chapel Hill and Carrboro. Our Community Health Educator works with social workers and counselors in the schools and community partners to promote the program and receive direct referrals. *Teen Voices* and *Smart Girls* are available to any teen that meets the age requirements for the curricula. Interested teens complete an application and interview with the educator to demonstrate their interest in the program. When there are more applicants than spaces available, the educator gives priority to older teens that many age out of the program sooner and reserves a space the following year for teens that she cannot accommodate.

In addition, we will implement parent workshops to benefit parents of teens, promoting this project with our community partners and among our teen program participants. Through our charlas/workshops our community health educator reaches a variety of women of reproductive age (10-44)

e) Who specifically will carry out the activities and in what location will they be carried out?

Our programs will be carried out by two part-time community health educators. Lisa Garland has seven years of work and volunteer experience with at-risk youth. She is a former Planned Parenthood peer educator, has been working at PPSAT for three years, and is fluent in English and Spanish. The other educator position is vacant, but we are recruiting now and are looking for a bilingual (English/Spanish) applicant with a degree in a related field preferred, at least one year experience working with youth, and previous experience in Public Health.

Activities take place at community center-like locations. Past sites have included the Chapel Hill Public Library, the Unitarian Universalist Church, and the Cedar Ridge Parks Department.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

August 2016 Begin preparation for programming (buying supplies, getting in touch with schools, writing MOAs, etc.)

January 2017 Set up dates/time for spring health fair, workshops, other activities

February 2017 Begin recruitment process through guidance counselors, social workers, and referrals for Smart Girls and Teen Voices

March 2017 Teen Voices and Smart Girls start
- Teen Voices – 12 weeks, 12 sessions
- Smart Girls – 10 weeks, 10 sessions

March-April 2017 Parent session in between the program dates for both Teen Voices and Smart Girls (Other parents are allowed to attend)

May/June 2017 Graduation for Smart Girls and Teen Voices

Throughout the year - workshops, health fairs, Teen Voices Alumni meets once a month

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Compass Center – participant recruitment
- Orange County Library Systems – hosting workshops, sessions, and alumni meetings
- Chapel Hill, Carrboro, and Orange County Schools – participant recruitment
- El Centro Hispano – participant recruitment

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

PPSAT is committed to maintaining these education programs in Orange County. In addition to County and Town support, PPSAT receives funding for its educational programs from a number of private foundations. All of these foundations have a long history of supporting our programs and we anticipate their renewed support for FY16. If requested funding is not awarded, we will have to make a larger institutional investment in the programs - designating funds raised for general operating support.

i) Include any other pertinent information.

Program/Project Information

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Sexual Health Education and Outreach

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	82	110	
Female	153	253	
Total	235	363	0
Of the females, how many are single-female Head of Households (Omit for Human Services)	NA	NA	NA
Ethnicity			
African-American	44	95	95
American Indian or Alaska Native			
Asian			
Caucasian	181	187	187
Native Hawaiian or other Pacific Islander			
Other	10	81	81
Total	235	363	363
Of the above, how many Hispanic/Latino	58	100	100
Of the above, how many non-Hispanic/Latino	177	263	263
Total	235	363	363
Age			
0-5 years			
6-18 years	151	233	233
19-50 years	84	130	130
51-61 years			
62+ years			
Total	0	363	363
Geographic Location			
Durham City			
Durham County			
Carrboro	58	90	90
Chapel Hill	152	235	235
Chapel Hill Public Housing Residents			
Orange County	25	38	38
Raleigh			

Wake County			
Total	235	363	363
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	NA	NA	NA
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	NA	NA	NA

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Community Health Educator	1	50	35,950	35,360	35,360	.2%	
Senior Director of Education	1	5	49,171	43,636	61,800	.3%	H

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Jenny Black — **1/21/2016**
Executive Director — Date

Signature: Jim Durrette — **1/21/2016**
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- ***Performance Measures*** describe how you will evaluate the degree in which you achieved the stated goals.
- ***Actual Program Results*** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	**Estimated 2015-2016**	**Projected 2016-2017**
Program Activity 1	Using the *Becoming a Responsible Teen* curriculum, provide a diverse group of teens with training around issues of sexuality, healthy relationships, abstinence and contraceptive options, communication and decision-making skills and goal setting.	Using the *Becoming a Responsible Teen* curriculum, provide a diverse group of teens with training around issues of sexuality, healthy relationships, abstinence and contraceptive options, communication and decision-making skills and goal setting.	Using the *Becoming a Responsible Teen* curriculum, provide a diverse group of teens with training around issues of sexuality, healthy relationships, abstinence and contraceptive options, communication and decision-making skills and goal setting.
Program Goal	Recruit at least 15 teens (ages 14 – 18). All participants will demonstrate at least a 10% increase in knowledge about preventing pregnancy and STIs.	Recruit at least 15 teens (ages 14 – 18). All participants will demonstrate at least a 10% increase in knowledge about preventing pregnancy and STIs.	Recruit at least 15 teens (ages 14 – 18). All participants will demonstrate at least a 10% increase in knowledge about preventing pregnancy and STIs.
Performance Measures	PPSAT will measure the competency levels of participants through pre- and post-program tests. The pre-test will be administered at the beginning of the first session, and the post-test will be administered immediately following the conclusion of the program. Measurable outcomes include a change in knowledge, attitudes, and behaviors.	PPSAT will measure the competency levels of participants through pre- and post-program tests. The pre-test will be administered at the beginning of the first session, and the post-test will be administered immediately following the conclusion of the program. Measurable outcomes include a change in knowledge, attitudes, and behaviors.	PPSAT will measure the competency levels of participants through pre- and post-program tests. The pre-test will be administered at the beginning of the first session, and the post-test will be administered immediately following the conclusion of the program. Measurable outcomes include a change in knowledge, attitudes, and behaviors.
Program Results	15 participant, 7% increase - students entered with a high baseline understanding	TBD	TBD
Program Activity 2	Peer-educators will work within their schools and communities to disseminate to others the information	Peer-educators will work within their schools and communities to disseminate to others the information they	Peer-educators will work within their schools and communities to disseminate to others the information they

	they have learned.	have learned.	have learned.
Program Goal	Each peer-educator will make 20 contacts in their community.	Each peer-educator will make 20 contacts in their community.	Each peer-educator will make 20 contacts in their community.
Performance Measures	Peer-educators will maintain contact logs so that the Community Educator can review them for accuracy and completeness.	Peer-educators will maintain contact logs so that the Community Educator can review them for accuracy and completeness.	Peer-educators will maintain contact logs so that the Community Educator can review them for accuracy and completeness.
Program Results	172 contacts - Many did not complete their required contacts. Community Educator has since incentivized by making completion of contacts mandatory to receive a full $300 gift card.	TBD	TBD
Program Activity 3	Using the *Smart Girls* curriculum, provide a diverse group of middle school girls with training around issues of sexuality, healthy relationships, abstinence and contraceptive options, communication and decision-making skills and goal setting.	Using the *Smart Girls* curriculum, provide a diverse group of middle school girls with training around issues of sexuality, healthy relationships, abstinence and contraceptive options, communication and decision-making skills and goal setting.	Using the *Smart Girls* curriculum, provide a diverse group of middle school girls with training around issues of sexuality, healthy relationships, abstinence and contraceptive options, communication and decision-making skills and goal setting.
Program Goal	PPSAT will recruit at least 10 girls (ages 10 – 14). All participants will demonstrate at least a 10% increase in knowledge about preventing pregnancy and STIs.	PPSAT will recruit at least 10 girls (ages 10 – 14). All participants will demonstrate at least a 10% increase in knowledge about preventing pregnancy and STIs.	PPSAT will recruit at least 10 girls (ages 10 – 14). All participants will demonstrate at least a 10% increase in knowledge about preventing pregnancy and STIs.
Performance Measures	PPSAT will measure the competency levels of participants through pre- and post-program tests. The pre-test will be administered at the beginning of the first session, and the post-test will be administered immediately following the conclusion of the program. Measurable outcomes include a change in knowledge, attitudes, and behaviors.	PPSAT will measure the competency levels of participants through pre- and post-program tests. The pre-test will be administered at the beginning of the first session, and the post-test will be administered immediately following the conclusion of the program. Measurable outcomes include a change in knowledge, attitudes, and behaviors.	PPSAT will measure the competency levels of participants through pre- and post-program tests. The pre-test will be administered at the beginning of the first session, and the post-test will be administered immediately following the conclusion of the program. Measurable outcomes include a change in knowledge, attitudes, and behaviors.
Program Results	10 participants, 27% increase	TBD	TBD
Program Activity 4	Create an alumni group for graduates of education programs who will conduct annual service-learning	Create an alumni group for graduates of education programs who will conduct annual service-learning	Create an alumni group for graduates of education programs who will conduct annual service-learning

	activities.	activities.	activities.
Program Goal	At least 8 graduates will participate in the alumni group, and conduct an annual student-led service-learning project.	At least 8 graduates will participate in the alumni group, and conduct an annual student-led service-learning project.	At least 8 graduates will participate in the alumni group, and conduct an annual student-led service-learning project.
Performance Measures	PPSAT will seek out feedback from the groups that the alumni group works with during their service learning activity to access the value of the participants' contribution.	PPSAT will seek out feedback from the groups that the alumni group works with during their service learning activity to access the value of the participants' contribution.	PPSAT will seek out feedback from the groups that the alumni group works with during their service learning activity to access the value of the participants' contribution.
Program Results	8 participants	TBD	TBD
Program Activity 5	Provide a series of parent workshops that will include skill building and information on talking with their children about sex. Sessions will include: role play discussing relationships, contraception, STIs and peer pressure. One session will be conducted in English, one session in Spanish.	Provide a series of parent workshops that will include skill building and information on talking with their children about sex. Sessions will include: role play discussing relationships, contraception, STIs and peer pressure. One session will be conducted in English, one session in Spanish.	Provide a series of parent workshops that will include skill building and information on talking with their children about sex. Sessions will include: role play discussing relationships, contraception, STIs and peer pressure. One session will be conducted in English, one session in Spanish.
Program Goal	At least 15 parents of middle and high school students will participate in parent workshops. At least 75% of parents will report increased comfort in talking with their kids about sexuality issues. At least 75% of parents will report they intend to talk to their children about sex as a result of the workshop.	At least 15 parents of middle and high school students will participate in parent workshops. At least 75% of parents will report increased comfort in talking with their kids about sexuality issues. At least 75% of parents will report they intend to talk to their children about sex as a result of the workshop.	At least 15 parents of middle and high school students will participate in parent workshops. At least 75% of parents will report increased comfort in talking with their kids about sexuality issues. At least 75% of parents will report they intend to talk to their children about sex as a result of the workshop.
Performance Measures	Participants will provide feedback on the quality of the program by completing surveys.	Participants will provide feedback on the quality of the program by completing surveys.	Participants will provide feedback on the quality of the program by completing surveys.
Program Results	22 participants, 72% reported increase in comfort, 100% intended to talk to their children	TBD	TBD

Program Activity 6	Host a series of workshops (charlas or chats) to help women of reproductive age assess their risk of pregnancy..	Host a series of workshops (charlas or chats) to help women of reproductive age assess their risk of pregnancy.	Host a series of workshops (charlas or chats) to help women of reproductive age assess their risk of pregnancy.
Program Goal	Teach at least 15 women of reproductive age about the benefits and availability of various contraceptive methods. At least 75% of participants will report an increased understanding of their risk of pregnancy and have a plan for preventing unintended pregnancies.	Teach at least 15 women of reproductive age about the benefits and availability of various contraceptive methods. At least 75% of participants will report an increased understanding of their risk of pregnancy and have a plan for preventing unintended pregnancies.	Teach at least 15 women of reproductive age about the benefits and availability of various contraceptive methods. At least 75% of participants will report an increased understanding of their risk of pregnancy and have a plan for preventing unintended pregnancies.
Performance Measures	Participants will provide feedback on the quality of the program by completing surveys.	Participants will provide feedback on the quality of the program by completing surveys.	Participants will provide feedback on the quality of the program by completing surveys.
Program Results	37 participants, 100% reported increase in understanding.	TBD	TBD

Copies of data collection tools attached.

Community Health Educator Lisa Garland will be responsible for monitoring progress toward goals with the supervision of Senior Director of Education Monika Thigpen.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

- **Supplies and Equipment Increase** – We have depleted our supply of promotional materials (pens, lanyards, keychains) that we distribute during our events to promote Planned Parenthood. We are budgeting $600 more than last year to re-supply.
- **Travel and Training Increase** – With the hiring of a new Educator, they will need to be trained in the program curricula.

Program Budget

Agency/Program: Sexual Health Education and Outreach

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 1,116	$ 241		0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 20,000	$ 20,000	$ 20,000	0%
Town of Chapel Hill	$ 2,500	$ 2,500	$ 2,500	0%
Town of Carrboro	$ 1,000	$ 1,000	$ 1,000	0%
Other Local:				0
Other Local:				0
Other Local:				0
a separate list				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Strowd Roses	-	$ 5,000	$ 5,000	0%
Other Grants: F.M. Kirby Foundation	$ 5,000	$ 10,000	$ 9,386	-6%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 29,616**	**$ 38,741**	**$ 37,886**	**0**
AGENCY EXPENSES				
Compensation	$ 22,837	$ 23,446	$ 21,543	-8%
Rent & Utilities	$ 324	$ 1,150	$ 1,150	0%
Supplies & Equipment	$ 152	$ 2,255	$ 2,934	30%
Travel & Training	$ 435	$ 2,460	$ 3,049	24%
Other Expenses:	$ 5,868	$ 9,430	$ 9,210	-2%
Please list 3 largest "Other Expenses":				
Refreshments $2,912.00				
Incentives $5,998.00				
Misc. $ 300.00				
Total Agency Expenses	**$ 29,616**	**$ 38,741**	**$ 37,886**	**-2%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Sexual Health Education and Outreach

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Refreshments – Teen Voices (TV), Smart Girls, Alumni	$7	TV – 15 participants x 12 sessions Smart Girls – 10 participants x 10 sessions	$2,632
Refreshments – Parents, charlas/chats	$7	5-15 participants per workshop x 2 parent workshops and 2 charlas/chats	$280
Incentives – Gift Cards	$300 + $2 fee	TV - 15 participants	$4,530
	$100 +$2 fee	Smart Girls – 10 participants	$1,020
	$50	1 drawing per workshop x 2 parent workshops and 2 charlas/chats	$200
Incentives – T-shirts	$7.50	TV – 15 participants Smart Girls – 10 participants Alumni – 8 participants	$247.50
Rental	Variable	TV and Smart Girls - $300 each Parents and chats - $200 each Alumni - $150	$1,150
Mileage – Community Educator	$0.54	175 miles per month x 12	$1,134
Training – New Educator on curriculum	$995	1 participant	$995
Copies	$0.50	800 copies for worksheets, promotional fliers	$400
Office Supplies	$40	Per month x 12	$480
Brochures	$40	Per 100 x 10 topics	$400
Promotional materials - swag	$2	3 promotional items (keychains, pens, carbineers, etc) x 150 of each	$900
Guest Trainers - TV	$100	2 speakers	$200
Peer Assistant - TV	$100	1 assistant	$100

Supplies for Child Care	$40	Per workshop, 2 parent workshops and 2 charlas/chats	$160
Field Trip – Bus rental for Youth Advocacy Day	$420	1 day	$420
APPCNC Conference	$250	2 registrants	$500
Education Materials - TV	$20	Worksheets x 15 participants	$300
Postage	$0.49	50 stamps per month x 12	$294
Salary – Community Health Educator		2 educators x 50% of time each	
Salary – Sr. Director of Education		1 director x 5% of time	
Benefits – 25% of Director of Ed Salary		1 director x 5% of time	
		Total	**$37,886**

c.) Cost per Unit:

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	$29,616	$38,741	$37,886
Total # of Units	235	363	363
Cost Per Unit	$126.03	$106.72	$104.37

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

- Agency fiscal year is July 1, 2016 to June 30, 2017
- FY15 represents the first six months of Planned Parenthood South Atlantic's operations. On January 1, 2015, Planned Parenthood Health Systems (PPHS) and Planned Parenthood of Central North Carolina (PPCNC) merged to become Planned Parenthood South Atlantic. Prior to that, PPHS and PPCNC operated as separate organizations with separate budgets.

Section VI. Financial Data

Operating Budget for Entire Agency

AGENCY NAME: Planned Parenthood South Atlantic

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 3,329,493	$ 6,554,744	$ 6,685,839	2%
Agency Generated Revenue (fees)	$ 5,015,888	$10,732,007	$10,946,647	2%
Local Government Grants:				
Orange County	$ 10,000	$ 20,000	$ 20,000	0%
Town of Chapel Hill	$ 1,250	$ 2,500	$ 2,500	0%
Town of Carrboro	$ 500	$ 1,000	$ 1,000	0%
Other Local: Durham County	$ 8,623	$ 17,246	$ 17,246	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government	$ 68,074	$ 135,000	$ 135,000	0%
Federal Government	$ 921,287	$ 1,955,500	$ 2,600,000	33%
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 83,295	$ 65,145	$ 31,200	-52%
Please list 3 largest Miscellaneous sources:				
Research $ 33,945.00				
Rental Income $ 31,200.00				
$ -				
Total Agency Revenue	$ 9,438,410	$19,481,642	$20,438,432	5%
AGENCY EXPENSES				
Compensation	$ 5,360,327	$11,392,864	$11,734,650	3%
Rent & Utilities	$ 500,184	$ 704,325	$ 725,455	3%
Supplies & Equipment	$ 1,731,012	$ 4,478,506	$ 4,612,861	3%
Travel & Training	$ 269,003	$ 551,727	$ 568,279	3%
Other Expenses	$ 2,431,977	$ 2,682,973	$ 2,763,462	3%
Please list 3 largest "Other Expenses":				
Depreciation $ 379,530.00				
Advertising $ 309,876.00				
Contracted Services $ 585,661.00				
Total Agency Expenses	$10,292,503	$19,810,395	$20,404,707	3%
SURPLUS/(DEFICIT) FOR PERIOD:	$ (854,093)	$ (328,753)	$ 34,725	111%

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency _Public_Gallery of Carrboro dba WCOM__

Program(s) _Community Radio_____

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** *XX*☐ ***Applicant Contact Information*** **b.** *XX*☐ ***Project/Program Contact Information*** **c.** *XX*☐ ***Funding Requests Identified*** **d.** *XX*☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** *XX*☐ ***Agency's Years in operation*** **b.** *XX*☐ ***Agency's Purpose/Mission*** **c.** *XX*☐ ***Agency's Types of Services Provided*** **d.** *XX*☐ ***Agency's Experience*** **e.** *XX*☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** *XX*☐ ***Type of Application and Program Identified*** **b.** *XX*☐ ***Summary of Program*** **c.** *XX*☐ ***Description of Identified Need*** **d.** *XX*☐ ***Description of Population to be Served*** **e.** *XX*☐ ***Activity Manager and Location Description*** **f.** *XX*☐ ***Activity Implementation Timeline*** **g.** *XX*☐ ***Agency Collaboration*** **h.** *XX*☐ ***Describe Impact of Reduced/No Allocation*** **i.** *XX*☐ ***Other Pertinent Information*** **j.** *XX*☐ ***Complete Target Population/Beneficiary Chart*** **k.** *XX*☐ ***Complete Schedule of Positions*** **l.** *XX*☐ ***Signed Conflict of Interest Disclosure*** **m.** *XX*☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** *XX*☐ ***Program Budget Worksheet*** **b.** *XX*☐ ***Program Budget Detail*** **c.** *XX*☐ ***Cost Per Unit*** **d.** *XX*☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** *XX*☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** *XX*☐ ***IRS Federal Form 990*** **c.** *XX*☐ ***NC Solicitation License*** **d.** *XX*☐ ***IRS Federal Tax-Exemption Letter*** **e.** *XX*☐ ***Certificate of Insurance*** **f.** *XX*☐ ***List of Board of Directors*** **g.** *XX*☐ ***Articles of Incorporation/Bylaws*** **h.** *XX*☐ ***Authorization to Request Funds*** **i.** *XX*☐ ***Authorized official designation*** **j.** *XX*☐ ***3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Public Gallery of Carrboro

Applicant Organization's Physical Address: 300-G East Main St.; Carrboro, NC 27510

Applicant Organization's Mailing Address: 300-G East Main St.; Carrboro, NC 27510

Applicant Organization's Web Address: www.wcomfm.org

Executive Director: WCOM is all volunteer. Art Menius is chairman of the board of directors

Telephone Number: 919-675-2787 E-Mail: art@artmenius.com

DUNS Number: 133894746
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: General Operating Support

Project/Program Primary Contact and Title: Art Menius, Chairman of the Board

Telephone Number: 919-675-2787 E-Mail: art@artmenius.com

c) Funding Request Identification

Total Project/Program Cost: $ 18003.00 Total Amount of Funds Requested: $2000

Proposed Use of Funds Requested (2-3 Line Maximum): **General Operating support** of non-profit community radio programming, training of community radio hosts, replacement and maintenance of broadcast and production equipment.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

X☐ Human Services: XX☐ Carrboro $1000 ☐ Chapel Hill $0 XX☐ Orange County $1000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: **No Executive Director** **N/A**
Executive Director Date

Signature: **January 22, 2016**
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

a. Date of Incorporation: January 30, 1997
Years in Operation: 19 years as a non-profit, 11 as a community radio station.

b. Mission or Vision Statement (if applicable): Facilitating the exchange of ideas and music with particular regard for those who are overlooked or under-represented by other media outlets. Providing a mechanism for volunteers to become creators and contributors.

c. Locally owned and operated broadcast media
Training for residents in radio production and broadcasting
Practical broadcasting experience for residents
Delivery of public service announcements
In depth interviews with area politicians, government officials, authors, and other leaders.
Programing produced by local teenagers
A significant number of radio programs produced by local African-American programmers
Local event calendar
Locally produced Spanish language programs

d. WCOM has been providing all these services to the community since late 2004. Our 73 volunteer hosts range in age from 15 to 84 and include blind and elderly hosts.

e. Brief History of Agency: Public Gallery of Carrboro was originally created to facilitate the extraordinary Art on Weaver public art project in 1997. Ruffin Slater filed an application with the FCC for a low power FM radio license in June 2001 for WCOM. License granted in December 2002. In September 2003 WCOM received a federal PTP grant for 75% of startup costs. WCOM began broadcasting in 2004 from an old bank building on Weaver Street in Carrboro with its transmitter at Scroggs Elementary in Chapel Hill. The studio moved first to 208 East Main and then in September 2012 to space rented from The ArtsCenter. The Carrboro BOA named November 6, 2014 "Community Radio Day" in Carrboro to recognize WCOM's tenth anniversary.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: _Public Gallery of Carrboro dba WCOM Community Radio____

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

xx☐ Human Services (Main Application Only)

☐ CDBG Non-Construction — (Main Application AND Part A)

☐ CDBG Construction — (Main Application AND Part A AND Part B)

☐ HOME CHDO Set-aside — (Main Application AND Part A)

☐ HOME Other — (Main Application AND Part A AND Part B)

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities	XX	XX	XX	XX	XX
Pre-School Activities					
After-School Activities					
Mentoring	XX	XX	XX	XX	XX
Transportation					
Housing					
Other: Please specify Broadcasting Training & experience_____ _	XX	XX	XX	XX	XX

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:
Answers Inserted Below

a) Summarize the program services proposed and how the program will address the chosen Town/County priority?

b) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

c) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

d) Who specifically will carry out the activities and in what location will they be carried out?

e) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

f) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

g) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

h) Include any other pertinent information.

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

a) Summarize the program services proposed and how the program will address the chosen Town/County priority?
As a community radio station WCOM, the Public Gallery of Carrboro provides broadcasting training and opportunity for citizens of all ages, sexual orientations, and races; WCOM provides ample opportunity for airing Public Service Announcements (PSAs) from non-profits, schools, and government agencies in the towns and counties; locally owned and operated media on a daily basis.
Carrboro's 20/20 vision reads "The town should continue to encourage and support artistic and cultural activity."
Orange County's Comprehensive plan calls for expanding recreational activities available to citizens of all ages.

b) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.
The need for recreational opportunities and entertainment to citizens; the need for locally produced media on a daily basis; the need for opportunities for non-profits, schools, and government entities to distribute information to citizens; the need for citizens to hear interviews from government officials and candidates for office; the need to promote and provide artistic and cultural activity.

c) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.
The Public Gallery of Carrboro provides radio to Carrboro, Chapel Hill, and southern Orange County. Residents throughout the county and the world can listen to WCOM over the Internet. WCOM offers programming training to any citizen who desires it. WCOM provides broadcasting opportunities to any citizen who completes training and has an acceptable program concept. WCOM offers more Spanish language, all locally produced, than any station in Orange County.

d) Who specifically will carry out the activities and in what location will they be carried out?
These activities will be carried out by the roughly 75 WCOM volunteers at the WCOM studio at 300-G East Main Street, Carrboro.

e) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.
July 1, 2016 to June 30, 2017: WCOM will broadcast 24 hours per day, each day of the year, offering diverse voices of our community with both talk and music programming.
July 1, 2016 to June 30, 2017: WCOM will provide radio broadcasting training to all who request it.
July 1, 2016 to June 30, 2017: WCOM will continue daily air Public Service Announcements (PSAs) from non-profits in Orange County whenever provided to us in

time. Each Friday we will continue to offer a weekly calendar of local events at 6PM Fridays.

f) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- The "Wacqueline Stern Show" is video recorded and broadcast on the People's Channel
- We have discussed expanding the collaboration to other programs
- TPS has shot and provided to us video resources for promotion of the station and its services.
- Collaboration is developing with Little Raleigh Radio and WHUP-LPFM in Hillsborough.

g) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Public Gallery of Carrboro would continue to operate community radio station WCOM 24 hours per day. If we are unable to match the revenue from another source, we would be forced to reach into our limited reserves as we have the past three years. Those losses totaling $5372 have reduced our operating reserve from $9632 to $4260.

h) Include any other pertinent information.

Our service to the community

We offer a number of radio programs produced by local African-American programmers and featuring music rooted in African-American traditions. We offer locally produced Spanish language programs. This provides diverse voices of the community unavailable elsewhere. Through WCOM the Public Galley of Carrboro offers an open platform for PSAs from local non-profits throughout our offerings. The "Time Out" program on Mondays at 5PM provides in depth and thought interviews with important people in our community, including annual visits by Congressman David Price and regular appearances by former Carrboro mayor and State Senator Ellie Kinaird. Currently, "Time Out" presents monthly interviews with Town of Carrboro department heads. Wednesday's "Wake Up Call" offers interviews with Orange County leaders such as County Commissioner Renee Price and former Chapel Hill mayor Mark Kleinschmidt.

Listeners Served

WUNC-FM 91.5 is the only radio station licensed to Orange County that subscribes to the Arbitron rating service. WCHL, WXYZ, WCOM, and WHUP do not due both to the expense and because there are little more than a dozen Arbitron reporters in Orange County, making for less than accurate reports.

WCOM does collect data for online listenership, however, most recently for September, October, and November 2015. Our website receives 800 visits per day. The median number of listeners at any one time to our Internet streaming is 8.85. We broadcast 24 hours per day. Thus any one 24-hour period would generate 212.4 listener-hours. For a year that computes to 77,526 listener hours.

The eight-week sampling period in the autumn of 2015, www.wcomfm.org gained 314 new unique visitors, roughly 6 per day or a 1.8% increase of over the weight weeks. During the same time, mean total hits on www.wcomfm.org increased from 521.7 per day to 800.2 during the eight weeks, an increase of 278.5 per day or 53.3%.

Program/Project Information

i) Complete the Target Population and Program Beneficiary Demographics Chart
j) Complete the Schedule of Positions Chart for Program Staff
k) Disclosure of Potential Conflicts of Interested must be signed

I) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Demographic information presented below in this application reflects those of WCOM volunteers. Lacking any means to measure them, we assume that listener demographics resemble those of Chapel Hill and Carrboro since our service is delivered free of charge.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: XX☐ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	45 – 63%	44 – 59%	44 – 57%
Female	28 – 37%	31 – 41%	33 – 43%
Total	73	75	77
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	7- 10%	8- 11%	9- 12%
American Indian or Alaska Native	1 – 1%	1 – 1%	1 – 1%
Asian	2 – 3%	3 – 4%	4 – 5%
Caucasian	63 – 86%	63 – 84%	63 – 82%
Native Hawaiian or other Pacific Islander	0	0	0
Other	0	0	0
Total	73	75	77
Of the above, how many Hispanic/Latino	4 – 5%	6 – 7%	7 – 9%
Of the above, how many non-Hispanic/Latino	69 – 95%	69 – 93%	70 – 91%
Total	73	75	77
Age			
0-5 years	0	0	0
6-18 years	4—5%	4—5%	4—5%
19-50 years	40 – 55%	42 – 55%	43 – 55%

51-61 years	17 – 24%	17 – 24%	18 – 24%
62+ years	12 – 16%	12 – 16%	12 – 16%
Total	73	75	77
Geographic Location			
Durham City	10 – 15%	10 – 15%	10 – 14%
Durham County	2 – 3%	2 – 3%	2 – 3%
Carrboro	23 – 34%	24 – 36%	24 – 35%
Chapel Hill	19 – 29%	19 – 28%	19 – 28%
Chapel Hill Public Housing Residents	Unknown	Unknown	Unknown
Orange County	10 – 15%	11 – 16%	11 – 16%
Raleigh	2 – 3%	2 – 3%	2 – 3%
Wake County	1 – 1%	1 – 1%	1 – 1%
Total	65 – 93%	67 – 93%	69 – 93%
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	Unknown	unknown	unknown
31-50% Area Median Income	Unknown	unknown	unknown
51-80% Area Median Income	Unknown	unknown	unknown
> 80% Area Median Income	Unknown	unknown	unknown
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)	12 – 16%	12 – 16%	12 – 16%
Disabled (not elderly)	1 – 1%	1 – 1%	1 – 1%
Homeless	0	0	0
People with HIV/Aids	Unknown	unknown	unknown
Total	13 – 18%	13 – 18%	13 – 18%

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Bookkeeper (1)	0.05	1.4%	n/a	$512	$700	4%	
Board secretary (1)	0.15	1.4%	0	0	0	0	
Board Treasurer (1)	0.15	1.4%	0	0	0	0	
Chair of the Board (1)	0.20	1.4%	0	0	0	0	
Engineering volunteer (1)	0.15	1.4%	0	0	0	0	
At large board members (4)	0.10 each	5.5%	0	0	0	0	
Development volunteers (4)	0.075 each	5.5%	0	0	0	0	
60 programming volunteers	0.8 each	82%	0	0	0	0	
Total Volunteer FTE	6.13						

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ XX☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ XX☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ XX☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ XX ☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: **None** _____
Executive Director Date

Signature: _____ **January 22, 2015**
Board Chairperson Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1	Broadcasting	Broadcasting	Broadcasting
Program Goal	Broadcast 100% of time	Broadcast 100% of time	Broadcast 100% of time
Performance Measures	Time we broadcast	Time we broadcast	Time we broadcast
Program Results	99.7% (malfunctions)	99.9% (malfunctions)	100%
Program Activity 2	Training	Training	Training
Program Goal	Train 10 broadcasters	Train 13 broadcasters	Train 15 broadcasters
Performance Measures	Number trained	Number trained	Number trained
Program Results	12	13	15
Program Activity 3	Add new programming	Add new programming	Add new programming
Program Goal	5 new shows	6 new shows	7 new shows
Performance Measures	Number added	Number added	Number added
Program Results	6	6	7
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Activity 5			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Since the Public Gallery of Carrboro is applying for general operating support, both budget spreadsheets are the same.

The Public Gallery of Carrboro received at the beginning of 2016 a one-time $2500 marketing grant for the Carrboro Tourism Development Authority which raises the income and expenses for the current year significantly higher than the last or next year. The funding was used for an autumn 2015 campaign to raise awareness of WCOM throughout the Triangle.

Program Budget

Agency/Program **Public Gallery of Carroro / General Operating Support**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 2,775	$ 3,500	$ 4,000	14%
Agency Generated Revenue (fees)	$ 7,500	$ 8,850	$ 9,350	6%
Local Government Grants:				
Orange County				0
Town of Chapel Hill				0
Town of Carrboro	$ 500			0
Other Local: Carrboro Tourism		$ 2,500		-100%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 2,250	$ 2,100	$ 3,000	43%
Please list 3 largest Miscellanous sources:				
Fundraising Events $ 2,250.00				
$ -				
$ -				
Total Agency Revenue	**$ 13,025**	**$ 16,950**	**$ 16,350**	**-4%**
AGENCY EXPENSES				
Compensation	$ 876	$ 825	$ 750	-9%
Rent & Utilities	$ 9,099	$ 9,300	$ 9,600	3%
Supplies & Equipment	$ 600	$ 700	$ 700	0%
Travel & Training	$ -	$ -	$ -	0
Other Expenses:	$ 5,369	$ 7,178	$ 5,500	-23%
Please list 3 largest "Other Expenses":				
Insurance $ 2,000.00				
music licensing fees & dues $ 2,275.00				
advertising $ 558.00				
Total Agency Expenses	**$ 15,944**	**$ 18,003**	**$ 16,550**	**-8%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (2,919)**	**$ (1,053)**	**$ (200)**	**81%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _General Operating Expenses_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Rent	$675	12	$8100
Insurance	$1000	2 policies	$2000
Utilities	$100	12 months	$1200
Licensing and programming fees	$1367	1 year	$1380
Advertising	$224	10 ads in Indy	$2240
Compensation	$77	12 months	$925
Office Supplies	$58.33	12 months	$700
Bank and PayPal Fees	$125	1 year	$125
Taxes	$350	1 year	$350
Postage	$75	1 year	$75
Dues	$908	1 year	$908
		Total	$18003

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$15843.00**	**$18003.00**	**$16,550.00**
Total # of Units	**2190**	**2196**	**2190**
Cost Per Unit	**$7.23**	**$8.20**	**$7.56**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Since the Public Gallery of Carrboro is applying for general operating support, both budget spreadsheets are the same.

The Public Gallery of Carrboro received at the beginning of 2016 a one-time $2500 marketing grant which raises the income and expenses for the current year significantly higher than the last or next year.

The deficits result from moving too slowly to address the end of the station's rent-free existence in 2012. The $7800 addition to expenses more than doubled the budget. Heretofore, WCOM underwriter fees had been sufficient for the Public Gallery of Carrboro to function with a sustainable modest surplus. With such a dramatic growth of expenses, the all-volunteer organization has been forced to build gradually a fundraising function. Fortunately, the Public Gallery of Carrboro had a nearly $6000 operating surplus which has been sufficient to sustain it through the transition.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Public Gallery of Carrboro**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 2,775	$ 3,500	$ 4,000	14%
Agency Generated Revenue (fees)	$ 7,500	$ 8,850	$ 9,350	6%
Local Government Grants:				
Orange County				0
Town of Chapel Hill				0
Town of Carrboro	$ 500			0
Other Local: Carrboro Tourism		$ 2,500		-100%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 2,250	$ 2,100	$ 3,000	43%
Please list 3 largest Miscellanous sources:				
Fundraising Eventss $ -				
$ -				
$ -				
Total Agency Revenue	**$ 13,025**	**$ 16,950**	**$ 16,350**	**-4%**
AGENCY EXPENSES				
Compensation	$ 876	$ 825	$ 750	-9%
Rent & Utilities	$ 9,099	$ 9,300	$ 9,600	3%
Supplies & Equipment	$ 600	$ 700	$ 700	0%
Travel & Training				0
Other Expenses:	$ 5,369	$ 7,178	$ 5,500	-23%
Please list 3 largest "Other Expenses":				
Insurance $ 2,000.00				
Music Licensing Fees & Dues $ 2,275.00				
advertising $ 558.00				
Total Agency Expenses	**$ 15,944**	**$ 18,003**	**$ 16,550**	**-8%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (2,919)**	**$ (1,053)**	**$ (200)**	**81%**

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

APPLICATION SUBMITTAL CHECKLIST

Agency **Rebuilding Together of the Triangle**
Program(s) **Safe, Healthy Home Repairs for Low-Income Orange County Homeowners**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☒ **Part A:** ***CDBG & HOME*** **B.** ☒ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Rebuilding Together of the Triangle, Inc.

Applicant Organization's Physical Address: 150 Donmoor Court

Garner, NC 27529

Applicant Organization's Mailing Address: 324 S. Wilmington Street # 118

Raleigh, NC 27601

Applicant Organization's Web Address: http://www.rebuildingtogethertriangle.org

Executive Director: Daniel Sargent

Telephone Number: 919-996-0999 E-Mail: daniel.sargent@rebuildingtogethertriangle.org

DUNS Number: 3846696
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Safe, Healthy Home Repairs for Low-Income Homeowners

Project/Program Primary Contact and Title: Sophie McMillian, Program Director

Telephone Number: 919-996-0949 E-Mail: sophie.mcmillian@rebuildingtogethertriangle.org

c) Funding Request Identification

Total Project/Program Cost: $314,652 Total Amount of Funds Requested: $140,000

Proposed Use of Funds Requested (2-3 Line Maximum):

Rebuilding Together of the Triangle is requesting support for our core business – providing critical repairs, accessibility modifications and home performance upgrades to low-income homeowners in Orange County.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☒ CDBG Construction (CH)	$30,000	☒ Grant	☐ Loan
☒ HOME CHDO (OC)	$_____	☒ Grant	☐ Loan
☐ HOME Other (OC)	$50,000	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $15,000 ☒ Chapel Hill $15,000 ☒ Orange County $30,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1-25-16
Executive Director Date

Signature: _____ 1/25/2016
Board Vice - Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

Rebuilding Together of the Triangle, Inc. (RTT) preserves safe, healthy homes for low-income homeowners in Wake, Durham, Orange and Chatham counties. We achieve this by providing home repairs, accessibility modifications and home performance upgrades to these homeowners, most of whom are elderly, disabled, or both. We mobilize a unique composition of volunteer and contract labor, discounted and donated supplies, and financial support from local businesses, governments, civic organizations, foundations and individuals to ensure that some of our most vulnerable neighbors can live in a safe, healthy home.

The organization was originally called Christmas in April of Wake County, and was incorporated in 1996. In 2007, after a period of inactivity in the mid-2000's, a dedicated board of directors came together, re-branded the organization and expanded the service area to encompass RTT's current four county area. After completing a few projects in 2007 and 2008 as a volunteer-run organization, the board decided to hire a part-time project coordinator as 2009 began. With this additional capacity, growth was immediate and sustained; RTT completed 13 projects in 2009, and continued to expand services since, as we expect to complete work on 85 projects in 2016. The project coordinator, Dan Sargent, has become the full-time Executive Director, and the organization has added a Program Director, Construction Director, Field Operations Manager, Program Manager, a Program Coordinator and other human capacity through consulting and volunteer engagement. During that period, the organization's budget has grown from under $50,000 in 2009 to a projected $1,400,000 in 2016.

RTT is an affiliate of Rebuilding Together, Inc., the nation's largest non-profit organization working to preserve affordable housing through home repairs, modifications and weatherization. Headquartered in Washington, DC, Rebuilding Together has over 160 affiliates nationwide. Each year, Rebuilding Together engages 200,000 volunteers to complete work on nearly 10,000 homes, in 1,800 communities.

RTT has been focused on repairing and rehabilitating homes for the last 20 years. Since 2009 alone, we have repaired or rehabbed over 225 homes and over a dozen non-profit facilities across Wake, Orange, Durham and Chatham counties. We have slowly built our capacity: we completed work on only 13 homes in 2009, but have steadily increased our service provision to a projected 85 homes during 2016.

RTT effectively leverages the investment of multiple partners to make this venture possible. We value the investment of local governments, as well as our partnership with the N.C. Housing Finance Agency. We also raise support from the United Way, Triangle Community Foundation, and other community organizations and foundations. We raise significant funds from our corporate

partnerships, some of which also supply volunteers to support the work. We benefit from our affiliation with Rebuilding Together, Inc., our National Office, who passes through funds to local affiliates from large national initiatives and partnerships. Finally, we are continually building our unrestricted sources of support from individual supporters.

We have developed a strong assessment process for each project to help us determine what work is necessary to achieve the goals of the particular project. Once those goals are clear, we work collaboratively as a staff to mobilize the best collection of resources available in terms of funding, human capital and staff expertise. Depending on the project, that collection may include our strong network of subcontractors, committed volunteers, public and private dollars, and staff engagement in every phase of the project. Our Program Director and Construction Director work together to ensure adequate oversite of each project, and that the resources committed to each home are effectively deployed to achieve the desired goals as efficiently as possible. With the help of the other program staff, they take the subcontractors, volunteers, and other resources and turn their efforts into a successful repair or rehabilitation project.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Rebuilding Together of the Triangle, Inc: Safe, Healthy Home Repairs for Low-Income Orange County Homeowners

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☒ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☒ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing	X	X	X	X	
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

Summarize the program services proposed and how the program will address the chosen Town/County priority?

Rebuilding Together of the Triangle seeks to develop sustainable strategies to preserve and revitalize homes and communities, assuring that low-income homeowners who are elderly, disabled, or families with children live in safe and healthy homes. We achieve this by providing home repairs, accessibility modifications and home performance upgrades to these homeowners, most of who are elderly, disabled, or both. We mobilize a unique composition of volunteer and

contract labor, discounted supplies, and financial support from local businesses, governments, civic organizations, foundations and individuals to accomplish this for homeowners across the region. This assistance can help keep the vulnerable families in the home they already own, ensure their homes support their unique health needs, and keep operating costs as low as possible to allow them to use their limited financial resources to address other financial priorities (e.g. transportation, healthcare, nutrition, etc.)

Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Affordable housing may be one of the primary challenges facing the region, and Orange County, Chapel Hill and Carrboro have led the way in seeking to address these issues comprehensively and equitably. RTT's work to preserve low-income homeownership through repairs, modification and home performance upgrades plays a central role in one of the Consolidated Plan's key goals – decreasing barriers to homeownership retention among seniors and vulnerable populations. In fact, the key strategy identified to support this goal was to fund repairs that address repairs, home performance, and accessibility modifications. This alignment places RTT in a strong position to be a meaningful partner in mobilizing community investment in these issues that are of such great importance to the County and Towns, as well as the community drawn broadly.

While these problems are experienced by many in our communities, but tend to be concentrated among those who are most vulnerable and least prepared financially and physically to address them. Their homes tend to be older, and are often under maintained; deferred maintenance issues can result in serious health and safety hazards, many of which are particularly threatening for the elderly, disabled, and with young children.

We have at least 20 applications pending from homeowner families in Orange County, including many in Chapel Hill and Carrboro. In addition to serving as many of these families as possible, we will continue to work with local community partners like the Jackson Center, the Community Development departments of each jurisdiction, and the County Department on Aging, and the Veterans Administration to identify homeowners in need of repair assistance.

Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

We work diligently to weave our services into a network with an emphasis on filling the gaps that exist between these services and addressing the large demand for critical repair and modifications services.

- The Promise of Home Program in Northside is a partnership among RTT, the Jackson Center, and Self-Help to repair the homes of low-income senior homeowners in an effort to keep them in their homes, and keep these homes affordable for families in the future.
- The National Center for Healthy Housing (NCHH): This partnership leverages the technical expertise and support of the NCHH with the extensive home repair experiences and volunteer resources of RTT.
- Orange County Urgent Repair Program: We coordinate our Orange County activities with this program to ensure as many homeowners as possible receive assistance through our collective effort.
- Joint Orange/Chatham Community Action Agency (JOCCA): The JOCCA often refer clients to us whose homes are in need of repair and are eligible for weatherization. We complete the repairs and then refer the client back to JOCCA to get the home weatherized. Both agencies utilize their strengths and expand the services to low-income homeowners.

- Greater Chapel Hill/Carrboro Realtors Association – We are partnering with the Association on their annual "Fix-A-Home" project. We are providing technical expertise, tools and equipment, and some additional funding to leverage with their fundraising, supply donations and volunteer efforts.

Who specifically will carry out the activities and in what location will they be carried out?

Our program staff is based out of our Garner office, from where we serve Wake, Durham, Chatham and Orange counties. We are well-equipped with trucks, trailers and equipment to cover the area, even without a location inside Orange County. Sophie McMillian is our Program Director; she coordinates homeowner selection, performance measurement and volunteer coordination, as well as financial management for the program. Dan Thennes serves as Construction Director; Dan has over 30 year experience in residential repair, rehabilitation and remodeling, and he leads the construction operations. He is supported by Tim Erkel, our Field Operations Manager who helps to coordinate logistics and specializes in managing volunteers. Finally, Kathy Prue is our Program Coordinator, and manages the relationship with homeowners throughout the selection process and handles all the paperwork necessary to make these projects happen. Dan Sargent, our Executive Director, provides day-to-day leadership of the organization as well as serving as the primary fundraiser for RTT. Though he is not as operationally involved as he once was, he remains engaged in supporting the program team to ensure they have the resources they need to successfully complete their work.

Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.
We will be working on homes in various locations throughout Orange County throughout the year. Generally, we will select homeowners 6-8 weeks before starting construction to give the family adequate time to prepare and to give our staff enough time to design, permit, and plan the construction effectively. Projects take anywhere from a single day to several weeks to complete depending on the extent of the repairs, the inspections required and the availability of subcontractors. Because we already have some homeowners identified, we would be able to start on repairs by August of 2016, and will work throughout the year.

Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

If funding were reduced or eliminated, our work would continue, but at a significantly reduced level. The funding we receive and hope to receive from each local government unit provides an important layer of support that we can leverage other contributions with to maximize our impact. By demonstrating that these issues are an important priority for the local government, your investment will help us to make the case to foundations, corporations, faith communities and individuals around the area that their support will help us to accomplish work on a key community priority. Without local support requested, we likely would only be able to complete approximately 60% of the work we have projected.

Program/Project Information

b) Complete the Target Population and Program Beneficiary Demographics Chart
c) Complete the Schedule of Positions Chart for Program Staff
d) Disclosure of Potential Conflicts of Interested must be signed
e) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☐ **Persons** ☒ **Households** ☐ **Units**

Program: Safe, Healthy Home Repairs for Triangle Low-Income Homeowners

Program Beneficiary Demographics	Actual 2014	Estimated 2015	Projected 2016
Gender			
Male	36	43	68
Female	53	62	102
Total	89	105	170
Of the females, how many are single-female Head of Households (Omit for Human Services)	19	26	34
Ethnicity			
African-American	52	58	93
American Indian or Alaska Native	0	0	0
Asian	0	5	2
Caucasian	32	36	65
Native Hawaiian or other Pacific Islander	0	0	0
Other	5	6	10
Total	89	105	0
Of the above, how many Hispanic/Latino	1	5	6
Of the above, how many non-Hispanic/Latino	88	100	164
Total	89	105	170
Age			
0-5 years	3	4	8
6-18 years	12	16	25
19-50 years	21	21	35

51-61 years	15	29	42
62+ years	38	35	60
Total	89	105	170
Geographic Location			
Durham City	2	7	16
Durham County	0	0	0
Carrboro	0	4	6
Chapel Hill	11	3	16
Chapel Hill Public Housing Residents	0	0	0
Orange County	6	0	30
Raleigh	28	25	22
Wake County	25	45	40
Chatham County	17	21	40
Total	89	105	170
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	48	25	80
31-50% Area Median Income	27	63	64
51-80% Area Median Income	14	17	26
> 80% Area Median Income	0	0	0
Total	89	105	170
Special Needs (Omit for HS)			
Elderly (Over 62)	34	40	60
Disabled (not elderly)	7	12	25
Homeless	0	0	0
People with HIV/Aids	N/A	N/A	N/A
Total	41	52	85

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014	Estimated 2015	Projected 2016	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1.0	25%	$55,000	$57,000	$60,000	4.3%	H
Program Director	1.0	80%	$32,000	$36,000	$50,000	3.5%	H
Construction Director	1.0	100%	$0	$4,200	$50,000	3.5%	H
Field Operations Manager	1.0	100%	$0	$35,000	$32,000	2.3%	H
Program Coordinator	1.0	80%	$0	$6,000	$30,000	2.1%	H
Program Manager (Contract after 6/1/16)	1	80%	$0	$0	$19,000	1.4%	N/A
Construction Volunteers	4	100%	$0	$0	$0	0%	N/A
AmeriCorps/ Interns	4	100%	$7500	$6,800	$19,000	1.4%	N/A

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

MAIN APPLICATION

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date: 1/25/2016

Signature: Ann M. Fleming Board Vice -Chairperson — Date: 1/25/2016

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014	Estimated 2015	Projected 2016
Program Activity	Volunteers and contractors complete critical home repairs, modifications, and health and safety upgrades for low-income homeowners living in dangerous, unhealthy homes.	Volunteers and contractors complete critical home repairs, modifications, and health and safety upgrades for low-income homeowners living in dangerous, unhealthy homes.	Volunteers and contractors complete critical home repairs, modifications, and health and safety upgrades for low-income homeowners living in dangerous, unhealthy homes.
Program Goal	80% of homeowners served indicate improved sense of well-being as result of the repairs/modifications/upgrades completed	85% of homeowners served indicate improved sense of well-being as result of the repairs/modifications/upgrades completed	85% of homeowners served indicate improved sense of well-being as result of the repairs/modifications/upgrades completed
Performance Measures	A post-intervention survey will be conducted within 60 days of project completion.	A post-intervention survey will be conducted within 60 days of project completion.	A post-intervention survey will be conducted within 60 days of project completion.
Program Results	Out of 7 Orange County homeowners served in 2014, 7 indicated an improved sense of well-being to the interviewer at an 100% success rate.	We estimate that of the 2 Orange County homeowners we served in 2015, 2 will indicate an improved sense of well-being , resulting in a 100% success rate for 2015	We project that of the 18 Orange County homeowners we will serve, 15 will indicate an improved sense of well-being , resulting in a 85% success rate for 2016
Program Activity	Volunteers and contractors complete critical home repairs, modifications, and health and safety upgrades for low-income homeowners living in dangerous, unhealthy homes.	Volunteers and contractors complete critical home repairs, modifications, and health and safety upgrades for low-income homeowners living in dangerous, unhealthy homes.	Volunteers and contractors complete critical home repairs, modifications, and health and safety upgrades for low-income homeowners living in dangerous, unhealthy homes.
Program Goal	80% of homeowners served indicate an enhanced ability to live independently and/or remain in their home.	85% of homeowners served indicate an enhanced ability to live independently and/or remain in their home.	85% of homeowners served indicate an enhanced ability to live independently and/or remain in their home.
Performance Measures	A post-intervention survey will be conducted within 60 days of project completion.	A post-intervention survey will be conducted within 60 days of project completion.	A post-intervention survey will be conducted within 60 days of project completion.
Program Results	Out of 7 Orange County homeowners served in 2014, 7 indicated an enhanced ability to live independently and/or remain in their home to the interviewer at an 100% success rate.	We estimate that of the 2 Orange County homeowners we served in 2015, 2 will indicate enhanced ability to live independently and/or remain in their home , resulting in a 100% success rate for 2015	We project that of the 18 Orange County homeowners we will serve, 15 will indicate an enhanced ability to live independently and/or remain in their home, resulting in a 85% success rate for 2016

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

RTT Program Budget Notes

Since 2009, RTT has experienced steady growth across our service area. In 2015, that growth began to accurate, and we expect to nearly double our 2014 output in 2016. We have added significant staff capacity, as well as tools, equipment, and a permanent office/warehouse. This has stabilized and professionalized our operations, and built resilience that was not present when the organization was built around a single Executive Director.

Another key feature to note from our budget and unit cost calculations is that we are not just completing more houses, but as our capacity has increased, we have begun taking on more complex repairs. This has caused our unit cost to climb; though we recognize that we have added indirect costs as the organization has grown, the primary driver of the increased unit cost has been the expanded work we are able to take on for our clients.

As the program budget indicates, RTT operates on a calendar fiscal year, and we are in the process of closing out 2015, which will be audited by May of 2016. To ensure the most accurate data possible, we have reflected the actuals from 2014, the estimates from 2015 and the projected 2016 program budget figures.

Section III. Program Information
Program Budget Worksheet

AGENCY NAME: **Rebuilding Together of the Triangle**

	Actual 2014	Estimated 2015	Projected 2016	Percent Change
PROGRAM REVENUE				
Private Donations	$ 32,969	$ 8,559	$ 66,114	672%
Program Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ -	$ -	$ 20,000	0
Town of Chapel Hill	$ 5,000	$ 3,000	$ 3,000	0%
Town of Carrboro	$ 6,000	$ 6,000	$ 6,000	0%
Other Local: Promise of Home pilot	$ -	$ -	$ 100,000	0
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 3,133	$ 4,235	$ 5,788	37%
State Government	$ 13,392	$ 13,750	$ 33,750	145%
Federal Government	$ -	$ -	$ 80,000	0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 5,263	$ -	$ -	0
Please list 3 largest Miscellanous sources:				
In-Kind donations $ -				
$ -				
$ -				
Total Program Revenue	**$ 65,757**	**$ 35,544**	**$ 314,652**	**785%**
PROGRAM EXPENSES				
Compensation	$ 12,368	$ 10,292	$ 77,883	657%
Rent & Utilities	$ 378	$ 431	$ 6,638	1439%
Supplies & Equipment	$ 1,202	$ 705	$ 1,918	172%
Travel & Training	$ 2,537	$ 1,491	$ 5,458	266%
Other Expenses:	$ 49,271	$ 22,625	$ 222,755	885%
Please list 3 largest "Other Expenses":				
Building Materials '16 $ 73,750.00				
Skilled Project Labor '16 $118,000.00				
Worker's Compensation '16 $ 5,163.00				
Total Program Expenses	**$ 65,756**	**$ 35,544**	**$ 314,652**	**785%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 0**	**$ (0)**	**$ -**	**100%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Safe & Healthy repairs for low-income Orange County homeowners

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Building Materials (lumber, guttering, etc)	$4,097.22	18 homes / per home average	$73,750
Skilled Labor (plumber, roofer, etc)	$6,555.56	18 homes / per home average	$118,000
Program Staff Compensation	$4,326.83	18 homes / per home average	$77,883
Rent & Utilities	$368.78	18 homes / per home average	$6,638
Travel & Training	$303.22	18 homes / per home average	$5,458
Office supplies & equipment	$106.56	18 homes / per home average	$1,918
Printing & postage (for homeowner apps)	$41.89	18 homes / per home average	$754
Worker's Compensation	$286.83	18 homes / per home average	$5,163
Insurance (General, auto, D&O, property)	$204.61	18 homes / per home average	$3,683
Dues & Licenses	$233.22	18 homes / per home average	$4,198
Accounting Services	$177.89	18 homes / per home average	$3,202
Web & Email hosting (homeowner apps)	$15.22	18 homes / per home average	$274
Dumpsters & Dump fees	$139.50	18 homes / per home average	$2,511
Portable Toilets	$123.94	18 homes / per home average	$2,231
Mobile Storage	$62.28	18 homes / per home average	$1,121
Building Permits	$81.17	18 homes / per home average	$1,461
Volunteer Care Supplies (water, etc)	$55.83	18 homes / per home average	$1,005

Tools & Equipment	$115.56	18 homes / per home average	$2,080
Trailer & Truck purchase	$184.56	18 homes / per home average	$3,322
		Total	**314,652**

c.) Cost per Unit

	Actual 2014	Estimated 2015	Projected 2016
Total Cost of Program	**65,756**	**35,544**	**314,652**
Total # of Units	**7 homes**	**2 homes**	**18 homes**
Cost Per Unit	**$9,394**	**$17,772**	**$17,480**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

RTT Agency Budget Notes

RTT operates on a calendar fiscal year, so we have submitted budget documentation reflecting our audited 2014 actuals, estimated figures for 2015, which we are still closing out, and projected numbers for 2016, which has just begun for us. Per the application instructions, we submitted a second budget document that shows our full adopted 2016 budget, along with a column indicating what funds have been formally committed during the first 25 days of our 2016 fiscal year. We are optimistic that we will exceed our budget, but because so many funding decisions are made later in the first quarter or in the second quarter, we do not have much of our funding secured at this time.

Both our 2014 actuals and our 2015 estimates indicate a surplus of revenue over expenses. In each year, that surplus was transferred to reserves. These funds were from unrestricted sources, and have helped us to finance the growth we have experience in the last 12 months.

As mentioned in the Program Budget section, RTT has experienced dramatic growth in the last 12 months. This has prompted significant expansion to our budget in all areas, and in 2016, we reorganized how our budget is presented to better serve our larger organization. Though we have done our best to clarify these documents as much as possible, these changes may create challenges in comparing our agency budget year-over-year. Please do not hesitate to reach out if you any questions or if anything is unclear during your assessment process. Thank you.

Section VI. Financial Data
Comparative Budget for Entire Agency

AGENCY NAME: **Rebuilding Together of the Triangle**

AGENCY REVENUE	Actual 2014	Estimated 2015	Projected 2016	Percent Change
Private Donations	$ 252,004	$ 381,085	$ 1,135,000	198%
Program Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ -	$ -	$ 20,000	0
Town of Chapel Hill	$ 5,000	$ 3,000	$ 3,000	0%
Town of Carrboro	$ 3,000	$ 6,000	$ 6,000	0%
Other Local: Chatham County	$ 22,000	$ 22,000	$ 24,000	9%
Other Local: Town of Garner	$ -	$ 20,000	$ 20,000	0%
Other Local: Wake County	$ -	$ 10,000	$ 10,000	0%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 9,398	$ 12,705	$ 17,000	34%
State Government	$ 13,392	$ 50,000	$ 150,000	200%
Federal Government	$ -	$ -	$ -	0
Other Grants: United Way of Chatham County	$ 13,591	$ 13,591	$ 15,000	10%
Other Grants:				0
Miscellaneous/Other Revenue	$ 27,705	$ 12,137	$ 20,000	65%
Please list 3 largest Miscellanous sources:				
In-Kind Donations $ -				
$ -				
$ -				
Total Agency Revenue	**$ 346,090**	**$ 530,518**	**$ 1,420,000**	**168%**
AGENCY EXPENSES				
Compensation	$ 110,310	$ 164,500	$ 260,000	58%
Rent & Utilities	$ 3,886	$ 11,746	$ 22,500	92%
Supplies & Equipment	$ 7,778	$ 6,284	$ 12,250	95%
Travel & Training	$ 19,517	$ 16,401	$ 35,500	116%
Other Expenses:	$ 188,377	$ 301,587	$ 1,029,750	241%
Please list 3 largest "Other Expenses":				
Building Materials '15 $110,984.00				
Skilled Project Labor '15 $ 70,950.00				
Worker's Compensation '15 $ 17,342.00				
Total Agency Expenses	**$ 329,868**	**$ 500,518**	**$ 1,360,000**	**172%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 16,222**	**$ 30,000**	**$ 60,000**	**100%**

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

APPLICATION SUBMITTAL CHECKLIST

Agency Rogers Eubanks Neighborhood Association

Program(s) Back to School Bash, Garden, Summer Enrichment Camp

1. Cover Page	a. ☑ *Applicant Contact Information* b. ☑ *Project/Program Contact Information* c. ☑ *Funding Requests Identified* d. ☑ *Signed Application Cover Page*	
2. Agency Information -	a. ☑ *Agency's Years in operation* b. ☑ *Agency's Purpose/Mission* c. ☑ *Agency's Types of Services Provided* d. ☑ *Agency's Experience* e. ☑ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☑ *Type of Application and Program Identified* b. ☑ *Summary of Program* c. ☑ *Description of Identified Need* d. ☑ *Description of Population to be Served* e. ☑ *Activity Manager and Location Description* f. ☑ *Activity Implementation Timeline* g. ☑ *Agency Collaboration* h. ☑ *Describe Impact of Reduced/No Allocation* i. ☑ *Other Pertinent Information* j. ☑ *Complete Target Population/Beneficiary Chart* k. ☑ *Complete Schedule of Positions* l. ☑ *Signed Conflict of Interest Disclosure* m. ☑ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*
4. Financial (for each program/ project for which funding is requested)	*Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.* a. ☑ *Program Budget Worksheet* b. ☑ *Program Budget Detail* c. ☑ *Cost Per Unit*	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR*

	d. ***Agency Operating Budget Worksheet***	*570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122; Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	a. ☑ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** b. ☑ ***IRS Federal Form 990*** c. ☑ ***NC Solicitation License*** d. ☑ ***IRS Federal Tax-Exemption Letter*** e. ☑ ***Certificate of Insurance*** f. ☑ ***List of Board of Directors*** g. ☑ ***Articles of Incorporation/Bylaws*** h. ☑ ***Authorization to Request Funds*** i. ☑ ***Authorized official designation*** j. ☑ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Rogers-Eubanks Neighborhood Association (RENA)

Applicant Organization's Physical Address: 101 Edgar Street Chapel Hill, N.C. 27516

Applicant Organization's Mailing Address: P.O. Box 16903, Chapel Hill, N.C.27516

Applicant Organization's Web Address: www.rena-center.com

Executive Director: Robert L. Campbell

Telephone Number: 919-933-6210 E-Mail: rplcampbell@gmail.com

DUNS Number: 827097903
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Back to School Bash

Project/Program Primary Contact and Title: Robert L. Campbell Executive Director

Telephone Number: 919-918-2822 E-Mail: rogers.road.cc@gmail.com

Project/Program Name: Community Garden

Project/Program Primary Contact and Title: Robert L. Campbell Executive Director

Telephone Number: 919-918-2822 E-Mail: rogers.road.cc@gmail.com

Project/Program Name: Summer Enrichment Camp

Project/Program Primary Contact and Title: Robert L. Campbell Executive Director

Telephone Number: 919-918-2822 E-Mail: rogers.road.cc@gmail.com

c) Funding Request Identification

Total Project/Program Cost: $11,000.00 Total Amount of Funds Requested: $ 16,000

Proposed Use of Funds Requested (2-3 Line Maximum): Funds for the Back To School bash will be used on backpacks, school supplies, and event orcastration (clinics, entertainment, and food).

Total Project/Program Cost: $ 3,000 Total Amount of Funds Requested: $ 3,000

Proposed Use of Funds Requested (2-3 Line Maximum): Funds for the Community Garden will be used on supplies (garden tools and equpiment, seeds, potting soil) and food and water for volunteers.

MAIN APPLICATION

Total Project/Program Cost: $ 12,000 Total Amount of Funds Requested: $ 12,000

Proposed Use of Funds Requested (2-3 Line Maximum): Funds for the Summer Enerichment Camp will be used towards field trips, food and day to day camp necessities to include staff, counclers and teachers.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $____ ☐ Grant ☐ Loan

☐ Human Services: ☒ Carrboro $ 20,000 ☒ Chapel Hill $ 20,000 ☒ Orange County $ 20,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Robert Campbell — Executive Director — Date: 01-24-2016

Signature: [illegible] — Board Chairperson — Date: 01/24/2016

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
- Date of Incorporation: The 29th day of Oct. 2007
- Years in Operation: 43 years without incorporation, 8 years incorporated as a nonprofit 501(c)(3)

b) Agency's Purpose/Mission
- Rogers-Eubanks Neighborhood Association (RENA) seeks to address the environmental, educational and public health issues impacting the residents of our community and to promote a vision of environmental justice and sustainability among residents, partners and other similarly impacted communities.

c) Types of Services the Agency Provides
- Rogers-Eubanks Neighborhood Association (RENA) provides bags of food which are provided from the food bank at the Rogers Road Community Center. There are Jiu Jitsu classes offered for school aged children as well as adults. After school tutoring which is provided for about 40 kids. Rogers-Eubanks Neighborhood Association also hosts its annual Valentine's Day celebration, Easter Egg Hunt, Fall festival and occasional movie night. The Rogers- Eubanks provides over 400 children with backpacks to start the school year off prepared as well as a Summer Enrichment camp to keep their skills sharp while out of school during the summer.

d) Agency's Experience with Similar Programs as the Funding Request
- North Carolina Environmental Justice Network- RENA plays an educational role and has won two awards in recent years in recognition of our organizing work
- Justice United- Instrumental in giving a snapshot of the diversity of those negatively impacted by the landfill, and helping push back against the waste transfer station.
- UNC Chapel Hill, the Bonner Scholars Program, the Campus Y, the Public Health School, Engineers without Borders, UNC Center for Civil Rights and other socially-engaged academic scholars have all helped strengthen our programs as volunteers, researchers, educators, and allies
- Marian Cheek Jackson Center for Saving and Making History- helped gather and preserve the stories of neighborhood residents and related data to help us build and present our case before the local governments
- Orange County, Carrboro, and Chapel Hill Governments- The Rogers Road small area task force has offered a unified table with neighborhood leaders to work together toward solutions to the unique challenges the Rogers-Eubanks community faces. The municipal governments recognize the need for, and are helping strengthen, the new community center that we hope will be a site of neighborhood-rooted revitalization

- **Human Resource Center- The children who participate in RENA programs unite with HRC's children to play soccer, play softball, and enjoy movie nights**
- **Habitat for Humanity-H4H residents participate in Community Unity Board, our primary coalitional vehicle, and attend neighborhood celebrations, Back to School Bash, and other functions.**
- **Faith Tabernacle Oasis of Love International Church- Hosts community meetings and other functions as needed. Allowed us to conduct afterschool tutoring, Summer Enrichment Camp, and the Back to School Bash here while we waited for the new community center to be built. Congregation members make small donations to support our work.**
- **Universalist Church on Purefoy- Have offered small donation to support our work, and they are dependable allies when we seek community support for our justice work.**

e) **Other Pertinent Agency Information**

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Rogers Eubanks Neighborhood Association Back To School Bash,Commur Garden and Summer Enrichment Camp

As you complete your application, complete only those sections that pertain to the type of application you a submitting. The application is divided into several sections and not all sections apply to every project. **Eve applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the requir application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residens
Education	X	X	X	x	
Health and Nutrition	X	X	X	X	
Job Training	X	X	X	X	
Sports and Arts Activities	X	X	X	X	
Pre-School Activities	X		X		
After-School Activities	X				
Mentoring	X	X		X	
Transportation	X	X	X		
Housing	X	X		X	
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/Count priority?

- To offer backpacks and supplies to underserved children to improve self-esteem fc the upcoming school year.
- For volunteers, children and community will work together to feed underserve population

- Offer a six week minimum cost full day program to all participants to assist in closin the educational gap.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or othe community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program an the population being served.

- The Back To School Bash is designed to serve 500 underserved children to receiv backpacks and school supplies in preparation for the upcoming school year. This i designed to bring families and communities together in preparation for the upcomin school year.
- RENA will work with community residents to create stewardship. RENA will also us the community and volunteers to work and keep up the maintenance with th Community Garden. And provide produce to the community and to underserve families.
- RENA Summer Enrichment Camp is open to 95 1st-10th graders and is a 6 week lon full day camp with a curriculum based on Orange County and Chapel Hill-Carrboro Cit School learning links modules which will focus on teaching literacy, math, and scienc skills as well as environmental awareness and stewardship.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiarie

- Back to School Bash will serve Chapel Hill, Orange County, Carrboro residents ar surrounding areas.
- Community Garden will serve neighbors within our community as well as?

e) Who specifically will carry out the activities and in what location will they be carried out?

- Back to School Bash Director (Robert Campbell/Rose Caldwell)
- Summer Enrichment Camp (in addition to the above this program will also include 2 fu time assistants and 8 camp counselors)
  - Executive Director ( )
  - President(Minister Robert Campbell)
  - Operations Manager (Rosie Caldwell)
- Community Garden Master Gardener (Marian Peppers)
- Rogers Eubanks Neighborhood Association and volunteers will carry out thes activities and it will be carried out at The Rogers Road Community Center 101 Edg St. Chapel Hill, N.C. 27516

f) Describe specifically the period over which the activities will be carried out, the frequency with which th activities will be carried out, and the frequency with which services will be delivered. Include a implementation timeline.

- Back to School Bash is held on the second Saturday in August
- Community Garden is an year round project
- Summer Enrichment Camp is a 6 week long, Monday – Friday camp. With the fir week starting in July.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give speci examples of the coordinated/collaborative efforts.

- **North Carolina Environmental Justice Network- RENA plays an educational role a has won two awards in recent years in recognition of our organizing work**
- **Justice United- Instrumental in giving a snapshot of the diversity of those negative impacted by the landfill, and helping push back against the waste transfer station.**
- **UNC Chapel Hill, the Bonner Scholars Program, the Campus Y, the Public Heal School, Engineers without Borders, UNC Center for Civil Rights and other social engaged academic scholars have all helped strengthen our programs as volunteer researchers, educators, and allies**

- **Marian Cheek Jackson Center for Saving and Making History- helped gather a preserve the stories of neighborhood residents and related data to help us build a present our case before the local governments**
- **Orange County, Carrboro, and Chapel Hill Governments- The Rogers Road sm area task force has offered a unified table with neighborhood leaders to wo together toward solutions to the unique challenges the Rogers-Eubanks communi faces. The municipal governments recognize the need for, and are helpi strengthen, the new community center that we hope will be a site of neighborhoo rooted revitalization**
- **Human Resource Center- The children who participate in RENA programs unite wi HRC's children to play soccer, play softball, and enjoy movie nights**
- **Habitat for Humanity-H4H residents participate in Community Unity Board, o primary coalitional vehicle, and attend neighborhood celebrations, Back to Scho Bash, and other functions.**
- **Faith Tabernacle Oasis of Love International Church- Hosts community meetin and other functions as needed. Allowed us to conduct afterschool tutoring, Summ Enrichment Camp, and the Back to School Bash here while we waited for the ne community center to be built. Congregation members make small donations support our work.**
- **Universalist Church on Purefoy- Have offered small donation to support our wo and they are dependable allies when we seek community support for our justi work.**

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation recommended.

- If no funding is provided we will only be able to provide 100 backpacks with supplie instead of 500
- If there is no funding for the Community Garden there will be no free fruits an vegetables to help with the afternoon snack for the after school program as well as n fruits or v0egetable to help with the food bags that are passed out from our food bank
- If there is no funding for the Summer Enrichment Camp the day to day functions w not be able to be carried out. There will be no science labs, bike rodeos, lunch c snacks provided for the kids.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart

k) Complete the Schedule of Positions Chart for Program Staff

- Program Director
- Executive Director
- Operator
- Teachers (2 part-time)
- Counselors (4 Chapel Hill Youth Program, 4 RENA Youth Program)
- Volunteers/Instructors

l) Disclosure of Potential Conflicts of Interested must be signed

m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies all data collection tools that will be used to verify achievement of program goals and objectives. Descrit who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Summer Enrichment Camp

Program Beneficiary Demographics

	Actual 2014-15	Estimated 2015-16	Proj c 201
Gender			
Male	19	27	30
Female	21	29	30
Total	40	56	
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	34	51	50
American Indian or Alaska Native			0
Asian			5
Caucasian		1	5
Native Hawaiian or other Pacific Islander			
Other	1		
Total		52	
Of the above, how many Hispanic/Latino	5	4	0
Of the above, how many non-Hispanic/Latino	35	52	60
Total	40	56	
Age			
0-5 years			
6-18 years	40	56	60
19-50 years			
51-61 years			
62+ years			
Total	40	56	

MAIN APPLICATION

Geographic Location

Durham City			
Durham County	4		
Carrboro		4	8
Chapel Hill	33	35	17
Chapel Hill Public Housing Residents			
Orange County	3	17	35
Raleigh			
Wake County			
Total	40	56	

MAIN APPLICATION

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Back to School Bash

Program Beneficiary Demographics

	Actual 2014-15	Estimated 2015-16	Projec d 2016-
Gender			
Male		158	200
Female		183	200
Total	0	341	4
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American		190	200
American Indian or Alaska Native		0	0
Asian		134	150
Caucasian		2	20
Native Hawaiian or other Pacific Islander			
Other		15	30
Total	0	0	4
Of the above, how many Hispanic/Latino		15	25
Of the above, how many non-Hispanic/Latino		326	375
Total	0	15	
Age			
0-5 years		121	150
6-18 years		200	225
19-50 years		20	25
51-61 years			
62+ years			
Total	0	0	
Geographic Location			
Durham City			
Durham County			
Carrboro		37	50
Chapel Hill		226	250
Chapel Hill Public Housing Residents			
Orange County		78	100
Raleigh			
Wake County			
Total	0	341	4

MAIN APPLICATION

Income Level – See following chart (Omit for HS)

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	

Special Needs (Omit for HS)

Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	**FTE** ***	**% Program Staff +**	**Actual 2014-15**	**Estimated 2015-16**	**Projected 2016-17**	**% Total Budget**	**If provided, indicate: (R) Retirement Plan (H) Health Plan**
Back to school bash							
Executive Director	1.0	40 Hours	-0-	400 hours	400 hours		
President	1.0	40 hours	-0-	400 hours	400 hours		
Operations manager	1.0	40 hours	-0-	400 hours	400 hours		
Volunteers	6.0	36 hours					
Community Garden/Master Gardner	1.0	8 hrs a month for 7 months	2 hrs a week	2 hrs a week	2 hrs a week		
Volunteers	1.0	8 hrs a month for 7 months	20 hrs x 5 = 100 hrs	40 hrs x 5=200 hrs	50 hrs x 5 =250 hrs		
Summer Camp/3 Administrators	1.0	40 hrs x 3 =120 hrs	5x 120 = 600 hrs	600 hrs	720 hrs		
Teachers	1.0	2x40 x 5 weeks= 400 hrs	2x40 x 6 weeks =480 hrs	600 hrs	720 hrs		
Counselors	1.0	4 x 16 x5=320 hrs	4 x 16 x 5 = 320	320 hrs	400 hrs		

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below.**

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Robert Lee Campbell — Executive Director — Date: 01-24-16

Signature: Paul Caldwell — Board Chairperson — Date: 01-24-16

Program Budget

Agency/Program: Back to School Bash

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 3,000	$ 5,000	$ 7,000	40%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 10,000	$ 15,000	$ 8,000	-47%
Town of Chapel Hill	$ 2,000	$ 2,500	$ 3,000	20%
Town of Carrboro	$ 2,500	$ 3,000	$ 3,500	17%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Z Smith Reynolds	$ -	$ 10,000	$ 10,000	0%
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ 17,500	$ 35,500	$ 31,500	-11%
AGENCY EXPENSES				
Compensation				0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	$ -	$ -	$ -	0
SURPLUS/(DEFICIT) FOR PERIOD:	$ 17,500	$ 35,500	$ 31,500	-11%

MAIN APPLICATION

Program Budget

Agency/Program: Garden

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 200	$ 500	$ 1,000	100%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 1,000	$ 1,500	$ 1,100	-27%
Town of Chapel Hill	$ 1,000	$ 1,500	$ 2,000	33%
Town of Carrboro	$ 500	$ 500	$ 1,000	100%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Z Smith Reynolds	$ -	$ 1,000	$ 5,000	400%
Other Grants: Strowd Rose		$ 2,000	$ 2,000	0%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ 2,700	$ 7,000	$ 12,100	73%
AGENCY EXPENSES				
Compensation				0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	$ -	$ -	$ -	0
SURPLUS/(DEFICIT) FOR PERIOD:	$ 2,700	$ 7,000	$ 12,100	73%

MAIN APPLICATION

Program Budget

Agency/Program: Summer Enrichment Camp

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 1,000	$ 3,000	$ 5,000	67%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 1,500	$ 7,000	$ 10,900	56%
Town of Chapel Hill	$ 1,500	$ 2,000	$ 1,000	-50%
Town of Carrboro	$ 1,000	$ 2,500	$ 3,000	20%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Z Smith Reynolds	$ -	$ 10,000	$ 10,000	0%
Other Grants: Strowd Rose		$ 5,000	$ 5,000	0%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
BNY Mellon $ 5,000.00				
$ -				
$ -				
Total Agency Revenue	$ 5,000	$ 29,500	$ 34,900	18%
AGENCY EXPENSES				
Compensation				0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	$ -	$ -	$ -	0
SURPLUS/(DEFICIT) FOR PERIOD:	$ 5,000	$ 29,500	$ 34,900	18%

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

MAIN APPLICATION

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Back to School Bash	Back to School Bash	Back to School Bash
Program Goal	To provide 500 back packs fill with school supplies to 500 low income students	To provide 500 back packs fill with school supplies to 500 low income students	To provide 500 back packs filled with school supplies to 500 low income students
Performance Measures	Bring families and communities together in prepartion for the upcoming school year	Designed to bring families and communities together in preparation for the upcoming school year	Designed to bring families and communities together in preparatin for the upcoming school year
Program Results	Approximately 500 back packs distributed	Approximately 550 back packs distributed	500 back packs will be distributed
Program Activity 2	Garden	Garden	Garden
Program Goal	To provide fresh vegetables to feed undeserved popoulation	To provide fresh vegetables for underserved population	To provide fresh vegetables for underserved population
Performance Measures	Prepare the garden, planting weeding, harvesting, and distributing produce	Prepare the garden, planting, weeding, harvesting, and distributing produce	Prepare the garden, planting, weeding, harvesting, and distributing produce
Program Results	Approximately 30 household will benefit receiving fresh produce throughout the growing season	Approximately 60 household will benefit receiving fresh produce throughout the growing season	Approximately 90 household will benefit receiving fresh produce throughout the growing season
Program Activity 3	Summer Enrichment Camp	Summer Enrichment Camp	Summer Enrichment Camp
Program Goal	Offer a six week free day program to all participants to assist in closing the education gap	Offer a six week free day progam to all participants to assist in closing the education gap	Offer a six week free day program to all participants to assist in closing the education gap
Performance Measures	Academic enrichment, literacy, math, and science skills(will offer broad exposure to enviornment awareness, enviornment stewardship, community history	Academic enrichment, literacy, math, and science skills (will offer broad exposure to enviornment awareness, enviornment stewardship, community history	Academic enrichment, literacy, math, and science skills(will offer broad exposure to enviornment awareness, enviornment stewardship, community history
	Participation and a graduation ceremony,	Participation and a graduation ceremony,	Participation and a graduation ceremony,

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Program Budget

Agency/Program: Back to School Bash

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 3,000	$ 5,000	$ 7,000	40%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 10,000	$ 15,000	$ 20,000	33%
Town of Chapel Hill	$ 2,000	$ 2,500	$ 3,000	20%
Town of Carrboro	$ 2,500	$ 3,000	$ 3,500	17%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Z Smith Reynolds	$ -	$ 10,000	$ 10,000	0%
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ 17,500	$ 35,500	$ 43,500	23%
AGENCY EXPENSES				
Compensation				0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	$ -	$ -	$ -	0
SURPLUS/(DEFICIT) FOR PERIOD:	$ 17,500	$ 35,500	$ 43,500	23%

MAIN APPLICATION

Program Budget

Agency/Program: Summer Enrichment Camp

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 1,000	$ 3,000	$ 5,000	67%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 1,500	$ 7,000	$ 10,000	43%
Town of Chapel Hill	$ 1,500	$ 2,000	$ 1,000	-50%
Town of Carrboro	$ 1,000	$ 2,500	$ 3,000	20%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Z Smith Reynolds	$ -	$ 10,000	$ 10,000	0%
Other Grants: Strowd Rose		$ 5,000	$ 5,000	0%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
BNY Mellon $ 5,000.00				
$ -				
$ -				
Total Agency Revenue	$ 5,000	$ 29,500	$ 34,000	15%
AGENCY EXPENSES				
Compensation				0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	$ -	$ -	$ -	0
SURPLUS/(DEFICIT) FOR PERIOD:	$ 5,000	$ 29,500	$ 34,000	15%

MAIN APPLICATION

Program Budget

Agency/Program: Garden

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 200	$ 500	$ 1,000	100%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 1,000	$ 1,500	$ 2,000	33%
Town of Chapel Hill	$ 1,000	$ 1,500	$ 2,000	33%
Town of Carrboro	$ 500	$ 500	$ 1,000	100%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Z Smith Reynolds	$ -	$ 1,000	$ 5,000	400%
Other Grants: Strowd Rose		$ 2,000	$ 2,000	0%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ 2,700	$ 7,000	$ 13,000	86%
AGENCY EXPENSES				
Compensation				0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	$ -	$ -	$ -	0
SURPLUS/(DEFICIT) FOR PERIOD:	$ 2,700	$ 7,000	$ 13,000	86%

b) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Back to School Bash

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Back Packs	$5.00	1= $5.00 (5x 400)	$2,000
Supplies	$5.00	1=set (5x400)	$2,000
Food	$8.00	1 meal = $8.00 (800x $8.00)	$6,400
Orchestration	$400.00	1=$400.00 (3x400)	$1200
		Total	**$11,600**

b) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$11,000**	**$11,600**	**$12,000**
Total # of Units	**$400.00**	**$400.00**	**$400.00**
Cost Per Unit	**$10.00**	**$10.00**	**$10.00**

Program: Garden

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Supplies(seeds, tools and soil)	$1000		$1000
Storage building w/ accessories	$500.00	Storage building w/accessories	$500.00

Food (water, Gatorade, snacks 6 months)	$600.00		$600.00
Gas and oil	$100.00	2.50 per gallon(40 gallons)	$100.00
		Total	**$2200.00**

b) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$2,000**	**$2200.00**	**$3000.00**
Total # of Units	**1= ¼ acres**	**1=1/4 acres**	**1=1/2 acres**
Cost Per Unit	**$2000.00**	**$2200.00**	**$3000.00**

Program: Summer Enrichment Camp

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Classes (instructors)	$200.00	200x4 classes	$800.00
Food	$5.00	5x60 students x25 days	$1500.00
Field trips	$300.00	2 field trips x300	$600.00
Teachers	$1000.00	2 teachers x1000	$2000.00
Counselors (RENA)	$500.00	500x 4 counselors x 5 weeks	$2000.00
Administrators	$2000.00	3 x 2000	$6,000.00
		Total	**$12,900.00**

b) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$11,000.00**	**18,000.00**	**$20,000.00**
Total # of Units	**40**	**60**	**60**
Cost Per Unit	**$275.00 per student**	**$315.00 per student**	**$333.00 per student**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: Rogers Eubanks Neighborhood Association

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 8,000	$ 11,000	$ 15,000	36%
Agency Generated Revenue (fees)	$ 5,000	$ 8,000	$ 12,000	50%
Local Government Grants:				
Orange County	$ 5,000	$ 20,000	$ 25,000	25%
Town of Chapel Hill	.0.	$ 5,000	$ 20,000	300%
Town of Carrboro	$ 6,000	$ 6,000	$ 10,000	67%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Z Smith Reynolds	.0.	$ 15,000	$ 15,000	0%
Other Grants: Strowd Rose	.0.	$ 5,000	$ 5,000	0%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ 24,000	$ 70,000	$ 102,000	46%
AGENCY EXPENSES				
Compensation				0
Rent & Utilities				0
Supplies & Equipment				0
Travel & Training				0
Other Expenses:				0
Please list 3 largest "Other Expenses":				
Insurance $ 3,069.16				
$ -				
$ -				
Total Agency Expenses	$ -	$ -	$ -	0
SURPLUS/(DEFICIT) FOR PERIOD:	$ 24,000	$ 70,000	$ 102,000	46%

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **Senior Care of Orange County; Inc**

Program(s) **Florence Gray Soltys Adult Day Health Program**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. X☐ *Applicant Contact Information* b. X☐ *Project/Program Contact Information* c. X☐ *Funding Requests Identified* d. X☐ *Signed Application Cover Page*	
2. Agency Information -	a. X☐ *Agency's Years in operation* b. X☐ *Agency's Purpose/Mission* c. X☐ *Agency's Types of Services Provided* d. X☐ *Agency's Experience* e. X☐ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. X☐ *Type of Application and Program Identified* b. X☐ *Summary of Program* c. X☐ *Description of Identified Need* d. X☐ *Description of Population to be Served* e. X☐ *Activity Manager and Location Description* f. X☐ *Activity Implementation Timeline* g. X☐ *Agency Collaboration* h. X☐ *Describe Impact of Reduced/No Allocation* i. X☐ *Other Pertinent Information* j. X☐ *Complete Target Population/Beneficiary Chart* k. X☐ *Complete Schedule of Positions* l. X☐ *Signed Conflict of Interest Disclosure* m. X☐ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a. X☐ *Program Budget Worksheet*** **b. X☐ *Program Budget Detail*** **c. X☐ *Cost Per Unit*** **d. X☐ *Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A. ☐ Part A: *CDBG & HOME*** **B. ☐ Part B: *Construction/Rehab***	
6. Attachments	**a. ☐ *Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b. X☐ *IRS Federal Form 990*** **c. X☐ *NC Solicitation License*** **d. X☐ *IRS Federal Tax-Exemption Letter*** **e. X☐ *Certificate of Insurance*** **f. X☐ *List of Board of Directors*** **g. X☐ *Articles of Incorporation/Bylaws*** **h. X☐ *Authorization to Request Funds*** **i. X☐ *Authorized official designation*** **j. X☐ *3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Senior Care of Orange County; Inc.

Applicant Organization's Physical Address: 105 Meadowland Drive; Hillsborough, NC 27278

Applicant Organization's Mailing Address: 105 Meadowland Drive; Hillsborough, NC 27278

Applicant Organization's Web Address: www.soltysadultdayhealth.org

Executive Director: Alvonia Baldwin

Telephone Number: 919-245-2017 E-Mail: albaldwin@orangecountync.gov

DUNS Number: 123768520
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Florence Gray Soltys Adult Day Health Program

Project/Program Primary Contact and Title: Alvonia Baldwin, Executive Director

Telephone Number: 919-245-2017 E-Mail: albaldwin@orangecountync.gov

c) Funding Request Identification

Total Project/Program Cost: $33,500 Total Amount of Funds Requested: $33,500

Proposed Use of Funds Requested (2-3 Line Maximum): Funding towards this one of a kind dual model; Adult Day Care and Adult Day Health Program in Orange County will provide participant scholarships for clients in need of a program that may be limited to the affordability. Caregiver respite is needed due to the severely frail elderly and adults with special needs; program operational support with purchase of program supplies, snacks, personnel and community resources for the continued sustainability of the program and as a partnership with the county towards meeting the goals of the Master Aging Plan of Orange County. Since 2011-2016; The Orange County amount has included up to **$25,000 in participant meal credits which continue to help significantly. Below is not a reflection of the meal credit amount. The in-kind donation is still needed for the meals. ($55,000 includes the meals for Orange County).**

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO	$_____	☐ Grant	☐ Loan
☐ HOME Other	$_____	☐ Grant	☐ Loan

X Human Services: X Carrboro **$1,500** X Chapel Hill **$2,000** X Orange County **$30,000**

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Executive Director Date 1/21/14

Signature: _____ Board Chairperson Date 1/21/2016

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a. Years in Operation:

The program began offering services on March 28, 2004, and through 2016 has served 251 participants and their caregivers. The County of Commissioners passed a resolution of a name change to The Florence Gray Soltys Adult Day Health Program on April 20, 2010.

Date of Incorporation:

Senior Care of Orange County, Inc. was incorporated in March, 2004.

b. Agency's Purpose/Mission

The mission of the Florence Gray Soltys Adult Day Health Program remains the same, by providing social and health services to frail, disabled and isolated adults 18 years and older with special needs that will benefit from Adult Day Health programs. Stimulating activities, enriching programs, provision of nutritious meals and snacks as well as rehabilitative services are offered. The program also provides respite and education for family members and caregivers. The primary goal is to prevent or delay the onset of institutionalization of participants.

The vision of Senior Care of Orange County, Inc. is to advocate, establish and operate programs that provide services for frail or disabled older adults to remain in their homes with their family as long as possible. The 65 and older adult is the fastest growing population segment.

c. Types of Services the Agency Provides

The Florence Gray Soltys Adult Day Health Program is a therapeutic, health-focused program for adults and seniors that offer a variety of services in a home-like setting that is open from 7:30am to 5:30pm, Monday-Friday.

The relocation of the program, to a new and larger location in close relation with the Orange County Department on Aging has helped significantly. The need of this program is growing rapidly as more seniors age in place with various diagnosis ranging from, but not limited to dementia, Parkinson's and diabetes. The existing space allows more opportunities for families to feel reassured of the care and safety that their loved one receives. From year to year, the number of participants enrolled in the program continues to grow. Currently the program is averaging 24 participants per day, with a capacity for up to 29 per day.

d. Agency's Experience with Similar Programs as the Funding Request

Through the years, we have made great efforts and will continue to collaborate with the recruitment process to assist participants from the Department of Social Services (Medicaid CAP/DA) and the Veteran's Administration who will financially support the participants with low incomes and/or medical needs to utilize the Day Health Program as an option to in-home care services. This option may also help with the social interaction of each and every participant enrolled in the program. We will reapply for the Home Community Care Block Grant from Triangle J Council of Governments for continued funding to help support days of coverage for Adult Day Care and Health funding options.

e. Other Pertinent Agency Information

In 2003, Central Orange Adult Day Health Program (formally) was under the auspicious of the Orange County Department on Aging. In 2004, the program assumed a non-profit 501c-3 status under the Governing Board of Senior Care of Orange County; Inc. Through the years the operation remained adjacent to the Central Orange Senior Center and was licensed for 10 participants per day. As the need in the county continued to grow, the program later expanded to hold a license of 29 participants per day on February 4, 2009 as a partnership with the county to continue to work towards meeting the goals of the Master Aging Plan of Orange County.

The Senior Care Board continues to work toward building stronger relationships with the Veteran's Administration Community referral program, and establishing a partnership with the local Veterans Affairs Office, Discharge Planners at the local Hospitals to aid in the referral program. Additional In-kind support still remains from Carol Woods Retirement Community with a representative which serves on the Senior Care Board of Directors.

Additional In-kind support still remains from Carol Woods Retirement Community with a representative which serves on the Senior Care Board of Directors. Efforts continue to recruit participants from the Department of Social Services (Medicaid CAP/DA) and the Veteran's Administration who will financially support the participants with low incomes and to encourage them to utilize the Day Health Program as an option to home care. The program will reapply for the Home Community Care Block Grant from Triangle J Council of Governments.

We have established the Florence Gray Soltys Memorial Scholarship fund where individuals can donate throughout the year. The way we generate this fund is through newsletters, postings on our website, direct mail lists, e-mail lists, phone lists, etc. We will also seek in kind gifts and work diligently on fundraising, which will help develop these funding sources into a long-term support of the programs.

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3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Senior Care of Orange County; Inc.
Florence Gray Soltys Adult Day Health Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

X **Human Services (Main Application Only)**
☐ **AH Non-Construction (Main Application Only)**
☐ **AH Construction — (Main Application AND Part B)**
☐ **AHDR Non-Construction (Main Application Only)**
☐ **AHDR Construction — (Main Application AND Part B)**
☐ **CDBG Non-Construction — (Main Application AND Part A)**
☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition		X	X	X	
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify **Adult Day Care/Health Program**		X	X	X	

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority? This is a request to continue with the financial support provided to the Florence Gray Soltys Adult Day Health Program under the auspices of Senior Care of Orange County, Inc. This program originally started by the County Department on Aging as a major Master Aging Plan

funded initiative. County and Town funds are critical for the continuation of this one of a kind program that serves the severely frail elderly and adults with special needs in Orange County. We have seen growth from residents of Chapel Hill and Carrboro needing Adult Day Health services since 2014. The program expanded on February 4, 2009 as a partnership with the county to continue to work towards meeting the goals of the Master Aging Plan of Orange County. The request for funding from each participating jurisdiction is a huge priority with helping to prolong and/or prevent institutionalization. This would allow the individual to age in place within their home and community as statistics show that adults are living longer. This program will continue to provide quality of care; with dignity and respect to all individuals in which we serve ages 18 and up. *(Please note that the average age is 80 years old.)*

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served. Not applicable to our Agency

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries. The population being served is more of the adults ages 65 and older. The need of this program is growing rapidly as more seniors age in place with various diagnosis ranging from, but not limited to dementia, Parkinson's disease, CVA and Diabetes. The existing space continues to allow more opportunities for families to feel reassured of the care and safety that their loved one receives with health monitoring by registered nurses, contracts with occupational and physical therapy services, certified nursing assistants to aid and assist in ADL care (activities of daily living), along with a social worker and activities staff to ensure that physical, social emotional and cognitive domains are being met. From year to year, the numbers enrolled continues to grow. Currently the program is averaging 24 participants per day, which allows for part-time and full-time enrollment with a licenses capacity for up to 29 on any given day. Affordability along with flexibility in participant's schedules helps to determine and identify funding for qualifying individuals. A weekly attendance and revenue form is used to track participants under an additional and/or supplemental funding source.

e) Who specifically will carry out the activities and in what location will they be carried out? The Florence Gray Soltys Adult Day Health Program; operated by Senior Care of Orange County; Inc.; is a therapeutic, health-focused program model for adults and seniors which offers a variety of services in a home-like setting based in the community. The hours of operation are from 7:30am to 5:30pm, Monday-Friday. As a team effort, the interdisciplinary team will specifically carry out daily day health services at the Soltys Adult Day Health Program.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline. The activities carried out for providing funding for adult day health services and continued program operations will transpire through the July 1, 2016-June 30, 2017 fiscal year. The funding will help the continuation of services for families in need of Adult Day Health programming and additional days as needed along with program operations that would include but not limited to medical, office and activity supplies, some food cost with am and pm snacks, training (i.e. staff development on a quarterly basis and new staff orientation.) The services for the participants would vary on each individual need base. (i.e. one –two days per week, short-term and/or long-term.)

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Continued collaboration with the Veterans' Administration (hospital based in Durham, NC). We have a VA contract that is negotiated each year. This continues to become a stronger referral base for us as we focus on our Aging Veterans in the community.
- We also work closely with the Department on Aging- Eldercare Respite Program; support for caregivers needing services for their loved ones. This funding source offers Day Health services as an alternative to a couple of hours per day of in home aid services. This also allows the client to remain connected with the community through socialization with their peers.
- Collaborate with NC Alzheimer's Association which is ongoing through resources for staff and caregivers and at times are able to temporally provide short-term funding based on certain diagnosis and financial needs.
- Contract with a community based physical and occupational therapy organization.
- We continue to seek volunteers throughout the community – often being met through our relationship with other human service agencies (i.e. Central Orange Senior Center, Seymour Center and other non-profit and for profit agencies and member organizations).
- We periodically work with interns in various human service fields provided through UNC Hospital and the University (i.e. occupational therapy, social work, and nursing students.)
- We have a continued relationship with the Orange County Department of Social Services and the Health Department in monitoring our program for quality assurance to maintain state certification.
- Continued support with Triangle J of Governments with the Home and Community Care Block Grant (HCCBG) funding for adults 65 and older in need of Adult Day Health Services. This funding is used to provide a day (unit) of service for qualified individuals that meet the criteria.

h)

Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended. If funding was a reduced allocation; hopefully the program would continue to serve as many participants and their families as possible which may reduce the daily average of individuals enrolled in the program due to limited funding sources. We would hate to fathom if funding was not awarded. If this scenario were to happen to Orange Counties one of a kind Adult Day Health model; this would be a huge impact for all the families that we serve. This unique program is committed to the health and well being of adults with physical and mental impairments that come along with the aging process. As Orange County continues to grow, with the new UNC hospital and new residential communities this shows a need of Adult Day Health services. Again, this program is able to provide a safe, stimulating, friendly environment to meet the quality of life for frail individuals that may need a bit more of structure in their day to day activities along with health care monitoring. Funding not awarded would also impact working caregivers and veterans of Orange County. Working caregivers may need to retire early or leave a position to care for their loved ones and with the Veterans, unable to provide the contracted services for the men and women that have served our country due to the lack of financial sustainability. Our program fees are based on a sliding scale of the individual in need of our program. This program was designed to meet the needs of all families that we serve. Majority of our population about 90% have at least a dementia diagnosis which is growing rapidly in this age group and the need for Adult Day Health services. Without the towns and County support, our program would be very difficult for the program to continue for more than one or possibly two years. Please consider the continuation of funding to help out our Orange County Residents.

The Orange County Aging profile shows by 2034, the over age 60, 65 and 85 population will increase by 76.2%, 109% and 167% respectively. The Demographer of the Division of Aging and Adult Services of the NC Department of Health and Human Services provided this data. *(see included in the pertinent information section (i) of this application)*

i) Include any other pertinent information.

- A 2 page document on "North Carolina is Aging!"; *prepared by Swarna Reddy, NC DAAS, December 2015*
- Two informational brochures about The Florence Gray Soltys Adult Day Health Program.

- Quarterly Caregiver Newsletters for the families that we serve and prospective families.

Program/Project Information

C. Complete the Target Population and Program Beneficiary Demographics Chart
D. Complete the Schedule of Positions Chart for Program Staff
E. Disclosure of Potential Conflicts of Interested must be signed
F. Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: **X Persons** ☐ Households ☐ Units

Program: _____

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	46	48	50
Female	36	38	42
Total	82	86	92
Of the females, how many are single-female Head of Households (Omit for Human Services)	n/a	n/a	n/a
Ethnicity			
African-American	24	25	30
American Indian or Alaska Native	2	1	3
Asian	2	4	5
Caucasian	54	54	50
Native Hawaiian or other Pacific Islander	0	0	1
Other	0	2	3
Total	82	86	92
Of the above, how many Hispanic/Latino	0	2	3
Of the above, how many non-Hispanic/Latino	82	84	89
Total	82	86	92
Age			
0-5 years			
6-18 years			

19-50 years	2	1	1
51-61 years	2	6	8
62+ years	78	79	83
Total	82	86	92

Geographic Location

Durham City			
Durham County	8	8	8
Carrboro	5	6	7
Chapel Hill	9	12	13
Chapel Hill Public Housing Residents			
Orange County	53	54	56
Raleigh	1	1	1
Wake County & Other Counties-Alamance & Person	6	5	7
Total	82	86	92

Income Level – See following chart (Omit for HS)

< 30% Area Median Income	25	27	28
31-50% Area Median Income	36	35	37
51-80% Area Median Income	17	19	22
> 80% Area Median Income	4	5	5
Total	82	86	92

Special Needs (Omit for HS)

Elderly (Over 62)	78	80	85
Disabled (not elderly)	4	6	7
Homeless			
People with HIV/Aids			
Total	82	86	92

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Program Director	1.00	1.0	64,888	64,888	64,888		n/a
Office Manager	1.00	.75	n/a	28,000	28,000		n/a
Registered Nurses	1.00	1.0	38,000	38,000	38,000		n/a
Certified Nursing Assistants	3.50	3.50	81,050	81,050	81,050		n/a
Activity Coordinator	1.00	1.0	17,000	17,000	17,000		n/a
Social Worker	.50	.50	23,000	23,000	23,000		n/a
			$223,938	$251,938	$251,938		

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ **X** a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ **X** b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ **X** c) Current beneficiaries of the project/program for which funds are requested?

☐ **X** d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director Date 1/21/16

Signature: _____ Board Chairperson Date 1/21/2016

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Program Activity 1			
Program Goal	Maintain Adult Day Health Enrollment Census	Maintain Adult Day Health Enrollment Census	Maintain Adult Day Health Enrollment Census
Performance Measures	Increase marketing Strategies	Increase marketing Strategies	Increase marketing Strategies
Program Results	Monthly Marketing resulted in an increase in enrollment.	Monthly Marketing resulted in an increase in enrollment.	Monthly Marketing resulted in an increase in enrollment.
Program Activity 2	Prevent and /or Delay Institutionalionalization	Prevent and /or Delay Institutionalionalization	Prevent and /or Delay Institutionalionalization
Program Goal	To provide financial community resources to 75% of participants	To provide financial community resources to 80% of participants	To provide financial community resources to 85% of participants
Performance Measures	Assist with supplemental funding for families in need	Assist with supplemental funding for families in need	Assist with supplemental funding for families in need
Program Results	25% of families resulted in institutionalization.	20% of families resulted in institutionalization.	15% of families resulted in institutionalization.
Program Activity 3			
Program Goal			
Performance Measures			
Program Results			
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Activity 5			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Program Budget Worksheet

AGENCY NAME: Senior Care of Orange County; Inc.

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 150	$ 550	$ 250	-55%
Program Generated Revenue (fees)	$ 297,933	$ 318,951	$ 335,000	5%
Local Government Grants:				
Orange County	$ 25,000	$ 25,000	$ 25,000	0%
Town of Chapel Hill	$ 750	$ 1,500	$ 1,500	0%
Town of Carrboro	$ 1,000	$ 1,000	$ 1,000	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 928	$ -		0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Program Revenue	**$ 325,761**	**$ 347,001**	**$ 362,750**	**5%**
PROGRAM EXPENSES				
Compensation	$ 295,014	$ 312,000	$ 310,000	-1%
Rent & Utilities	$ 1,561	$ 1,561	$ 1,561	0%
Supplies & Equipment	$ 13,423	$ 11,000	$ 12,500	14%
Travel & Training	$ 1,964	$ 1,430	$ 1,500	5%
Other Expenses:	$ 36,885	$ 38,000	$ 37,000	-3%
Please list 3 largest "Other Expenses":				
Insurance $ 20,943.00				
Snacks $ 6,324.00				
Copier Lease $ 3,465.00				
Total Program Expenses	**$ 348,847**	**$ 363,991**	**$ 362,561**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (23,086)**	**$ (16,990)**	**$ 189**	**101%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: Supplemental Funding for client enrollment and program operations

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Client cost per day	$44.00	1unit /day (240 days)	$10,560
Program Cost (supplies & personnel)	$90.00	Average cost per day for operations(253)	$22,770
		Total	**$33,330**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$348,847**	**$363,991**	**$362,561**
Total # of Units	**6024**	**6072**	**6072**
Cost Per Unit	**$57.90**	**$59.94**	**$59.71**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Senior Care of Orange County Inc.'s annual fiscal year is July 1, 2016 through June 30, 2017

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: Senior Care of Orange County; Inc.

PROGRAM REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 150	$ 550	$ 250	-55%
Program Generated Revenue (fees)	$ 297,933	$ 318,951	$ 335,000	5%
Local Government Grants:				
Orange County	$ 25,000	$ 25,000	$ 25,000	0%
Town of Chapel Hill	$ 750	$ 1,500	$ 1,500	0%
Town of Carrboro	$ 1,000	$ 1,000	$ 1,000	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 928	$ -		0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Program Revenue	$ 325,761	$ 347,001	$ 362,750	5%
PROGRAM EXPENSES				
Compensation	$ 295,014	$ 312,000	$ 310,000	-1%
Rent & Utilities	$ 1,561	$ 1,561	$ 1,561	0%
Supplies & Equipment	$ 13,423	$ 11,000	$ 12,500	14%
Travel & Training	$ 1,964	$ 1,430	$ 1,500	5%
Other Expenses:	$ 36,885	$ 38,000	$ 37,000	-3%
Please list 3 largest "Other Expenses":				
Insurance $ 20,943.00				
Snacks $ 6,324.00				
Copier Lease $ 3,465.00				
Total Program Expenses	$ 348,847	$ 363,991	$ 362,561	0%
SURPLUS/(DEFICIT) FOR PERIOD:	$ (23,086)	$ (16,990)	$ 189	101%

Florence Gray Soltys Adult Day Health Program
(Operated by: Senior Care of Orange County, Inc.)
105 Meadowland Drive
Hillsborough, North Carolina 27278

John Hammond, President
Nancy Espersen Vice President
David Wilkerson, Treasurer
Karen Daniel, Secretary

Tel. (919) 245-2017
Fax (919) 245-2018

Main Application: Program/Project Description

i. Other pertinent information included:

Please see attached forms:

- 2 page document on "North Carolina is Aging"
- 2 program brochures
- Caregiver's Corner Quarterly Newsletter

North Carolina is Aging!

The number of adults 65 and older will increase dramatically over the next 15 years.

Here are a few facts:

- North Carolina ranks 9th nationally, both in total population and in the number of people 65 and older.
- In 2025, one in five North Carolinians will be 65 and older.
- Our 65 and older population will almost double in the next 20 years from 1.5 to 2.5 million.
- The number of people age 85 and older will be the fastest growing segment beginning in 2030 when the oldest of 2.4 million baby boomers near their 85th birthday.

Population Change 2014-2034

Ages	2014		2034		% Change 2014-2034
	#	%	#	%	
Total	9,953,687		12,020,298		20.8%
60+	2,033,282	20.4%	3,163,037	26.3%	55.6%
65+	1,455,043	14.6%	2,459,532	20.5%	69.0%
85+	169,479	1.7%	325,964	2.7%	92.3%

Status of North Carolinians 65 and Older, 2014

Characteristics	NC	US
Living alone	28%	28%
Veterans	21%	22%
Have a disability	38%	36%
Have less than high school education	22%	20%
In labor force	16%	17%
Own their homes	82%	79%
Income is below poverty level	10%	10%
Income is between 100%-199% of the poverty level	24%	22%
Median household income	$35,204	$37,945

- 2% of individuals 65 and over speak English less than "very well".
- An estimated 20,191 people 65 and over migrated from other states and abroad to North Carolina.
- 100,472 grandparents age 30 and over are responsible for grandchildren under 18 in the state. 1.4% of them are age 65 and over.

- 20% of persons age 65 and over are members of racial or ethnic minority populations, 16% of them are African-Americans.

Race and Hispanic or Latino Origin, 65 and older, 2014

Race/Ethnicity	NC	US
White	81.4%	84.5%
Black or African American	15.8%	8.7%
American Indian and Alaska Native	0.8%	0.5%
Asian	1.1%	3.8%
Native Hawaiian and Other Pacific Islander	0.0%	0.1%
Some other race	0.3%	1.5%
Two or more races	0.6%	1.0%
Hispanic or Latino origin (of any race)	1.5%	7.3%
White alone, not Hispanic or Latino	80.3%	79.1%

Health Facts:

- North Carolina currently (2015) has 160,000 adults 65 and over with Alzheimer's disease and this number is projected to rise to 210,000 by 2025. This disease is the fifth leading cause of death among people 65 and over.
- Of the people 65 and over, according to the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2014:
    - 82% had at least one chronic disease. 54% of them had 2 or more chronic diseases;
    - Diseases of the heart (22.1%) and cancer (21.6%) were the leading causes of death;
    - 69% had an adult flu treatment, 71 % had a pneumonia shot and 36% either had shingles or the zoster vaccine;
    - 72% reported that they had not fallen in the past year;
    - 68% reported exercising in the past 30 days.

Sources
1. Alzheimer's Association. 2015 Alzheimer's disease Facts and Figures. http://www.alz.org/facts/
2. North Carolina Office of State Budget and Management, population estimates and projections. http://www.osbm.nc.gov/facts-figures/demographics
3. North Carolina State Center for Health Statistics, BRFSS. http://www.schs.state.nc.us/data/brfss/2014/
4. Census Bureau. American Community Survey, 2014 one year estimate and 2010-2014 five year estimates. https://www.census.gov/

*Prepared by Swarna Reddy, NC DAAS, December 2015

Quick Facts:

* An alternative to institutional care for adults, with space for up to 29 participants.

* Convenient hours of operation to fit the working caregiver - 7:30am to 5:30pm.

* Flexible scheduling available.

* Snacks, lunch and meaningful activities throughout the day.

* Qualified staff including: certified nursing assistants, registered nurse, activity coordinator and program director.

* Member of the North Carolina Adult Day Services Association.

www.soltysdayhealth.org

For Your Peace of Mind

The Florence Gray Soltys Adult Day Health Program

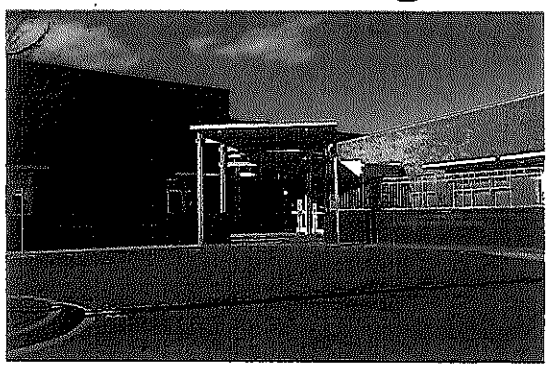
A Service of Senior Care of Orange County, Inc.

105 Meadowlands Drive, P.O. Box 8181
Hillsborough, NC 27278
OFF HIGHWAY 70 - BUSINESS

(BEHIND SPORTSPLEX)

For more information or to make referral:
(Phone) 919-245-2017 (Fax) 919-245-2018

The Florence Gray Soltys Adult Day Health Program



Operated by:
Senior Care of Orange County, Inc.

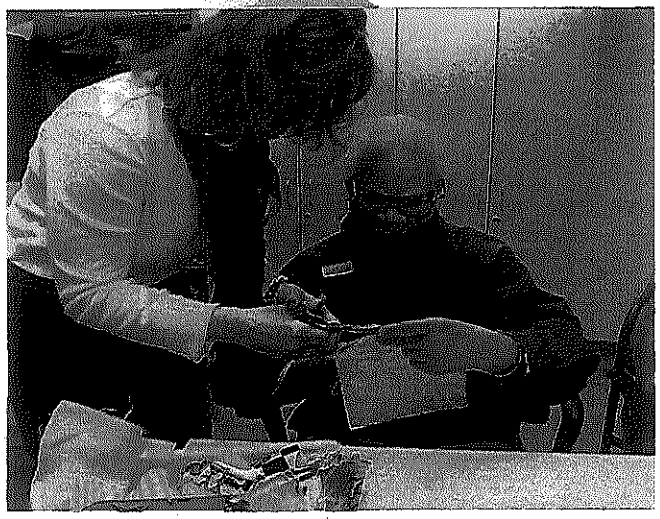
An Enriching Day Health Program for Adults and Seniors

Florence Gray Soltys

Adult Day Health Program

Strongly committed to the health and well being of adults struggling with dementia. The services offered include:

* A safe, friendly environment
* Qualified nurses/therapist
* Meal preparation
* Caregiver respite
* Socialization
* Stimulating activities
* A focus on individualized needs



Affordable Transportation available for Orange County Residents.

Our Individualized Approach

The unique needs of each participant are respected, and their goals for personal fulfillment are supported by:

* Careful listening & responding in an adult manner
* Reviewing particular interests
* Specialized programs to fit individual needs
* Recognizing strengths & hardships
* Encouraging self-expression

Our Beneficial Programs

The lives of adults who have certain physical disabilities and/or dementia can be greatly enriched thorough:

* Exercise
* Music
* Reminiscing/story telling
* Intellectual Games
* Creative arts & crafts
* Recreation
* Community service
* Interaction with each other, staff & volunteers

Your loved one's health & personal fulfillment are our concern.

Florence Gray Soltys

Adult Day Health Program

Our program is open to civilians as well as veterans.

We offer a free trial visit

The expense of attendance for Veterans is subsidized by affordable care.

www.soltysdayhealth.org

Programs are tailored to meet the needs and capabilities of each participant.

Hours of Operation:
Monday - Friday
7:30 a.m. - 5:30 p.m.

Florence Gray Soltys
ADULT DAY HEALTH PROGRAM

For More Information Please Contact:
Alvonia Baldwin, Program Director
105 Meadowlands Drive
Hillsborough, NC 27278
(919) 245-2017 phone
(919) 245-2018 fax
albaldwin@co.orange.nc.us

WE PROVIDE PEACE OF MIND FOR VETERANS AND THEIR FAMILIES

Florence Gray Soltys ADULT DAY HEALTH PROGRAM

"Promoting the Health and Well being of Our Participants"

Florence Gray Soltys Adult Day Health Program

Is strongly committed to the health and well-being of Veterans with physical or mental health needs. Our services to our participants and their families include:

* A safe, friendly environment
* Qualified nurses & therapists
* Assistance bathing
* Nutritious Meals
* Caregiver respite
* Socialization
* Stimulating activities
* A connection with the community
* A focus on each individual's needs
* Helpfulness in reching the height of their abilities

Our Individualized Approach

The unique needs of each Veteran are respected, and their goals for personal fulfillment are supported by:

* Careful listening and responding in an adult manner
* Reviewing participant's particular interests
* Specialized programs to fit individual interests
* Recognizing individual strengths & hardships
* Encouraging communication & self-expression

There is no need for a veteran to have to remain home alone, or insitutionalized because of minor health needs.

Why our program can enrich a Veterans life.

Our participants experience comradery, self fulfillment and the feeling of giving back to the community as well as to each other. They are encouraged to follow their own interests, and to make as many choices as possible.

Our program includes:

* Exercise & recreation
* Intellectual games & challenges
* Music
* Reminiscing/storytelling
* Creative arts & crafts
* Community service projects
* Intergenerational experiences

Florence Gray Soltys
Adult Day Health Program

105 Meadowlands Drive
Hillsborough, NC 27510
(919) 245-2017 phone (919) 245-2018 fax

Florence G. Soltys Adult Day Health Program
105 Meadowland Drive Hillsborough, North Carolina 27278 919-245-2017

Caregivers' Corner

Quarterly Newsletter January – March 2016

"Things that bothered you this week, ten years from now, look entirely different, or fifty years from now. People have themes in their lives that they like to go back to and emphasize, which are always, I think, very important to listen to."
-Florence Gray Soltys

NEWS FLASH

FREE LEGAL ADVICE provided all day by the Young Lawyers Division of the NC Bar Association!

Caregiver Education: 2016 Ask-A-Lawyer Day

Saturday, Feb. 6 The Young Lawyers Division of the North Carolina Bar Association (YLD NCBA) is pleased to provide free legal advice to citizens through the annual Ask-A-Lawyer Day.

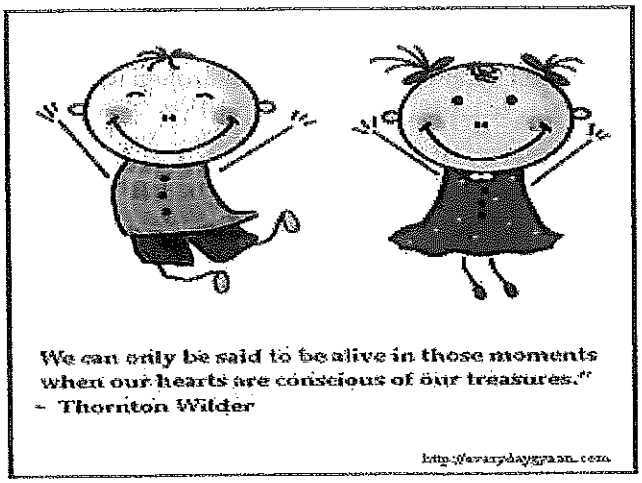
Ask-A-Lawyer Day 2016 will take place Saturday, Feb. 6, at 10 locations across the state. This is a public service event at which volunteer attorneys provide free legal advice to North Carolina citizens. No business relationship may be established between the volunteer attorneys and the citizens. It's all completely free.

Attorneys will be on hand to answer questions in the following cities and towns: Asheville, Burlington, Burnsville, Chapel Hill, Charlotte, Durham, Greensboro, Raleigh, Wilmington and Winston-Salem.

To avoid confusion, please note that this event is different than the NCBA's 4ALL Statewide Service Day, which is conducted entirely by phone. That event is conducted annually on the first Friday in March and will be held this year on March 4.

Ask-A-Lawyer Day is coordinated by the YLD's Civic Education and Community Relations Committee, which is chaired by Andrew R. Jones of Rountree Losee LLP in Wilmington.

Healthy Tip: Thanks YLD NCBA!

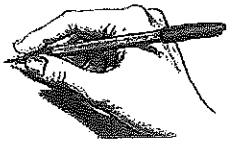


Caregiver Chat: Valuable Resource, and It's Free!

The Soltys Program was informed of this valuable resource being offered in our local and surrounding areas by NC-DHHS Division of Aging & Adult Services in Raleigh, NC via the Young Lawyers Division of the NC Bar Association. Their statement reads as follows:
"This is a free, in-person legal program by the Young Lawyers Division of the NC Bar Association that will be held in 10 different locations across the state on Saturday, February 6, 2016. This is open to any North Carolina citizen of any age."

The list of locations and times is on the back of this News Flash. Please consider the resource. As always, I am available to discuss, in detail, how you as a caregiver will benefit from this valuable and free service!

Call me!
Tamara Griffin, MSW at 919 245 2017.



Florence G. Soltys Adult Day Health Program
105 Meadowland Drive Hillsborough, North Carolina 27278 919-245-2017

Caregivers' Corner

Quarterly Newsletter January – March 2016

Details regarding times, locations, event coordinators and contact information follows:

Asheville Location: Pack Memorial Library, 67 Haywood Street, Asheville, NC 28801 Time: 10 a.m. to 1 p.m. Event Coordinator: Shannan Barclay Tuorto Contact Information for Event Coordinator: Ingrid Friesen, P.A., 77 Church St., Asheville, NC 28801, shannanbarclay@charter.net

Burlington Location: May Memorial Library, 342 S. Spring St., Burlington, NC 27215 Time: 9:30 a.m. to 12 p.m. Event Coordinator: Nick Bakatsias Contact Information for Event Coordinator: Carruthers & Roth, P.A., 235 N. Edgeworth St., Greensboro, NC 27401; njb@crlaw.com; 336-478-1121

Burnsville Location: United Community Bank, 603 E. Bypass, Burnsville, NC 28714 Time: 10 a.m. to 1 p.m. Event Coordinator: Morgan Peterson Contact Information for Event Coordinator: Roberts & Stevens, P.A., 1 West Pack Square, Suite 1100, Asheville, NC 28801, mpeterson@roberts-stevens.com

Chapel Hill Location: Town of Chapel Hill Public Library, 100 Library Drive, Chapel Hill, NC 27514 Time: 10 a.m. to 1 p.m. Event Coordinator: James (Jim) Baker Contact Information for Event Coordinator: Hedrick Gardner Kincheloe & Garofalo LLP, 4131 Parklake Avenue, Suite 300, Raleigh, NC 27612, 919.719.3712, 919.832.9425, jbaker@hedrickgardner.com

Charlotte Location: Legal Services of Southern Piedmont, 1431 Elizabeth Avenue, Charlotte, NC 28204 Time: 10 a.m. to 1 p.m. Event Coordinator: Parker Moore Contact Information for Event Coordinator: Johnston Allison & Hord, 1065 East Morehead Street, Charlotte, NC 28204; pmoore@jahlaw.com; 704-998-2237

Durham Location: The Cookery—1101 West Chapel Hill Street, Durham, NC 27701 Time: 10 a.m. to 1 p.m. Event Coordinator: Colin Shive Contact Information for Event Coordinator: Tharrington Smith LLP, 150 Fayetteville Street, Suite 1800, Raleigh, North Carolina 27602, 919-821-4711, cshive@tsmithlaw.com

Greensboro Location: Greensboro Public Library – 219 N. Church St., Greensboro, NC 27401 Time: 10 a.m. to 2 p.m. Event Coordinator: Jonathan Massell Contact Information for Event Coordinator: Nexsen Pruet, PLLC, 701 Green Valley Road, Suite 100, Greensboro, NC 27408; JMassell@nexsenpruet.com; 336-387-5159

Raleigh Location: Cameron Village Regional Library, 1930 Clark Avenue, Raleigh, NC 27605 Time: 10:30 a.m. to 1:30 p.m. Event Coordinator: Laura Forrest Contact Information for Event Coordinator: Hedrick Gardner Kincheloe & Garofalo LLP, 4131 Parklake Avenue, Suite 300, Raleigh, NC 27612, 919.719.3711, lforrest@hedrickgardner.com

Wilmington Location: Independence Mall, 3500 Oleander Drive, Wilmington, NC 28403 Time: 11 p.m. to 2 p.m. Event Coordinator: Pamela Carter Contact Information for Event Coordinator: Hedrick Gardner Kincheloe & Garofalo LLP, 6770 Parker Farm Drive, Suite 300, Wilmington, NC 28405 pcarter@hedrickgardner.com

Winston-Salem Location: Carver School Road Branch of Forsyth County Public Library, 4915 Lansing Drive, Winston Salem, NC 27105 Time: 10 a.m. to 12 p.m. Event Coordinator: Toni Grace Contact Information for Event Coordinator: Blanco Tackabery & Matamoros, P.A., 110 South Stratford Road, Suite 500, Winston-Salem, NC 27104-4299, tjg@blancolaw.com

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency TABLE, Inc.

Program(s) Weekend Meal Backpack Program

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☒ *Applicant Contact Information* b. ☒ *Project/Program Contact Information* c. ☒ *Funding Requests Identified* d. ☒ *Signed Application Cover Page*	
2. Agency Information -	a. ☒ *Agency's Years in operation* b. ☒ *Agency's Purpose/Mission* c. ☒ *Agency's Types of Services Provided* d. ☒ *Agency's Experience* e. ☒ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☒ *Type of Application and Program Identified* b. ☒ *Summary of Program* c. ☒ *Description of Identified Need* d. ☒ *Description of Population to be Served* e. ☒ *Activity Manager and Location Description* f. ☒ *Activity Implementation Timeline* g. ☒ *Agency Collaboration* h. ☒ *Describe Impact of Reduced/No Allocation* i. ☒ *Other Pertinent Information* j. ☒ *Complete Target Population/Beneficiary Chart* k. ☒ *Complete Schedule of Positions* l. ☒ *Signed Conflict of Interest Disclosure* m. ☒ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: TABLE Ministries, Inc.

Applicant Organization's Physical Address: 205 W. Weaver Street, Carrboro, NC 27510

Applicant Organization's Mailing Address: 205 W. Weaver Street, Carrboro, NC 27510

Applicant Organization's Web Address: www.tablenc.org

Executive Director: Ashton C. Tippins

Telephone Number: (919)636-4860 E-Mail: tablenc@gmail.com

DUNS Number: N/A
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Weekend Meal Backpack Program

Project/Program Primary Contact and Title: Ashton Tippins

Telephone Number: (919)636-4860 E-Mail: tablenc@gmail.com

c) Funding Request Identification

Total Project/Program Cost: $224,088 Total Amount of Funds Requested: $30,000

Proposed Use of Funds Requested (2-3 Line Maximum): We respectfully request $30,000 for the purchase of food, partial payment of program staff, and assistance with rental of new space and equipment.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $10,000 ☒ Chapel Hill $10,000 ☒ Orange County $10,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Ashton C. Tippins — Executive Director — Date: 1/11/16

Signature: Molly Stevens — Board Chairperson — Date: 1/11/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) **Years in Operation, Date of Incorporation (Month/Year)**
b) **Agency's Purpose/Mission**
c) **Types of Services the Agency Provides**
d) **Agency's Experience with Similar Programs as the Funding Request**
e) **Other Pertinent Agency Information**

TABLE

feeding local hungry kids

Agency Information

What is TABLE? Joy MacVane and several UNC students founded TABLE in November 2007 (incorporated on the 21st). Our founders recognized the prevalence of hungry children in the Chapel Hill-Carrboro area and noticed that there were no food assistance services for children. Our Mission is to bring together UNC college students and local community members to feed hungry children in Chapel Hill and Carrboro. TABLE has three goals: to provide weekly emergency food aid to local hungry children, to educate and expose our little ones to healthy foods and eating habits, and increase community awareness of local childhood hunger. TABLE is a 501(c)(3) non-profit organization that began feeding 12 local elementary school children in 2008 and has since expanded to provide healthy food to 500 children each week.

TABLE has four programs to support its mission and goals: 1) The Weekend Meal Backpack Program provides healthy non-perishables, local fresh produce and fresh milk to children that are at risk of hunger on weekends and school holidays; 2) SnackChef exposes our children to fresh foods and teaches them how to make easy, healthy snacks at home; 3) Summer TABLE provides healthy food to local kids for 8 weeks in the summer months; 4) TABLE On the Go (our newest program) allows children the opportunity to visit local farms, farmer's markets, and community gardens so they may learn about healthy food, their community, and where their food comes from.

While there are a number of wonderful hunger-relief non-profits in the area - IFC, PORCH, Heavenly Groceries, Meals on Wheels, etc, TABLE is the only organization to deliver healthy food directly into the hands of our community's children. We admire and respect each of these organizations and recognize the gap they fill in the community. We collaborate with many of them in various ways. We provide food that is inappropriate for our kids to IFC and Heavenly Groceries (such as expired foods within 1 year, glass spaghetti sauce, or cornmeal). While Meals on Wheels has a significantly different Mission than that of TABLE, we have had some discussions regarding the possibility of sharing space. We have also had a number of conversations with PORCH about how we can collaborate with one another. Currently, both PORCH and TABLE work through school social workers who can identify which children have families that receive monthly bags of food from PORCH and which children carry home weekly bags of food from TABLE. Additionally, we are in the early stages of working with each of these organizations to put an end to summer hunger in Chapel Hill and Carrboro with Mayor Hemminger and others.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Weekend Meal Backpack Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition	X				
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

e) Who specifically will carry out the activities and in what location will they be carried out?

Program/Project Description

Summarize the program services proposed and how the program will address the chosen Town/County priority?

The Weekend Meal Backpack Program (WMBP) is TABLE's school year hunger relief program for hungry children living in Chapel Hill and Carrboro, NC. Currently, 30% of kids in the Chapel Hill-Carrboro School System rely on free and subsidized school breakfasts and lunches during the week. Consequently, they often go hungry on weekends and school vacations when those free meals are not available. TABLE works to meet their need for emergency food during those times. At the end of each week, TABLE distributes fresh produce and healthy non-perishables to participating youngsters. Receiving this emergency food aid each week allows children to return to school Mondays not ravenous - but ready to learn.

TABLE's Weekend Meal Backpack Program primarily addresses the Town/County priority to improve health and nutrition of local kids by providing them with healthy non-perishables, produce, and fresh milk every single week. Please see our goals for statistical information regarding the Weekend Meal Backpack Program's impact on hunger and nutrition.

Secondarily, however, it is evident that the Weekend Meal Backpack Program directly addresses the other two Town/County priorities as well: 1) WMBP improves the opportunity for a good education for local kids because they are able to focus on their schoolwork instead of their grumbling bellies as well as miss fewer school days because of frequent sickness and
2) WMBP serves as a safety-net for parents and families of children because it allows parents to put more of their funds toward other bills like rent, utilities, fuel or transportation, keeping them from falling further into poverty.

Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

TABLE's hunger relief programs target food-insecure preschool, elementary, and middle school children living in Chapel Hill and Carrboro, NC. During the 2014/2015 school year, the Chapel Hill-Carrboro School System let us know that 30% of children attending their schools were enrolled in the National School Lunch Program suggesting that 1 in 3 local children are 1) at risk for hunger on weekends and other times of the year when schools meals are not available and 2) have limited access to fresh food because of expense and access issues. The breakdown of this statistic is as follows:

- 72.58% of preschool children
- 30.14% of elementary school children
- 24.89% of middle school students

That's more than 2,553 kids that are likely going hungry on weekends and school holidays when they do not have access to their free school breakfasts and lunches.

These kids are not simply at risk for being hungry on weekends, but they are at risk for low academic performance, inappropriate behavior, low self-esteem, and health problems. Kids cannot grow up to be successful, productive adults under these conditions. They MUST have their basic needs fulfilled before they even stand a chance of performing well in school, behaving appropriately, having strong

relationships, and strong, healthy bodies. The growth, prosperity, and success of our towns and county depend fully on the growth and success of our children.

Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

TABLE provides healthy food every week to preschool, elementary, and middle school children living in Chapel Hill and Carrboro. All children participating in our hunger relief programs live in local low-income communities. About 97% of the children we serve represent racial and ethnic minority populations.

To reach local needy children, TABLE partners with 25 community organizations to provide healthy food to those kids through the Weekend Meal Backpack Program. TABLE identifies the beneficiaries of our program by partnering with staff and faculty at our numerous partner locations. School social workers and after school staff help us identify children and families that are in need as well as distribute and gather permission forms. At the low-income housing facilities, our staff and volunteers walk door-to-door to offer our services. At all of our locations, parents simply need to fill out a permission form for their child to receive healthy food every single week.

Who specifically will carry out the activities and in what location will they be carried out?

TABLE Staff, Volunteers, and Partners will carry out the activities necessary to provide healthy food to local children. The storage and preparation of bags of food for kids will be carried out at TABLE's Office/Warehouse at 205 W. Weaver St., Carrboro, NC 27510. Bags of food will be delivered to kids all over Chapel Hill and Carrboro. See a list of our partners below.

Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Activities for the Weekend Meal Backpack Program will be carried out from mid-September 2016 until the first week of June 2017. We will be delivering bags of healthy food to kids at their school, after school center, or low-income apartment home every single week.

This program has been in existence for 8 years. We begin reaching out to new and current partner agencies in early September. By mid-Septmber we make our first delivery. We continue to add new children to our roster and increase the number of children served throughout fall programming.

Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- McDougle Elementary School: Provide information/support to feed attending kids.
- Frank Porter Graham Elementary School: Provide information/support to feed attending kids.
- Ephesus Elementary School: Provide information/support to feed attending kids.
- Estes Hills Elementary School: Provide information/support to feed attending kids.
- Mary Scroggs Elementary School: Provide information/support to feed attending kids.
- Rashkis Elementary School: Provide information/support to feed attending kids.
- Seawell Elementary School: Provide information/support to feed attending kids.

- Communities in Schools at McDougle Middle School: Provide information/support to feed attending kids.
- Communities in Schools at Culbreth Middle School: Provide information/support to feed attending kids.
- Communities in Schools at Phillips Middle School: Provide information/support to feed attending kids.
- Communities in Schools at Smith Middle School: Provide information/support to feed attending kids.
- Dobbins Hill Family Resource Center: Provide information/support to feed attending kids.
- Town of Chapel Hill (Public Housing Facilities): Provide information/support to feed attending kids.
- El Centro Hispano: Provide information/support to feed attending kids.
- Hargraves Community Center: Provide information/support to feed attending kids.
- Communiversity: Provide information/support to feed attending kids.
- Rogers-Eubanks Neighborhood Association: Provide information/support to feed attending kids.
- Maple View Farms: Donate fresh milk every week to kids through WMBP. Also partnered to create a field trip opportunity for our kids.
- Farmer Foodshare: Partner to provide purchased and donated fresh food to kids via WMBP.
- Weaver Street Market: Help us raise funds/food for programs. Provide services for TABLE to purchase food for WMBP.

Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Currently, TABLE has *at least* 30 children on a waitlist. These children and their parents have requested TABLE's services, but we are unable to provide them with healthy food every week because we have reached space, staff, and financial capacity. Once we commit to a child, we ensure that child can receive a bag of food every single week until/unless that bag becomes unnecessary or they have graduated from middle school. If TABLE does not receive funding from the Towns and County, we may not be able to increase our capacity and serve additional children on our waitlist.

Include any other pertinent information.

As progressive as our communities are, it is not permissible for even one child to go hungry when we have the resources that we do. How can we expect a child to perform well in school, relationships, and life if we are not providing them with the healthy food that they need? If we want our Towns and community members to flourish, then we need to start ensuring that our kids have their basic needs met.

TABLE's long-term plan is to provide healthy food to every single child in Chapel Hill-Carrboro that is hungry. Afterwards, we would love to focus on provide and/or partnering with other organizations to provide the children in Hillsborough, Mebane, Efland, and other surrounding communities with the healthy food they need. It is not that Chapel Hill and Carrboro are more important, it is simply all that TABLE can handle at the moment. These two Orange County cities are a huge undertaking, yet, we can stop childhood hunger here. Please standing alongside TABLE to provide healthy food to our community's children. We appreciate your consideration.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart

k) Complete the Schedule of Positions Chart for Program Staff

l) Disclosure of Potential Conflicts of Interested must be signed

m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	49%	49%	49%
Female	51%	51%	50%
Total	100%	100%	100%
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	40%	40%	40%
American Indian or Alaska Native	--	--	--
Asian	17%	19%	20%
Caucasian	3%	5%	5%
Native Hawaiian or other Pacific Islander	--	--	--
Other	40%	35%	34%
Total	100%	100%	100%

Of the above, how many Hispanic/Latino	9.5%	15%	18%
Of the above, how many non-Hispanic/Latino	90.5%	85%	82%
Total	100%	100%	100%

Age

0-5 years	2%	5%	10%
6-18 years	98%	95%	90%
19-50 years	--	--	--
51-61 years	--	--	--
62+ years	--	--	--
Total	100%	100%	100%

Geographic Location

	Geographic location estimated for 2014-2015		
Durham City	<1%	<1%	<1%
Durham County	--	--	<1%
Carrboro	25%	26%	22%
Chapel Hill	55%	52%	48%
Chapel Hill Public Housing Residents	17%	19%	25%
Orange County	<1%	<1%	<1%
Raleigh	--	--	--
Wake County	<1%	<1%	<1%
Total	100%	100%	100%

Income Level – See following chart (Omit for HS)

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0

Special Needs (Omit for HS)

Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	**FTE** ***	**% Program Staff +**	**Actual 2014-15**	**Estimated 2015-16**	**Projected 2016-17**	**% Total Budget** *Based on 2015-2016*	**If provided, indicate: (R) Retirement Plan (H) Health Plan**
Executive Director	1.00	50%	$41,450	$43,574	$44,941	9.4%	$2,000 health stipend
Program Director	1.00	100%	$30,667	$31,465	$32,409	6.8%	--
Community Outreach Coordinator	.50	25%	$4,508 *(hired 2/2015)*	$14,616	$15,054	3.2%	--
Project Specialist	.25	25%	$8,436	$9,744	$10,036	2.1%	--
PD Assistant	.50	100%	$0	$0	$14,616	N/A	--
7 Interns	.12	75%	$0	$0	$0	0	--
12 Team Leaders	.03	100%	$0	$0	$0	0	--
Operations Manager	.11	100%	$0	$0	$0	0	--
2 Volunteer Event Coordinators	.03	25%	$0	$0	$0	0	--
2 Graphic Designers	.03	25%	$0	$0	$0	0	--
80 Weekly Shift Volunteers	.04	100%	$0	$0	$0	0	--

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Ashton C. Iffins — Executive Director — Date: 1/19/16

Signature: Molly Shivers — Board Chairperson — Date: 1/20/16

I.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Partner with local schools, after school centers, non-profits, Town Housing Departments, etc. to provide food weekly to local kids through our Weekend Meal Backpack Program.	Partner with local schools, after school centers, non-profits, Town Housing Departments, etc. to provide food weekly to local kids through our Weekend Meal Backpack Program.	Partner with local schools, after school centers, non-profits, Town Housing Departments, etc. to provide food weekly to local kids through our Weekend Meal Backpack Program.
Program Goal	Provide up to 400 kids with healthy food at least 34 weeks of the year	Provide up to 500 kids with healthy food at least 34 weeks of the year	Provide up to 600 kids with healthy food at least 40 weeks of the year
Performance Measures	TABLE maintains a Current Numbers Sheet of children we serve every single week. We will use this to determine how many kids are served.	TABLE maintains a Current Numbers Sheet of children we serve every single week. We will use this to determine how many kids are served.	TABLE maintains a Current Numbers Sheet of children we serve every single week. We will use this to determine how many kids are served.
Program Results	We met our goal in February 2015.	We met our goal of serving 500 kids in October 2015	We hope to meet our goal by December 2016.

Program Activity 2	Partner with Farmer FoodShare, local farms, and other businesses to purchase and receive donations of fresh produce and milk for our Weekend Meal Backpack Program	Partner with Farmer FoodShare, local farms, and other businesses to purchase and receive donations of fresh produce and milk for our Weekend Meal Backpack Program	Partner with Farmer FoodShare, local farms, and other businesses to purchase and receive donations of fresh produce and milk for our Weekend Meal Backpack Program
Program Goal	Provide ***healthy*** food to kids we serve by distributing bags that include 30 percent produce and fresh milk.	Provide ***healthy*** food to kids we serve by distributing bags that include 33 percent produce and fresh milk.	Provide ***healthy*** food to kids we serve by distributing bags that include 36 percent produce and fresh milk.
Performance Measures	We track all food that we distributed by weight. To measure this goal, we simply have to compare the total weights of the produce and milk with the total weight of all bags distributed	We track all food that we distributed by weight. To measure this goal, we simply have to compare the total weights of the produce and milk with the total weight of all bags distributed	We track all food that we distributed by weight. To measure this goal, we simply have to compare the total weights of the produce and milk with the total weight of all bags distributed
Program Results	Produce and milk made up 32% of everything we distributed through our Weekend Meal Backpack Program	Currently, we anticipate surpassing this goal.	N/A
Program Activity 3	Provide nutritious foods that kids need every week as well as reinforce health and academic habits using our Food for Thought Worksheets (academic and nutrition education worksheets that go home monthly in the bags of food).	Provide nutritious foods that kids need every week as well as reinforce health and academic habits using our Food for Thought Worksheets (academic and nutrition education worksheets that go home monthly in the bags of food).	Provide nutritious foods that kids need every week as well as reinforce health and academic habits using our Food for Thought Worksheets (academic and nutrition education worksheets that go home monthly in the bags of food).

Program Goal	25% of kids experience some other academic, health, personal, physical, or social benefit as a result of receiving the nutrition they need every week.	25% of kids experience some other academic, health, personal, physical, or social benefit as a result of receiving the nutrition they need every week.	30% of kids experience some other academic, health, personal, physical, or social benefit as a result of receiving the nutrition they need every week.
Performance Measures	TABLE executes surveys every spring with parents of children that TABLE serves	TABLE executes surveys every spring with parents of children that TABLE serves	TABLE executes surveys every spring with parents of children that TABLE serves
Program Results	Out of a small pool of parents surveyed, 35.7% of parents expressed that their child was exhibiting positive social behavior, better grades, or some other benefit (like appreciation of food, love of cooking, feeling of importance, etc.) because of the child's participation in the Weekend Meal Backpack Program. 66% of these same parents say that their child likes more healthy foods OR is more willing to try new foods.	We expect to meet or exceed our goal of 25% of kids receiving some other benefit. We plan to expand and randomize our pool of parents as well as implement any feedback we receive from them.	N/A

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Explanations about Program Finances:

Our Supplies and Equipment expenses nearly doubled from FY 2014-2015 to FY 2015-2016 because our program needs nearly doubled. In November 2014 we began feeding 300 children and in February 2015, we began feeding 400 children. For FY 2015-2016, we began feeding 500 kids in early October 2015.

We expect our rent/utilities and salaries to increase over the next couple of fiscal years as we plan to continue to ramp up our programs, evaluate their impact, and continue to make improvements to make the most impact on our kids.

MAIN APPLICATION

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 341,113	$ 457,329	$ 496,285	9%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ -	$ -	$ 10,000	0
Town of Chapel Hill	$ -	$ 2,000	$ 10,000	400%
Town of Carrboro	$ -	$ 2,000	$ 10,000	400%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 341,113**	**$ 461,329**	**$ 526,285**	**14%**
AGENCY EXPENSES				
Compensation	$ 55,628	$ 60,342	$ 76,769	27%
Rent & Utilities	$ 32,864	$ 41,235	$ 46,100	12%
Supplies & Equipment	$ 119,357	$ 232,774	$ 260,029	12%
Travel & Training	$ 973	$ 1,450	$ 1,600	10%
Other Expenses:	$ 1,350	$ 1,260	$ 1,300	3%
Please list 3 largest "Other Expenses":				
50% Website/IT Services $ 1,350.00				
$ -				
$ -				
Total Agency Expenses	**$ 210,172**	**$ 337,061**	**$ 385,798**	**14%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 130,941**	**$ 124,268**	**$ 140,487**	**13%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: 2015-2016 Weekend Meal Backpack Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Food	$1.69/lb	500 kids x 33 weeks x1.69/lb x 8 lbs food	223,080
Supplies (paper, sharpies, laundry bins, shelves, scales, etc.) – used for dating, distribution, and tracking of food.	$230	$230 in various supplies x 12 months	2770
Vehicle Maintenance (fuel, taxes, title, insurance, etc)	$577	$577/month for 12 months for 2 vehicles	6,924
Program Director	$2,622	$2,622/month for 12 months	$31,465
Space	Various	($2,400 rent x 8 months for 1,106sqft) = 19,200 + ($3,500 rent x 4 months for 3,000sqft) = 14,000 + Utilities at an average of 670/month for 12 months) =$8,035 $19,200 + $14,000 + $8,035	$41,235
50% Executive Director (grants, consultation, program planning, etc)	$1,899	$1,899/month for 12 months	$22,787
IT Services for Program Record Keeping	$105	$105/month for 12 months	$1,260
Other Staff	$508	$508/month for 12 months for 2 part-time staff members	$6,090

Travel/Mileage Reimbursement for food pick-ups and deliveries	$125	$125/quarter for all mileage reimbursement and travel	$500
Training, consultation, meetings, etc.	$79	$79/month for various training - Board Meetings, official training, consultation, etc.	$950
		Total	**$337, 061**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$223,195**	**$337,061**	**$385,798**
Total # of Units	**12,500**	**16,500**	**21,000**
Cost Per Unit	**17.86**	**$20.43**	**$18.37**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Explanations about Agency Finances:

As explained above about our program expenses, our Supplies and Equipment expenses nearly doubled from FY 2014-2015 to FY 2015-2016 because our program needs nearly doubled. In November 2014 we began feeding 300 children and in February 2015, we began feeding 400 children. For FY 2015-2016, we began feeding 500 kids in early October 2015.

We expect our rent/utilities and salaries to increase over the next couple of fiscal years as we plan to continue to ramp up our programs, evaluate their impact, and continue to make improvements to make the most impact on our kids.

MAIN APPLICATION

AGENCY NAME: _____

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 341,113	$ 457,329	$ 496,285	9%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ -	$ -	$ 10,000	0
Town of Chapel Hill	$ -	$ 2,000	$ 10,000	400%
Town of Carrboro	$ -	$ 2,000	$ 10,000	400%
Other Local: _____				0
Other Local: _____				0
Other Local: _____				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: _____				0
Other Grants: _____				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
_____ $ -				
_____ $ -				
_____ $ -				
Total Agency Revenue	**$ 341,113**	**$ 461,329**	**$ 526,285**	**14%**
AGENCY EXPENSES				
Compensation	$ 87,060	$ 101,399	$ 119,056	17%
Rent & Utilities	$ 32,864	$ 41,235	$ 46,100	12%
Supplies & Equipment	$ 165,278	$ 296,029	$ 335,029	13%
Travel & Training	$ 973	$ 1,450	$ 1,600	10%
Other Expenses:	$ 20,923	$ 21,216	$ 24,500	15%
Please list 3 largest "Other Expenses":				
Contract Services $ 9,780.00				
Payroll $ 7,765.00				
Insurance $ 3,378.00				
Total Agency Expenses	**$ 307,098**	**$ 461,329**	**$ 526,285**	**14%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 34,015**	**$ -**	**$ -**	**0**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **The Arc of the Triangle, Inc.**

Program(s) Social and Volunteer Programs

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ***x Applicant Contact Information*** **b.** ***x Project/Program Contact Information*** **c.** ***x Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ***x Agency's Years in operation*** **b.** ***x Agency's Purpose/Mission*** **c.** ***x Agency's Types of Services Provided*** **d.** ***x Agency's Experience*** **e.** ***x Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ***x Type of Application and Program Identified*** **b.** ***x Summary of Program*** **c.** ***x Description of Identified Need*** **d.** ***x Description of Population to be Served*** **e.** ***x Activity Manager and Location Description*** **f.** ***x Activity Implementation Timeline*** **g.** ***x Agency Collaboration*** **h.** ***x Describe Impact of Reduced/No Allocation*** **i.** ***x Other Pertinent Information*** **j.** ***x Complete Target Population/Beneficiary Chart*** **k.** ***x Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ***x Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ***X Program Budget Worksheet*** **b.** ***X Program Budget Detail*** **c.** ***x Cost Per Unit*** **d.** ***x Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ***x Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ***x IRS Federal Form 990*** **c.** ***x NC Solicitation License*** **d.** ***x IRS Federal Tax-Exemption Letter*** **e.** ***x Certificate of Insurance*** **f.** ***x List of Board of Directors*** **g.** ***x Articles of Incorporation/Bylaws*** **h.** ***x Authorization to Request Funds*** **i.** ***x Authorized official designation*** **j.** ***x 3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: The Arc of the Triangle, Inc.

Applicant Organization's Physical Address: 1709 Legion Road, Suite 100 Chapel Hill, NC 27517

Applicant Organization's Mailing Address: same

Applicant Organization's Web Address: www.arctriangle.org

Executive Director: Robin Baker

Telephone Number: 919 942 5119 E-Mail: rbaker@arctriangle.org

DUNS Number: 95-638-8177
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Social and Volunteer Opportunities

Project/Program Primary Contact and Title: Susan Chandler, Assistant Director of Volunteer and Social Programs

Telephone Number: 919 942 5119 xt 111 E-Mail: schandler@arctriangle.org

c) Funding Request Identification

Total Project/Program Cost: $23,000.00 Total Amount of Funds Requested: $23,000.00

Proposed Use of Funds Requested (2-3 Line Maximum):
People with Intellectual and Developmental Disabilities (IDD) often lead lives that have limited opportunities for social inclusion and participation. Restricted and sedentary lifestyles significantly reduce quality of life. Funding for this program will go directly to coordinate and monitor activities that enable people with IDD become engaged with the community through the use of community volunteers, spaces and resources.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO	$_____	☐ Grant	☐ Loan
☐ HOME Other	$_____	☐ Grant	☐ Loan

x Human Services: x Carrboro $5,000.00 x Chapel Hill $12,000.00 x Orange County $6,000.00

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Executive Director — Date 1/21/2016

Signature: M. Madden for D. Woody Board Chairperson — Date 1/25/16

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ x a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ x b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ x c) Current beneficiaries of the project/program for which funds are requested?

☐ x d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date: 1/21/2016

Signature: M. Mudge for D. Woody — Board Chairperson — Date: 1/25/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation: 37 Years Date of Incorporation (Month/Year): December 28, 1979

b) Agency's Purpose/Mission: The Arc of the Triangle works with and for people who have or are at risk for having intellectual and/or developmental disabilities (IDD). We strive to provide quality support to the individual, their family and the community in which they live. Additionally, The Arc seeks to promote the full participation of the people we serve in all areas of life in our community. The Arc seeks to accomplish this through advocacy, education and community collaboration.

c) Types of Services the Agency Provides: As people change, their needs change. The Arc addresses this by providing services throughout the course of life of an individual with Intellectual and Developmental Disabilities (IDD.) There are three specific areas of services geared to but not limited to:

1. Individual Services provides a Support Professional to work with your child or loved one to teach independence and provide support in the home and the community. Support Professionals are trained and paid staff hired and employed through The Arc that work one-on-one with our individuals in the following areas of their lives:

In Home Skill Building provides techniques that helps teach individuals to acquire and maintain skills to increase independence. It can be provided in the home or in the community, working on goals such as increasing community living skills, daily living skills and social skills.

Personal Care provides support with bathing, feeding, dressing, and maintaining personal hygiene.

Respite provides the family or loved one with a break in care. This service can be provided in the home or in the community.

2. Supported Employment provides employment assistance to individuals sixteen years old and older. This can include pre-training to prepare a person for meaningful work and assisting the individual to start a micro-enterprise. Support Professionals can assist the individual with initial job training, coaching and marinating skills learned on the job.

3. Community Health, Wellness and Volunteer Social Programs because The Arc's goal is for everyone to lead purposeful and healthy lives that make a difference, our social programs encourage our individuals to get involved and give back. These social programs are led by volunteers who incorporate healthy lifestyles while giving back to the community:

Nutrition and Cooking Class allows adults to use hands-on experience to further their knowledge of nutrition as well as their skills in the kitchen. Each week a different "head-chef" picks out a recipe to prepare in the class with everyone cooking together. Giving back to the community means once a month thirty-six desserts are prepared and donated to local Meals on Wheels families.

Petals with a Purpose is an effort to connect flowers to people in the community all the while making a difference on the environment. Using items destined for the landfill such as soup cans and water bottles individuals with and without disabilities gather together each week to create beautiful flower vases. The flower vases are then donated to people in hospice care, senior citizens and food pantries. We think of this as "A-R-C" - Acts of Random Compassion.

HOOPs Basketball, Spin Class are weekly basketball and cardio spin classes led by volunteers who encourage everyone to shoot some hoops, spin on stationery

bicycles, all the while listening to upbeat music, having fun, incorporating healthy lifestyle choices and making friends in the process.

d) **Agency's Experience with Similar Programs as the Funding Request** The Arc of the Triangle originally formed thirty-seven years ago to serve individuals with Intellectual and Developmental Disabilities (IDD) living in Orange County, North Carolina. Where no other similar agencies existed, The Arc identified the need to provide people with healthy and purposeful life choices. What began as a small organization in 1979, The Arc of Orange County, has recently merged with Durham and Wake County, forming The Arc of the Triangle. The goal is to provide Durham and Wake County residents the same high quality and high level of service that Orange County residents have become accustomed to over the years. Through the success of these programs The Arc expanded to include Supported Employment and Social and Volunteer opportunities. Other programs and agencies that are similar to the Arc have gone out of business due to decreased funding or due to a lack of quality and comprehensive service.

e) **Other Pertinent Agency Information** The Arc continues to face the economic reality of providing more services to more people while having less funding available. One service known as Developmental Therapy (DT) was completely eliminated. This meant a decrease of $190,000 to people that we continue to support. Our Local Management Entity (LME) has also moved 40% of the people we support to "non-habilitative" services that are reimbursed at a lower rate. We continue to serve these people in the same manner but with less pay. While The United Way was a major source of Arc funding their mission no longer addresses the needs of people with IDD. Lastly on 1/1/2015 the LME changed the reimbursement rate for two of the services that we provide. The result is a $3,000 per month reduction in funding.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: The Arc of the Triangle Social and Volunteer Opportunities

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

x Human Services (Main Application Only)
☐ **AH Non-Construction (Main Application Only)**
☐ **AH Construction — (Main Application AND Part B)**
☐ **AHDR Non-Construction (Main Application Only)**
☐ **AHDR Construction — (Main Application AND Part B)**
☐ **CDBG Non-Construction — (Main Application AND Part A)**
☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education				x	
Health and Nutrition				x	
Job Training				x	
Sports and Arts Activities				x	
Pre-School Activities					
After-School Activities				x	
Mentoring				x	
Transportation				x	
Housing					
Other: Please specify _____					

<u>Program/Project Description</u> (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority? The Arc of the Triangle provides supports and services to more than three hundred children and adults with intellectual and developmental disabilities. A majority of our services are paid for through limited Medicaid or State funding. The funding that we are requesting would be used to offset the cost to provide educational and social experiences that are not funded through Medicaid or State funding.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served. People with Intellectual and

Developmental Disabilities (IDD) often lead lives that have limited opportunities for social inclusion and participation. Restricted and sedentary lifestyles significantly reduce quality of life. Funding for this program will go directly to coordinate and monitor activities that enable people with IDD become engaged with the community through the use of community volunteers, spaces and resources.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries. Populations to be served are individuals with Intellectual and Developmental Disabilities (IDD) that live in Orange, Durham and Wake counties. The Arc serves people ages three years and up throughout the course of their life. People identified with IDD are people that have or are at risk for having autism, Cerebral palsy, Mental Retardation/MR mild, severe or profound, Down syndrome, epilepsy and individuals that are classified as PDDNOS (Pervasive Development Delay Not Otherwise Specified).

e) Who specifically will carry out the activities and in what location will they be carried out? The Assistant Director of Volunteer and Social Opportunities oversees the programs requested for funding. The Arc of the Triangle engages over forty active volunteers who lead Arc programs such as Nutrition and Cooking Class, Petals with a Purpose, HOOPs Basketball and Spin. Volunteers in our Community Connections Partner Program are matched with an Arc individual fostering friendships and giving opportunities for our folks to go out and about exploring the community. Other volunteers help with our social media, public relations, holiday parties, fundraising events, as well as interning on an administrative level. Our programs take place out in the community such as Meadowmont UNC Fitness Center, PNC Bank on Rosemary Street, and Hargraves Community Center to name a few.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline. Social and Volunteer programs at The Arc such as Cooking Class, Petals with a Purpose take place weekly in the afternoons, other programs like Community Connections Partner Program can take place on weekends or evenings, HOPE Gardens is open each day until sundown. All our programs are offered and they are ongoing throughout the year.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- The North Carolina Division of Vocational Rehabilitation (VR) - persons recommended to the Arc from VR find gainful work with Arc Supported Employment Specialists.
- Cardinal Innovations Health Care Solutions- families and individuals are recommended to the Arc to receive Home and Community Support, Respite Care, Supported Employment, Social and Volunteer opportunities.
- Meals on Wheels – Arc participants volunteer weekly delivering and preparing meals for Chapel Hill and Carrboro Meals on Wheels recipients.
- Extraordinary Ventures (EV) – Arc participants are hired and employed at EV for a variety of jobs including Office Solutions, EV Laundry, EV Candle making, EV Pet sitting, as well as partnering in Friday Night Live a weekly evening at EV for friendship and fun for teens and adults with or without intellectual/developmental disabilities.
- The Seymour Center – Arc participants volunteer weekly at the Seymour Center assisting and creating friendships with senior citizens, The Arc's Petals with a Purpose program also supplies monthly lunch bouquets honoring senior birthdays that month.

- RSVP (Retired Seniors Volunteer Program) – senior citizen's volunteer with the Arc's social programs such as Petals with a Purpose and Spin class.
- UNC Wellness Center Meadowmont – Arc Spin, Weight and HOOPs basketball meet weekly at the health club at no charge to the Arc.
- The Chapel Hill Carrboro Chamber of Commerce – each fall the Chamber sponsors one Arc employee to participate in the Chapel Hill Carrboro Chamber's Leadership Series.
- The Hillsborough Chamber of Commerce – Arc staff speaks biannually to educate and encourage Hillsborough residents to utilize Arc services and programs.
- Several sororities and fraternities at UNC (APO, ZTA, Phi Beta Chi, PKP) Arc's volunteer programs are comprised of a large percentage of sorority and fraternity students, students organize major fundraisers for the benefit of the Arc (Tar heel 10 Miler, ZTA Race for the Cure).
- The Knights of Columbus – raise awareness and funding for the Arc's programs through the LAMB's Tootsie Roll event each year.
- The University Mall – welcoming attitudes on Fridays when Arc participants frequent the restaurants and shops. In the past Arc held our annual Festival of Trees event at the mall.
- The Cardinal Track Club and others – the Arc is chosen as one of the local non-profits to benefit from the awareness and the money raised from these 3 annual races, Annual "Turkey Gallop and Gorge," "Four on the Fourth," and Tour de Carrboro in October.
- The Meadowmont Homeowners Association annual yard sale donating all proceeds to the Arc, welcoming to Arc individuals residing in townhomes built and designated for persons with intellectual and developmental disabilities (9 individuals total.)
- PNC Bank – each Wednesday Petals with a Purpose gather in PNC conference room for Petals program at no charge to the Arc. PNC also allows Arc administrative staff to park for free in their parking lot.
- Hargraves Community Center – on Tuesdays Hargraves hosts Arc health and wellness cooking class (no charge to the Arc.)
- Mardi Gras Bowling – on periodic Fridays Arc individuals enjoy bowling alongside people with and without disabilities.
- Amante Pizza – on periodic Fridays Arc individuals enjoy lunching at Amante's alongside people with and without disabilities.
- The Root Cellar – encourages their staff to volunteer at the Arc, flower bouquets are donated and displayed on their tables each week so patrons of the restaurant can take home and enjoy a free flower vase. The Root Cellar also supports our efforts by selling soaps and candles made at Extraordinary Ventures , Arc Barks doggie treats that are made at The Arc of Greensboro.
- HOPE Gardens (Homeless Outreach Poverty Eradication)- Arc's cooking class plants two garden beds using food grown at garden for cooking class, flowers grown used in Petals class as well as teaching skills to Arc individuals learning how to grow organic food, how to eat healthier and enjoy the outdoors.
- UNC School of Journalism APPLES intern students – Five Public Relations and Journalism students intern 30 hours a week each semester creating videos, website, blogs, marketing materials for the Arc, intern in social programs helping to lead Arc's Spin, HOOPs basketball, cooking classes.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended. Statistics prove that people live longer and have happier lives when they have friendships, healthy relationships, purpose and social capital. When people lead isolated and lonely lives their health suffers, they are prone to more emergency room visits and costly medical care. Arc believes in pro-action rather than re-action, so in the long run an ounce of prevention is worth more than a pound of cure. We provide the opportunities for individuals to become engaged in the community whether it is through volunteer work or paid employment, the less our individuals need us for support the better a job we have done. Our success is measured by their success. We will not be able to serve as many people

with these programs if funding is not awarded or if reduced.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: x **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender Transgender	1	1	1
Male	153	193	222
Female	85	110	126
Total	239	304	349
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	34	45	52
American Indian or Alaska Native			
Asian		13	15
Caucasian	158	178	205
Native Hawaiian or other Pacific Islander			
Other	47	68	78
Total	239	304	349
Of the above, how many Hispanic/Latino	9	9	10
Of the above, how many non-Hispanic/Latino	230	295	339
Total	239	304	349
Age			

0-5 years	1	1	1
6-18 years	57	108	124
19-50 years	171	158	182
51-61 years	9	20	23
62+ years	1	17	19
Total	239	304	349
Geographic Location Chatham	9		
Durham City		9	10
Durham County	14	11	13
Carrboro	26	13	15
Chapel Hill	100	118	135
Chapel Hill Public Housing Residents			
Orange County	55	46	53
Raleigh		54	62
Wake County	35	53	61
Total	239	304	349
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	X1		103,229.00	103,229.00	106,326.00		H
Social and Volunteer Asst. Dir.	X1		48,122.00	49,565.00	51,051.00		H
Business Manager	X1		59,740.00	61,532.00	63,378.00		H
Human Resource Dir.	X1		51,500.00	53,045.00	54,636.00		H
Individual Support Supervisors	X4		139,000.00	143,170.00	147,465.00		H
Admin	X4		139,172.00	143,347.00	146,648.00		H
Supported Employment	X4		143,879.00	148,195.00	152,641.00		H
Direct Support Professionals	X60		1,229,932.	1,266,830.	1,304,835.		7H
Volunteers	X40		6240 hrs	8320 hrs	10,400 hrs		4.24
Management	X7		239,399.00	246,581.00	253,978.00		H

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1	Using a combination of paid Direct Support Professionals and volunteers, participants engage in non-segregated community activities.	Using a combination of paid Direct Support Professionals and volunteers, participants engage in non-segregated community activities.	Using a combination of paid Direct Support Professionals and volunteers, participants engage in non-segregated community activities.
Program Goal	50% of persons served with intellectual and developmental disabilities will participate in inclusive community activities.	50% of persons served with intellectual and developmental disabilities will participate in inclusive community activities.	50% of persons served with intellectual and developmental disabilities will participate in inclusive community activities.
Performance Measures	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.
Program Results	Out of 184 people served 88 people (almost 50%) did increase their participation in community activities that were included but not limited to: educational opportunities, volunteer and paid work, advocacy activities, religious activities and social functions.	Out of 193 people served 50% will increase their participation in community activities that were included but not limited to: educational opportunities, volunteer and paid work, advocacy activities, religious activities and social functions.	Out of 304 people served 50% will increase their participation in community activities that were included but not limited to: educational opportunities, volunteer and paid work, advocacy activities, religious activities and social functions.
Program Activity 2	With appropriate support like transportation, participants are involved in activities in community spaces or in programs that include persons that do not have disabilities.	With appropriate support like transportation, participants are involved in activities in community spaces or in programs that include persons that do not have disabilities.	With appropriate support like transportation, participants are involved in activities in community spaces or in programs that include persons that do not have disabilities.
Program Goal	50% of persons served with intellectual and developmental disabilities will access community spaces.	50% of persons served with intellectual and developmental disabilities will access community spaces.	50% of persons served with intellectual disabilities will access community spaces.

Performance Measures	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.
Program Results	Out of 184 people served 88 people (almost 50%) did increase their usage of community spaces. In the case of respite for children, some services are required to take place in the home. Otherwise the number would have been greater.	Out of 193 people served 50% of program participants will increase their usage of community spaces. In the case of respite for children, some services are required to take place in the home. Otherwise the number would have been greater.	Out of 304 people served 50% of program participants will increase their usage of community spaces. In the case of respite for children, some services are required to take place in the home. Otherwise the number would have been greater.
Program Activity 3	Each participants person centered plan will include goals for increasing the number of people that they have relationships with and staff and volunteers will promote and ensure relationship building activities.	Each participants person centered plan will include goals for increasing the number of people that they have relationships with and staff and volunteers will promote and ensure relationship building activities.	Each participants person centered plan will include goals for increasing the number of people that they have relationships with and staff and volunteers will promote and ensure relationship building activities.
Program Goal	50% of persons served with intellectual and developmental disabilities will increase the number of relationships and people in their circle of support.	50% of persons served with intellectual and developmental disabilities will increase the number of relationships and people in their circle of support.	50% of persons served with intellectual and developmental disabilities will increase the number of relationships and people in their circle of support.
Performance Measures	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.
Program Results	50% of program about 88 people, have increased the number of relationships and people in their circle of support.	50% of program participants will increase the number of relationships and people in their circle of support.	50% of program participants will increase the number of relationships and people in their circle of support.
Program Activity 4	Participants will have opportunities to engage in exercise and nutrition classes.	Participants will have opportunities to engage in exercise and nutrition classes.	Participants will have opportunities to engage in exercise and nutrition classes.
Program Goal	20 people served with intellectual and developmental disabilities will learn about and participate in leading healthy lifestyles.	25 people served with intellectual and developmental disabilities will learn about and participate in leading healthy lifestyles.	30 people served with intellectual and developmental disabilities will learn about and participate in leading healthy lifestyles.
Performance Measures	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.
Program Results	20 people increased physical health by participating in cooking nutrition classes and exercise classes.	25 people will increase physical health by participating in cooking nutrition classes and exercise classes.	25 people will increase physical health by participating in cooking nutrition classes and exercise classes.

Activity 5	People with intellectual and developmental disabilities will be involved in Petals with a Purpose and HOPE Gardens both community programs where individuals participate in civic minded activities.	People with intellectual and developmental disabilities will be involved in Petals with a Purpose and HOPE Gardens both community programs where individuals participate in civic minded activities.	People with intellectual and developmental disabilities will be involved in Petals with a Purpose and HOPE Gardens both community programs where individuals participate in civic minded activities.
Program Goal	18 people served with intellectual and developmental disabilities have participated in activities that give back to the community at large.	25 people served with intellectual and developmental disabilities will participate in activities that give back to the community at large.	25 people served with intellectual and developmental disabilities will participate in activities that give back to the community at large.
Performance Measures	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.	Person centered plans, service notes and annual surveys provided data to verify this information.
Program Results	18 people participated with volunteers on a weekly basis and 100% of participants met their goal.	25 people will participate with volunteers on a weekly basis and 100% of participants will meet their goal.	25 people will participate with volunteers on a weekly basis and 100% of participants will meet their goal.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program **The Arc of the Triangle, Social Programs**

AGENCY REVENUE	**Actual 2014-15**	**Estimated 2015-16**	**Projected 2016-17**	**Percent Change**
Private Donations	$ 1,000	$ 1,500	$ 1,800	20%
Agency Generated Revenue (fees)	$ 8,000	$ 8,000	$ 8,000	0%
Local Government Grants:				
Orange County	$ 5,000	$ 12,000	$ 12,000	0%
Town of Chapel Hill	$ 6,000	$ 6,000	$ 6,000	0%
Town of Carrboro	$ 3,615	$ 5,000	$ 5,000	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government	$ 35,000	$ 35,000	$ 35,000	0%
Federal Government				0
Other Grants: ZTA Sorority	$ 12,000	$ 15,000	$ 15,000	0%
Other Grants: Cardinal Track Club	$ 8,000	$ 8,000	$ 8,000	0%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 78,615**	**$ 90,500**	**$ 90,800**	**0%**
AGENCY EXPENSES				
Compensation	$ 50,000	$ 51,050	$ 53,000	4%
Rent & Utilities	$ 2,472	$ 2,750	$ 2,750	0%
Supplies & Equipment	$ 2,500	$ 2,800	$ 2,800	0%
Travel & Training	$ 1,300	$ 1,500	$ 1,500	0%
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 56,272**	**$ 58,100**	**$ 60,050**	**3%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 22,343**	**$ 32,400**	**$ 30,750**	**-5%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: The Arc of the Triangle Volunteer and Social Programs

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Salary	$49,565.year	4130.00 per month	
Rent and Utilities	$2750.month	$2750.00per month	
Supplies	$2800.year	$233.00per month	
		Total $7113.00 per month	

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$56,272.**	**$58,100.**	**$60,050.**
Total # of Units			
Cost Per Unit			

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: The Arc of the Triangle

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 1,000	$ 1,500	$ 1,800	20%
Agency Generated Revenue (fees)	$ 8,000	$ 8,000	$ 8,000	0%
Local Government Grants:				
Orange County	$ 5,000	$ 12,000	$ 12,000	0%
Town of Chapel Hill	$ 6,000	$ 12,000	$ 12,000	0%
Town of Carrboro	$ 5,000	$ 5,000	$ 5,000	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 8,000	$ 8,000	$ 8,000	0%
State Government	$ 235,014	$ 235,000	$ 235,000	0%
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 268,014**	**$ 281,500**	**$ 281,800**	**0%**
AGENCY EXPENSES				
Compensation	$ 2,289,575	$ 2,678,967	$ 2,767,303	3%
Rent & Utilities	$ 65,248	$ 77,000	$ 79,000	3%
Supplies & Equipment	$ 44,821	$ 44,500	$ 47,000	6%
Travel & Training	$ 96,774	$ 104,250	$ 108,000	4%
Other Expenses:	$ 190,235	$ 196,450	$ 199,000	1%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency **The ArtsCenter**

Program(s) **Youth Education (Orange County)**

[Program(s) General Support (Town of Carrboro and Town of Chapel Hill) in a separate application]

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☐ ***Applicant Contact Information*** **b.** ☐ ***Project/Program Contact Information*** **c.** ☐ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☐ ***Agency's Years in operation*** **b.** ☐ ***Agency's Purpose/Mission*** **c.** ☐ ***Agency's Types of Services Provided*** **d.** ☐ ***Agency's Experience*** **e.** ☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☐ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☐ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: The ArtsCenter

Applicant Organization's Physical Address: 300-G East Main St., Carrboro, NC 27510

Applicant Organization's Mailing Address: SAME

Applicant Organization's Web Address: www.artscenterlive.org

Executive Director: Daniel Y. Mayer

Telephone Number: 919-929-2787x217 E-Mail: dmayer@artscenterlive.org

DUNS Number: 029686396
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: The ArtsCenter's arts and education programs

Project/Program Primary Contact and Title: Julie Tomkovick, Development Director

Telephone Number: 919-929-2787x213 E-Mail: development@artscenterlive.org

c) Funding Request Identification

Total Project/Program Cost: $1,627,741 Total Amount of Funds Requested: $45,000

Proposed Use of Funds Requested (2-3 Line Maximum): Support for ArtsCenter Educational Youth Programs from Orange County. *[There is a separate application for General Support of one year of ArtsCenter Programs from the Town of Carrboro and Town of Chapel Hill.]*

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO	$_____	☐ Grant	☐ Loan
☐ HOME Other	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $20000 ☒ Chapel Hill $15000 ☒ Orange County $10000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1/21/16
Executive Director Date

Signature: _____ 1/21/16
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

41 years, April 1975

b) Agency's Purpose/Mission

The ArtsCenter exists in order to educate and inspire artistic creativity and to enrich the lives of people of all ages.

c) Types of Services the Agency Provides

The ArtsCenter services and programs cover five main areas:

ArtSchool. ArtSchool at The ArtsCenter is Orange County's most comprehensive non-profit resource for continuing education in the arts on a non-degree, community basis. The ArtSchool now offers more than 370 classes in all artistic disciplines for all experience levels and ages, awards more than 15 scholarships annually, and offers work-study opportunities.

Youth Programs. The ArtsCenter has provided artistically excellent, age-appropriate and accessible arts experiences to Triangle families for more than 30 years. Currently, The ArtsCenter offers area youth and families: the School Show Series with 90 shows; the SuperFun Concert Series for family audiences; ArtsCamp for kids in the summer months; AfterSchool Arts Immersion through the school year; Arts In Education during the school day; and year round Youth Arts Classes (YAC) including fine art classes, workshops, and mini-camps in acting, drawing, painting, writing, photography, ceramics, dance, digital music composition, improvisation and more. Scholarships are available for all Youth programs.

Gallery. The Nicholson Gallery features the work of local and regional artists on a rotating basis. This gallery highlights the work of more than 100 local and regional artists in 12 exhibitions a year as solo or group shows. The Emerging Artist Corridor provides 12 monthly exhibits featuring visual artists at the beginning their professional careers.

Theatre. International theatre at its most local, ArtsCenter Stage showcases the work of emerging and established artists hailing from next door to around the world. ArtsCenter Stage features newer works, while its second-stage series includes improvisation and storytelling, musicals and operas, stand-up comedy and film screenings, new works in development and theatre for younger and older audiences. ArtsCenter Stage is community-oriented theatre with a commitment to developing new artists and audiences, especially through the annual 10 x 10 short play festival and bi-annual Redbird New Plays festival.

Concerts. The ArtsCenter presents approximately 60 concerts and jams for adults each year, representing the spectrum of musical genres by touring artists including folk, blues, Celtic, rock, singer-songwriter, old-time, and bluegrass. Recent sold out shows include Bill Frisell and Asleep at the Wheel.

d) Agency's Experience with Similar Programs as the Funding Request

The ArtsCenter began as one painting class in a walk up studio on East Main Street in Carrboro in 1974. From that modest first step and the extraordinary creative vitality of Carrboro, an amazing

community arts and education organization was born. During 2015, The ArtsCenter served more than 110,000 people, one third under the age of 18. Our work created a local economic impact estimated at $3,488,830, generating 111 full time jobs and $328,000 in state and local tax revenue.

Our core services are The ArtSchool (serving 15-105 year olds) and our youth programs (serving pre-K through high schoolers through Afterschool Arts Immersion, Arts-In Education, ArtsCamp, School Shows, and Youth Art Classes). Additionally we serve audiences via theater performances, live concerts, and gallery exhibits. Many of these activities are coordinated collaboratively with other community organizations, area businesses, area schools, and local governmental agencies and departments.

The ArtsCenter has decades of experience in providing quality arts programming for our community and in providing educational youth programs in the arts, and continues to develop new programs and initiatives to serve Orange County's diverse residents.

e) Other Pertinent Agency Information

We partner to provide services together with other institutions including: the Ackland Museum, Chapel Hill Carrboro City Schools, Friends of World Music, Chapel Hill-Carrboro PTA, Downtown CH Partnership, Empowerment Inc., Peoples Channel, Triangle Weavers, Orange Co Human Services, Orange Co. Schools, OCAC, Town of Carrboro, Town of Chapel Hill, UNC-CH/Orange Co. Partnership for Children, and WCOM-FM, as well as many area businesses.

As a rental venue, we provide a community gathering place to: Arts In Action, Carrboro Music Festival, Chapel Hill-Carrboro Chamber of Commerce, Ethical Humanist Society, New Life Church, First In Families, Girls Rock NC, NC Squares, NC Youth Tap Ensemble, Redeye Distribution, Sacred Arts Tour, Triangle Jazz Orchestra, Triangle Youth Ballet, and UNC's Med School/ Business School/ Law School/ and Pharmacy School and other area organizations.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: The ArtsCenter – ArtsCenter Youth Education Program Support

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

- ☒ **Human Services (Main Application Only)**
- ☐ **AH Non-Construction (Main Application Only)**
- ☐ **AH Construction — (Main Application AND Part B)**
- ☐ **AHDR Non-Construction (Main Application Only)**
- ☐ **AHDR Construction — (Main Application AND Part B)**
- ☐ **CDBG Non-Construction — (Main Application AND Part A)**
- ☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
- ☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
- ☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X	X	X	X	
Health and Nutrition					
Job Training					
Sports & Arts Activities	X	X	X	X	
Pre-School Activities					
After-School Activities	X				
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

The ArtsCenter will provide one year of youth educational and arts activities that reach more than 31,000 children primarily from Orange County. The ArtsCenter's Youth Education division includes School Shows, Arts-In-Education residencies, summer ArtsCamps, Afterschool Arts Immersion, Youth Art Classes, and SuperFun series. We are seeking funding for scholarships for underserved children to participate in Afterschool Arts Immersion (at The ArtsCenter) and Arts-In-Education residencies (in Orange County Schools). Youth Education fits well within the BOCC Goal #6: "Ensure a high quality of life and lifelong learning that champions diversity [and] education at all levels..."

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

As noted in the BOCC strategic goals adopted in 2009:, it is important to the county to (Goal # 3:) Implement planning and economic development polices which create a balanced, dynamic local economy...which promotes diversity ... while embracing community values and (Goal #6:) "Ensure a high quality of life and lifelong learning that champions diversity [and] education at all levels..." The ArtsCenter as a whole on contributes to fulfilling goal #3 and the Youth Education division helps reach goal #6 with the diversity of artists and cultures represented. The need for ArtsCenter programs and services is reflected in the organizations growth statistics: In 1987, we served 60,000 patrons annually—in FY2014-15, we served more than 110,000. The ArtsCenter regularly surveys youth program parents to ensure that patron expectations are being met, to learn new and evolving needs, to discover new populations to be served, and to gather suggestions for improvement. Orange County and Chapel Hill Carrboro City School teachers, administrators, and PTA regularly evaluate the quality and value of the School Shows and Arts-In-Education residencies, which are both designed to reinforce current NC standards and curricula.

Pages 84-85 of the Consolidated Plan note that "Orange County, North Carolina is home to a university, hospitals, and some manufacturing establishments and therefore has a diverse economy. The three (3) largest categories of jobs in Orange County in business by sector is as follows:
Arts, Entertainment, Accommodations - 4,693 jobs; Education and Health Care Services - 4,025 jobs; Retail Trade - 2,942 jobs." As an employer of more than 1000 artists per year on a part time or contract basis, The ArtsCenter contributes to the health and diversity of Orange County employment and acts as an economic engine for our area.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The ArtsCenter Youth division will continue to serve more than 31,000 children under the age of 18.

The demographics of our largest youth sub-program, School Shows, mirror the populations of Orange County Schools and Chapel Hill Carrboro City Schools and serve more than 26,000 youth annually. Arts-In-Education residencies reach every class in all three Title 1 elementary schools in the Orange County Schools. Afterschool Arts Immersion serves elementary schoolers, Youth Art Classes serve 1st through 12th graders, and summer ArtsCamps serve rising Kindergartners through high schoolers. Participants are reached through printed materials sent through schools; school social workers, teachers and counselors often help identify students needing scholarships and help guide parents to our services. The ArtsCenter provides $20,000 in youth scholarships annually.

e) Who specifically will carry out the activities and in what location will they be carried out?

Under the leadership of Executive Director, Daniel Y. Mayer, the primary activities will be coordinated by Education Director, Phaedra Kelly; by Youth Education Coordinator, Jesse Hollars; and by School and Family Programs Coordinator, Jillian Lea. The primary location is at The ArtsCenter at 300-G East Main Street in Carrboro. Some School Shows are presented at Orange County Schools or Chapel Hill Carrboro City Schools; Arts in Education Residencies take place at the three Title 1 Orange County Elementary Schools, and the alternative Orange County High

School. Afterschool Arts Immersion occasionally hold field trips (such as to the Hargraves Center) and uses other off-site locations as needed.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The activities will be provided from July 1, 2016 – June 30, 2017. Afterschool Arts Immersion, Youth Arts Classes, Art-In-Education residencies will be scheduled to follow the local school calendars, August - June. ArtsCamps run through 10-12 weeks (depending on local school years) in June, July, and August. Budgetary planning occurs every spring. Program planning, implementation, and evaluation is ongoing throughout the year.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Chapel Hill Carrboro City Schools, CH-Carrboro PTA, Orange County Schools—Afterschool Arts Immersion and School Show partners, coordinators and participants
- Orange Co. Schools, UNC-CH/Orange Co. Partnership for Children—Arts-In-Education partners, coordinators and participants
- Other public, private, and charter schools from Durham, Wake, Chatham, and Alamance counties— School Show participants

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Orange County funding is an important part of The ArtsCenter's overall funding strategy for youth scholarships and is a valued endorsement of the center's programs and services. The ArtsCenter has served Orange County and surrounding area residents for more than 40 years; we are a strong component of the county's thriving creative community and economy. If this request is not funded in full or at all, then scholarships and services will be reduced and adjusted accordingly.

i) Include any other pertinent information.

None at this time.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☐ **Persons** ☐ **Households** ☒ **Units**

Program: General Support Unit = an attendee of an ArtsCenter program

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	15,772	15,772	16,403
Female	15,772	15,772	16,403
Total	31,544	31,544	32,806
Of the females, how many are single-female Head of Households (Omit for Human Services)	NA	NA	NA
Ethnicity			
African-American	7,886	7,886	8,207
American Indian or Alaska Native			
Asian	2,839	2,839	2,996
Caucasian	16,403	16,403	17,031
Native Hawaiian or other Pacific Islander			
Other	4,416	4,416	4,572
Total	31,544	31,544	32,806
Of the above, how many Hispanic/Latino	4,416	4,416	4,572
Of the above, how many non-Hispanic/Latino	27,128	27,128	28,234
Total	31,544	31,544	32,806
Age			
0-5 years	1,451	1,451	1,556
6-18 years	30,093	30,093	31,250
19-50 years			
51-61 years			
62+ years			
Total	31,544	31,544	32,806
Geographic Location			
Durham City	3,154	3,154	3,280
Durham County	504	504	525
Carrboro	4,338	4,338	4,508
Chapel Hill	18,395	18,395	19,027

Chapel Hill Public Housing Residents	Unknown	Unknown	Unknown
Orange County	2,536	2,536	2,690
Raleigh			
Wake County	283	283	295
Alamance, Chatham, & Walk up	2,334	2,334	2,481
Total	31,544	31,544	32,806
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income	NA	NA	NA
31-50% Area Median Income	NA	NA	NA
51-80% Area Median Income	NA	NA	NA
> 80% Area Median Income	NA	NA	NA
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)	NA	NA	NA
Disabled (not elderly)	NA	NA	NA
Homeless	NA	NA	NA
People with HIV/Aids	NA	NA	NA
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890

50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Accounts Director	1	30	49332	51305	53357	3.3	H
Youth Education Coordinator	1	100	50108	52112	54197	3.3	H
Education Director	1	25	45319	47132	49017	3.0	H
ArtSchool Assistant	.25	0	6619	30000.	30000	1.9	
Gallery Director	.50	0	11713	12182	12669	0.8	
School & Family Coordinator	1	100	30243	31453	32711	2.0	H
Youth Assistant	1	100	43142	44868	46662	2.9	H
Development Director	1	30	45314	47127	49012	3.0	H
Concert & Managing Director	1	5	43951	45709	47537	2.9	H
Operations Assistant	.5	0	7288	7580	7580	0.5	
Executive Director	1	10	13880	80000	80000	5.1	H
Marketing Director	1	10	32666	33973	35332	2.2	H

Theater Director	1	0	41464	20000	20000	1.3	H
House Managers	1	0	30665	31892	33168	2.0	
Marketing Assistant	.25	0	4605	10000	15000	0.6	
Bartenders	.25	0	2879	2994	3114	0.2	
Youth Counselors	1.5	100	23880	24835	25829	1.6	
Instructors	15.5	33	460009	478409	497546	30.7	
Cleaning Staff	.5	33	14533	15000	15000	1.0	
Volunteer Hours	1.0						

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☒ ☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

Michael Parker is an ArtsCenter Board Member who is serving a current term with the Chapel Hill Board of Aldermen.

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ 1/21/16
Executive Director — Date

Signature: _____ 1/21/16
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1	Afterschool Arts Immersion (AAI)	Afterschool Arts Immersion (AAI)	Afterschool Arts Immersion (AAI)
Program Goal	Offer AAI to 40 students monthly, plus Youth Art	Offer AAI to 55 students monthly, plus Youth Art Classes	Offer AAI to 70 students monthly, plus Youth Art Classes
Performance Measures	AAI & Class registrations	AAI & Class registrations	AAI & Class registrations
Program Results	Served 40 AAI youth monthly & 240 through youth classes	Serve 55 AAI youth monthly & 240 through youth classes	Serve 70 AAI youth monthly & 240 through youth classes
Program Activity 2	Arts in Education Residencies (AIE)	Arts in Education Residencies (AIE)	Arts in Education Residencies (AIE)
Program Goal	Hold 10 AIE artist residencies in Title 1 Orange Co Schools	Hold 12 AIE residencies in Title 1 Orange Co Schools for 1400	Hold 14 AIE residencies in Title 1 Orange Co Schools for 1400
Performance Measures	Artist contracts, class records, content tests	Artist contracts, class records, content tests	Artist contracts, class records, content tests
Program Results	Held 16 residencies for 1455 students	Offer 12 residencies for 1400 students	Offer 14 residencies for 1400 students
Program Activity 3	School Shows	School Shows	School Shows
Program Goal	Present 70 School Schools at the ArtsCenter & in area schools that enhance NC curricula	Present 75 School Schools at the ArtsCenter & in area schools that enhance NC curricula	Present 80 School Schools at the ArtsCenter & in area schools that enhance NC curricula

Performance Measures	School Show schedule, contacts, & teacher guides	School Show schedule, contacts, & teacher guides	School Show schedule, contacts, & teacher guides
Program Results	Presented 89 School Shows; received 85% positive student & teacher evaluations	Present 75 School Shows; received 85% positive student & teacher evaluations	Present 80 School Shows; received 85% positive student & teacher evaluations
Activity 5	Summer Camps	Summer Camps	Summer Camps
Program Goal	Offer 10 wks of camps and teen classes for 1200 kids	Offer 11 wks of camps and teen classes	Offer 10 wks of camps and teen classes
Performance Measures	Summer camps & youth class schedule	Summer camps & youth class schedule	Summer camps & youth class schedule
Program Results	Offered 11 wks of camp & teen class reaching 1281 youth	Offer 11 wks of camp & teen class reaching 1400 youth	Offer 10 wks of camp & teen class reaching 1400 youth

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program **The ArtsCenter - Youth Programs**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
PROGRAM REVENUE				
Private Donations	$ 2,653	$ 2,786	$ 2,925	5%
Agency Generated Revenue (fees)	$ 454,452	$ 463,541	$ 472,812	2%
Local Government Grants:				
Orange County	$ 7,000	$ 7,000	$ 7,000	0%
Town of Chapel Hill				0
Town of Carrboro				0
Other Local: OCAC	$ 7,500	$ 7,500	$ 7,500	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Foundations	$ 167,752	$ 171,107	$ 174,529	2%
Other Grants: Corporate	$ 2,900	$ 3,045	$ 3,197	5%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 642,257**	**$ 654,979**	**$ 667,963**	**2%**
PROGRAM EXPENSES				
Compensation	$ 396,326	$ 412,179	$ 428,666	4%
Rent & Utilities	$ 36,436	$ 37,893	$ 39,409	4%
Supplies & Equipment	$ 25,482	$ 26,246	$ 27,034	3%
Travel & Training	$ 288	$ 294	$ 300	2%
Other Expenses:	$ 63,739	$ 65,014	$ 66,314	2%
Please list 3 largest "Other Expenses":				
Depreciation $ 12,453.00				
Interest $ 23,585.00				
Transportation $ 17,260.00				
Total Agency Expenses	**$ 522,271**	**$ 541,626**	**$ 561,723**	**4%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 119,986**	**$ 113,353**	**$ 106,240**	**-6%**

Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
-Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: ArtsCenter/ Youth Division- cost elements specific to this $10,000 request

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Afterschool Arts Immersion Scholarships	$345	14.5 months of AAI Scholarships	$5,000
Arts-In-Education artist fees	$1650	½ (Half) of 6 Artist residencies	$5,000
		Total	**$10,000**

b.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$522,271**	**$541,626**	**$561,723**
Total # of Units	**31,544**	**31,544**	**32,806**
Cost Per Unit	**$16.55**	**$17.17**	**$17.12**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: The ArtsCenter

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 101,876	$ 106,970	$ 112,318	5%
Agency Generated Revenue (fees)	$ 918,471	$ 936,840	$ 955,577	2%
Local Government Grants:				
Orange County	$ 6,750	$ 7,000	$ 10,000	0%
Town of Chapel Hill	$ 10,000	$ 10,000	$ 15,000	50%
Town of Carrboro	$ 15,000	$ 15,000	$ 20,000	33%
Other Local: OCAC	$ 10,500	$ 10,500	$ 10,500	0%
Other Local: NCAC	$ 47,028	$ 47,000	$ 47,000	0%
Other Local: Other Carrboro Funding	$ 5,000	$ 5,000	$ 5,000	0%
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Foundations	$ 270,648	$ 276,061	$ 281,582	2%
Other Grants: Corporate	$ 5,062	$ 5,315	$ 5,581	5%
Miscellaneous/Other Revenue	$ 149,826	$ 157,317	$ 165,183	5%
Please list 3 largest Miscellanous sources:				
Rental $ 65,261.00				
Concession $ 48,694.00				
Special Events $ 22,883.00				
Total Agency Revenue	**$ 1,540,161**	**$ 1,577,003**	**$ 1,627,741**	**3%**
AGENCY EXPENSES				
Compensation	$ 957,610	$ 995,914	$ 1,035,751	4%
Rent & Utilities	$ 157,637	$ 163,942	$ 170,500	4%
Supplies & Equipment	$ 53,763	$ 55,376	$ 57,037	3%
Travel & Training	$ 2,685	$ 2,739	$ 2,793	2%
Other Expenses:	$ 341,867	$ 348,704	$ 355,678	2%
Please list 3 largest "Other Expenses":				
Depreciation $ 33,656.00				
Marketing $ 50,348.00				
Professional Fees $ 71,123.00				
Total Agency Expenses	**$ 1,513,562**	**$ 1,566,675**	**$ 1,621,759**	**4%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 26,599**	**$ 10,328**	**$ 5,982**	**-42%**

Program Budget

Agency/Program: **The ArtsCenter - Youth Division**

PROGRAM REVENUE		Actual 14-15	Est. 15-16	Proj. 16-17	% Change
Private Donations		$2,653	$2,786	$2,925	5%
Agency Generated Revenue (fees)		$454,452	$463,541	$472,812	2%
Local Government Grants:					
Orange County		$7,000	$7,000	$7,000	0%
Town of Chapel Hill					0
Town of Carrboro					0
Other Local: OCAC		$7,500	$7,500	$7,500	0%
Other Local:					0
Other Local:					0
If more than 3 sources,					
please provide a separate list.					
Non-Local Government Grants					
Triangle United Way					0
State Government					0
Federal Government					0
Other Grants: Foundations		$167,752	$171,107	$174,529	2%
Other Grants: Corporate		$2,900	$3,045	$3,197	5%
Miscellaneous/Other Revenue					0
Please list 3 largest Miscellanous sources:					
	$ -				
	$ -				
	$ -				
Total Program Revenue		$642,257	$654,979	$667,963	2%

PROGRAM EXPENSES					
Compensation		$396,326	$412,179	$428,666	4%
Rent & Utilities		$36,436	$37,893	$39,409	4%
Supplies & Equipment		$25,482	$26,246	$27,034	3%
Travel & Training		$288	$294	$300	2%
Other Expenses:		$63,739	$65,014	$66,314	2%
Please list 3 largest "Other Expenses":					
Depreciation	$12,453.00				
Interest	$23,585.00				
Transportation	$17,260.00				
Total Program Expenses		$522,271	$541,626	$561,723	4%
SURPLUS/(DEFICIT) FOR PERIOD:		$119,986	$113,353	$106,240	-6%

Section VI. Financial Data
D) Operating Budget for Entire Agency

AGENCY NAME: **The ArtsCenter**

AGENCY REVENUE			**Actual 14-15**	**Est. 15-16**	**Proj. 16-17**	**% Change**
Private Donations			$101,876	$106,970	$112,318	5%
Agency Generated Revenue (fees)			$918,471	$936,840	$955,577	2%
Local Government Grants:						
Orange County			$6,750	$7,000	$10,000	0%
Town of Chapel Hill			$10,000	$10,000	$15,000	50%
Town of Carrboro			$15,000	$15,000	$20,000	33%
Other Local:	OCAC		$10,500	$10,500	$10,500	0%
Other Local:	NCAC		$47,028	$47,000	$47,000	0%
Other Local:	Other Carrboro Funding		$5,000	$5,000	$5,000	0%
If more than 3 sources,						
please provide a separate list.						
Non-Local Government Grants						
Triangle United Way						0
State Government						0
Federal Government						0
Other Grants:	Foundations		$270,648	$276,061	$281,582	2%
Other Grants:	Corporate		$5,062	$5,315	$5,581	5%
Miscellaneous/Other Revenue			$149,826	$157,317	$165,183	5%
Please list 3 largest Miscellanous sources:						
Rental		$65,261.00				
Concession		$48,694.00				
Special Events		$22,883.00				
Total Agency Revenue			$1,540,161	$1,577,003	$1,627,741	3%
AGENCY EXPENSES						
Compensation			$957,610	$995,914	$1,035,751	4%
Rent & Utilities			$157,637	$163,942	$170,500	4%
Supplies & Equipment			$53,763	$55,376	$57,037	3%
Travel & Training			$2,685	$2,739	$2,793	2%
Other Expenses:			$341,867	$348,704	$355,678	2%
Please list 3 largest "Other Expenses":						
Depreciation		$33,656.00				
Marketing		$50,348.00				
Professional Fees		$71,123.00				
Total Agency Expenses			$1,513,562	$1,566,675	$1,621,759	4%

SURPLUS/(DEFICIT) FOR PERIOD:	$26,599	$10,328	$5,982	-42%

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY
Received By _____
Date/Time _____/_____
Complete Y / N

Agency _The Exchange Club's Family Center in Alamance_____

Program(s) _Parent Aide Services_____

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☒ *Applicant Contact Information* b. ☒ *Project/Program Contact Information* c. ☒ *Funding Requests Identified* d. ☒ *Signed Application Cover Page*	
2. Agency Information -	a. ☒ *Agency's Years in operation* b. ☒ *Agency's Purpose/Mission* c. ☒ *Agency's Types of Services Provided* d. ☒ *Agency's Experience* e. ☒ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☒ *Type of Application and Program Identified* b. ☒ *Summary of Program* c. ☒ *Description of Identified Need* d. ☒ *Description of Population to be Served* e. ☒ *Activity Manager and Location Description* f. ☒ *Activity Implementation Timeline* g. ☒ *Agency Collaboration* h. ☒ *Describe Impact of Reduced/No Allocation* i. ☒ *Other Pertinent Information* j. ☒ *Complete Target Population/Beneficiary Chart* k. ☒ *Complete Schedule of Positions* l. ☒ *Signed Conflict of Interest Disclosure* m. ☒ *Complete Work Statement*	*24 CFR 570.200(a), 570.201–570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201–570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B:** ***Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: The Exchange Club Center for the Prevention of Child Abuse of North Carolina, Inc's The Exchange Club's Family Center in Alamance

Applicant Organization's Physical Address: 200 N. Main Street Graham, NC 27253

Applicant Organization's Mailing Address: 200 N. Main Street Graham, NC 27253

Applicant Organization's Web Address: www.exchangescan.org

Executive Director: Cynthia Napoleon-Hanger

Telephone Number: 336-748-9028 E-Mail: Cynthia.hanger@exchangescan.org

DUNS Number: 171570203
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Parent Aide Services

Project/Program Primary Contact and Title: Sarah Black, County Director

Telephone Number: 336-227-5601 E-Mail: sarah.black@exchangescan.org

c) Funding Request Identification

Total Project/Program Cost: $47,400 Total Amount of Funds Requested: $23,700

Proposed Use of Funds Requested (2-3 Line Maximum): Funds will be expended on the provision of Parent Aide services in Orange County.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH)	$_____	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $3000 ☒ Chapel Hill $10,350 ☒ Orange County $10,350

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Diane E. Redbetter - Deputy Director 1/21/2016
Executive Director Date

Signature: [illegible] 1-21-16
Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

The Exchange Club Center for the Prevention of Child Abuse of North Carolina, Inc. began operating in October 1981 and was officially incorporated in February 1981. The Exchange Club's Family Center in Alamance (Family Center in Alamance) has been in operation since 1997 and began services in Orange County in 2004 through its treatment programs. The Exchange Club's Family Center in Alamance was incorporated in May of 2000. In 2001, due to issues of sustaining business viability, the Family Center in Alamance came under the umbrella of Exchange Club Center for the Prevention of Child Abuse of North Carolina, Inc.

b) Agency's Purpose/Mission

The agency's mission is the prevention and treatment of child abuse and neglect. The prevention and treatment of child abuse and neglect occurs through enhancing parent child relationships, by increasing community awareness, and increasing community involvement in prevention efforts.

c) Types of Services the Agency Provides

The Family Center has 7 prevention and treatment programs currently offered to families which include Intensive Family Preservation Services, Parent Aide Services, Children's Parents parenting classes, Adolescent Parenting Program, Respite Services, Parent/Teen Solutions, and Adolescent Parent Support Program as well as a 24-hour crisis line and community awareness. Triple P Positive Parenting Program and SafeCare Services, evidence-based curriculums, are offered in the context of some home visitation models. The center currently offers programming in 7 counties (Alamance, Orange, Chatham, Person, Caswell, Guilford, and Randolph) in the triangle/triad area with Orange County (along with Alamance County) as one of the primary counties served. Initially the Family Center of Alamance opened in 1997 offering the prevention services of Children's Parents parenting classes located at the agency and Parent Aide services (evidence-based) in the home of clients. Children's Parents parenting classes are based on the promising practice curriculum created by the Parent Institute of Exchange Club Child Abuse Prevention Center of N.C., Inc. Parent Aide is the agency's primary program of home visitation services. The Exchange Club's model of Parent Aide services was developed in response to the National Exchange Club's adoption of Child Abuse Prevention as their national project in 1979. Parent Aide home visitation program services are provided to families at-risk of or involved in abuse and neglect.

The agency began to expand to additional programming in 1999 through the Adolescent Parenting Program, a Teen Pregnancy Prevention Initiative funded by the NC Department of Public Health. Services are provided in the home, community, and school to teen parents in order to avoid a second pregnancy, prevent abuse and neglect, and assist them in graduating from school. The agency expanded into Orange County in 2004 with its treatment service Intensive Family Preservation (IFPS). IFPS services are intensive in-home counseling treatment services for families whose children are at risk of out-of-home placement; it is a program funded by the NC Department of Social Services. Additional programming was added in 2007 when the Family Center of Hillsborough closed down and the Family Center in Alamance took over provision of Parent Aide Program services in Orange County. Since that time, Parent Aide services and Children's Parents parenting classes have been offered for at-risk populations of child abuse and neglect in Orange County through the Family Center. In 2011, the agency added additional teen services through the Adolescent Parent Support Program, serving higher risk teen parents who have dropped out of school. Teen moms and dads are provided with a version of Parent Aide services with an additional focus on sexual health, avoiding additional pregnancies, and assistance with enrollment into finishing their education. Agency staff were certified in Triple P Positive Parenting Program (evidence-based) services in 2012 and currently operates the

curriculum in various home visitation models such as the Parent Aide Program. In 2013, the agency added on the Parent/Teen Solutions program, a home visitation counseling program and group parent/teen educational classes that serves court involved youth and families funded by Alamance County's Juvenile Crime Prevention Council NC Department of Public Safety. In May of 2015, agency staff were trained in SafeCare, a home visitation service that provides parenting, safety, and health parent coaching to families with children 0-6. SafeCare is currently offered in the Parent Aide program for qualifying families. Finally, the agency added Respite services in 2015 to Alamance County residents to assist at-risk families with finding temporary short term child care during times of stress and crisis.

d) Agency's Experience with Similar Programs as the Funding Request

The Family Center has 19 years of experience in administering grant funds and providing successful child abuse prevention services in the community. All of the agency's programs are either offered in the home or as parenting classes on site or in the community. The agency has been offering Parent Aide services in Alamance County for 19 years, in Orange County for 10 years, and is expanding into Caswell County in 2016. The Family Center was a part of the original randomized trial clinical study that helped to achieve the program's evidence-based status. The Family Center is very familiar with the dynamics of child abuse and neglect, trauma, and working with at-risk and substantiated families. The agency has been involved in state wide and local initiatives on child abuse education and prevention. Due to the history of offering Parent Aide services in multiple communities, including Orange County families, the staff are experienced at service implementation and goal achievement. The agency is very familiar with the program goals and objectives, the target population, program evaluation, and data collection. The agency has, and continues, to achieve higher outcomes on preventing abuse, increasing parenting skills, improving problem solving, increasing safety, and linking families to positive supports/community resources. The agency understands how to effectively work with families to put protective factors in place to prevent abuse and neglect from occurring or reoccurring.

e) Other Pertinent Agency Information

The Family Center has an Advisory Board which works in conjunction with the Board of Directors of Exchange/SCAN in order to manage the agency. The staff of the agency is versed in the complexity of child abuse prevention and has decades of experience in home visitation and parenting education. The agency also operates within a System of Care framework and collaborates on many levels with various community non-profits, for profits, social service agencies, and business. Agency staff sit on various committees, councils, and collaborative efforts.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: _The Exchange Club's Family Center in Alamance/ Parent Aide Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring	X	X		X	X
Transportation	X	X		X	X
Housing					
Other: Please specify (Parenting Support)		X		X	X

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

The Parent Aide program will provide home visitation services to families at-risk for and/or involved in child abuse and neglect. Provision of services will be offered to all Orange County residents for free. The goals of the in-home Parent Aide services include (1) increased safety of the child(ren), (2) increased parenting skills, (3) increased problem-solving skills, and (4) increased social support. Parent Aide in-home services last from 6 to 18 months with an average of 9-13 months before the family reaches its goals. Service activities include parent education, coaching, role modeling/ mentorship, assistance with concrete supports, case management, advocacy, and assistance with transportation needs. Various evidenced-based curriculums are used to support service activities. The Parent Aide model is evidence-based and is currently listed on the California Evidence-Based Clearinghouse for Child Welfare's list as a Level 3 "Promising Research Evidence" status. The Parent Aide program provides services to many priority areas of concern for the community including: direct parent coaching and mentorship; child mentorship to address abuse and neglect dynamics; life skills/ money management skills and concrete supports which collectively increases access to safety-net services for families; transportation and other basic need issues (like food and housing); and increased positive health outcomes for families. Trauma histories have been proven over the last 30 years to lead to lower brain functioning, mental health issues, and physical health issues so addressing trauma means improving health (www.cdc.gov/ace/index.htm).

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Currently there is no accurate means or precise formula to measure child maltreatment risk within a population, however, examining child abuse and neglect data is often the standard measurement of the cumulative toll of these risk factors on families. From July 2014 to June 2015, there were 1,115 children reported for child abuse and/or neglect in Orange County. This number is increased from the 2013-14 reporting year of 984 children reported (Duncan et al., 2016). Of the 1,115 children reported for abuse/neglect, 38.57% of them were between the ages of 0-5. As of December 2015 there were 99 children in foster care in the county (Duncan et. al, 2016). It is estimated that these rates of reports are even higher than documented. This child maltreatment data and the nature of under reporting within communities speak to the need for population targeted intervention services in the County to address the issue of child abuse and neglect in the county. The program will directly address these statistics by providing interventions to help families avoid new or repeat involvement with the child welfare system. Child abuse costs the nation $220 million every day (Prevent Child Abuse, Cost Data, 2012). Children that end up in the foster care system often stay in the system longer than a year increasing the cost for taxpayers. From July 2014 to June 2015, 64.66% of the children that were in the Orange County foster care system remained in the system for over a year (Duncan et. al, 2016).

Numerous environmental factors can contribute to abuse and neglect (Children's Bureau, 2006). Factors include poverty, substance use, mental health disorders, domestic violence, and access to social supports. Overall Orange County appears to have the following community concerns: insufficient basic needs; transportation, need for financial stability; mental illness/substance abuse rates and need for services; and domestic violence rates (Orange County Health Report 2011). Orange County has 14.1% of its people living in poverty according to the 20014 U.S. Census Bureau. The Small Area Income and Poverty Estimate [SAIPE] by the U.S. Census Bureau shows that Orange County has 13.1% of the youth living in poverty. In Orange County, 9.8% of the population are Medicaid eligible (NC DHHS, Division of Medical Assistance [DMA], 2015). Though Parent Aide services cannot wholly improve financial status, we will assist families with supports that will help to buffer the risk of abuse and neglect from factors relating to poverty. For example we can reduce

barriers to services and success by helping families to secure adequate housing, assisting with budgeting and effective household management, and helping families access and utilize concrete forms of resources and assistance such as TANF, local food pantries, etc., when applicable. Impoverished communities may lack positive informal and formal support systems for families, such as easily accessible health and mental health services, social support, and programs to assist children and youth (DePanfilis, Office on Child Abuse and Neglect, 2006). Reclaiming Futures of Orange and Chatham counties report that at least 20% of those youth served in Dept of Juvenile Justice system have mental health and/or substance use problems (2012). Domestic Violence brings a risk of trauma exposure to children in homes of the families experiencing this problem, which leads to long term consequences of abuse/neglect. In 2013-2014 there were 1,542 domestic violence calls, 360 clients were provided with domestic violence services, and 1,252 calls and 457 clients served due to sexual assault (North Carolina Council for Women, 2013-14). Studies have found abused and neglected children to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, substance abuse, and mental illness (Kelley, Thornberry, & Smith, in U.S. DHHS Child Welfare Gateway, 2012). As abused and neglected children develop, studies show that they are 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 times more likely to be arrested for one of many forms of violent crime as juveniles or adults (English, Widom, & Brandford, 2004). Delinquent rates in 2014 in Orange County of youth 6-15 is 11.74% (DPS County Databook, 2014). Although not a given, abusive parents often have experienced abuse during their own childhoods. It is estimated that approximately one-third of abused and neglected children will eventually abuse or neglect their own children (Prevent Child Abuse New York, 2003). Parent Aide services address these risk factors directly in the home by providing concrete parenting education, case management, and advocacy to assist families in finding needed services to address mental health and substance abuse, and transportation assistance.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The target population of Parent Aide Program services is 18 families (9 with these funds) in Orange County (4), Chapel Hill (4), and Carrboro (1) at risk of and/or involved in abuse and neglect. These families include various socioeconomic backgrounds and will match the diversity of the County (76.8% white, 12.2% Black, 8.4% Hispanic/Latino, and 7.7% Asian per the 2014 US Census). Marketing to county referring sources (Dept. of Social Services, Dept. of Public Health, Schools, Non-profits, For-profits, businesses, mental health companies, churches, local mental health entity, etc.) will allow the agency to solicit referrals for families needing services. Self-referrals made by parents in the community will be solicited by general agency marketing efforts (social media, website, etc.). Beneficiaries are identified when the referral is received and the family agrees to services. Qualification for services (identified beneficiaries) will be determined by families that meet at least 3 risk factors on the risk scale.

e) Who specifically will carry out the activities and in what location will they be carried out?

Home visits and the interventions used in the visits will primarily occur in the homes of the clients, although community/school visits can occur in goal achievement when providing help with concrete support items. The staff that will implement the program includes bachelor level professionals with experience in social work, counseling, or human services. Current staff have extensive training in child abuse and neglect, trauma, protective factors, substance abuse, mental health, system of care, Strengthening Families curriculum, Safe Care, Triple P curriculum, motivational interviewing, and other pertinent trainings that are helpful in working with this target population. All staff are provided both internal and external training opportunities to increase their capacity to effectively serve the client populations. Volunteers, or paraprofessionals can be used under the supervision of the Parent Aide Supervisor. The current Program Supervisor, acts as the agency's County Director. The County Director has a Master's degree with 10 years of executive level management and administration

experience, 11 years of programmatic administration and implementation, and over 15 years of clinical and service delivery experience.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Implementation of programming will begin immediately as Parent Aide services already exist on a smaller scale in the county due to current funding levels. Home visits for programming occur weekly and last anywhere from 1-4 hours depending upon the risk level in the home. Families are enrolled into services for a minimum of 6 months and a maximum of 18 months with a 13 month average.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

• Department of Social Services and Department of Health: The agency also collaborates with the departments on Child & Family Team Meetings, Permanency Planning meetings, and has collaborated in the past on funding for services in the county. The agency also works closely with the department to access needed governmental services such as Medicaid, Housing, and TANF funds. Both departments also provide the agency with referrals of families that need services. Currently the agency has a Memorandum of Agreement with Orange County's Department of Social Services over a treatment program offered by the agency in the county.

• Department of Juvenile Justice and Orange County Court System: Both have also served in collaboration with our agency by also submitting referrals for assistance with client families dealing with issues of neglect and abuse. Court counselors and lawyers work with the agency through child and family team meetings, court hearings, and other collaborations to ensure client success in treatment.

• Orange County / Chapel Hill School System / UNC-Chapel Hill: Schools within the system are important for identifying families at-risk prior to involvement in child welfare systems. Schools play a key role in assisting the agency in targeted marketing to minority or disadvantaged populations in the county. The University of NC-Chapel Hill works with the agency in providing Master's level Social Work Interns to assist the agency in providing volunteer Parent Aide services in Orange County.

• Mental Health/Social Service Agencies/ Local Mental Health Entities: All these have become more prevalent in making referrals and providing access to services client families might need to achieve their goals.

• Exchange Clubs/Churches/Business: These entities assist the agency by providing monetary donations, concrete donations for items needed by families, and volunteers for serving families in Orange County.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

If the full funding request was not allocated to the agency, the agency would reduce the number of clients served, apply for matching funds, and reduce the number of hours of the position.

i) Include any other pertinent information.

Previous research on the evidence-based Parent Aide program has estimated the cost per family (for the total number of months of service) is on average $2,700 per family. The Parent Aide program is a very cost effective competitive service for preventing child abuse and neglect. Most other interventions are short in duration (4-8 weeks) and cost anywhere from $6,000-12,000 per family.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☐ **Persons** ☒ **Households** ☐ **Units**

Program: Parent Aide Services

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender	7 families	8 families	18 families
Male	13	14	28
Female	16	11	24
Total	29	25	52
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	2	4	10
American Indian or Alaska Native	0		
Asian	0		
Caucasian	6	12	34
Native Hawaiian or other Pacific Islander	0		
Other	21	9	8
Total	29	25	52
Of the above, how many Hispanic/Latino	19	9	8
Of the above, how many non-Hispanic/Latino	10	16	44
Total	29	25	52
Age			
0-5 years	5	7	14
6-18 years	13	8	18
19-50 years	11	10	20

51-61 years	0	0	0
62+ years	0	0	0
Total	29	25	52

Geographic Location

Durham City	0	0	
Durham County	0	0	
Carrboro	0	0	6
Chapel Hill	13	12	18
Chapel Hill Public Housing Residents	4	0	4
Orange County	12	13	24
Raleigh	0	0	
Wake County	0	0	
Total	29	25	52

Income Level – See following chart (Omit for HS)

< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0

Special Needs (Omit for HS)

Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	Census Tract	Block Group	Total Persons	#LMI Persons

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Orange County Parent Aide	1.0	11%	3,178	5,475	42,000	8%	H
Home Visitors	6.5	72%	228,102	288,354	287,524	55%	R and H
Administrative Professional	.5	6%	14,255	14,255	14,683	3%	
Alamance Director	1.0	11%	59800	61,640	63,517	12%	R and H
Volunteer Parent Aide Orange	.15	15%	0	0	0	0	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Jaime E. Redbetter - Deputy Director — 1/21/2016
Executive Director — Date

Signature: [illegible] — 1-21-16
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

MAIN APPLICATION

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	6 to 18 month home visitation instruction (weekly)	6 to 18 month home visitation instruction (weekly)	6 to 18 month home visitation instruction (weekly)
Program Goal	80% of parents will increase parenting skills and parent/child interaction, ehance home safety and parental supervision, increse problem-solving skills and family functioning, and increase linkages to social/community supports.	80% of parents will increase parenting skills and parent/child interaction, ehance home safety and parental supervision, increse problem-solving skills and family functioning, and increase linkages to social/community supports.	80% of parents will increase parenting skills and parent/child interaction, ehance home safety and parental supervision, increse problem-solving skills and family functioning, and increase linkages to social/community supports.
Performance Measures	Protective Factors Survey (Retrospective Post), North Carolina Family Assessment Scale (Pre, Mid, Post), Adult Adolescent Parenting Inventory (Pre/Post)	Protective Factors Survey (Retrospective Post), North Carolina Family Assessment Scale (Pre, Mid, Post), Adult Adolescent Parenting Inventory (Pre/Post)	Protective Factors Survey (Retrospective Post), North Carolina Family Assessment Scale (Pre, Mid, Post), Adult Adolescent Parenting Inventory (Pre/Post), Safe Care Pre/Post PCI and Safety Assessments.
Program Results	100% of families increased parenting skills and parent/child interaction.	93% of families will increase parenting skills and parent/child interaction.	NA
Program Activity 2	NA New Goal in 2016-17	NA New Goal in 2016-17	6 to 18 month home visitation instruction (weekly)
Program Goal			80% of parents will improve their capacity to maintain their child's health.
Performance Measures			SafeCare Home Visitor Health Assessment.
Program Results			NA
Program Activity 3			
Program Goal			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program: **The Exchange Club's Family Center in Alamance/ Parent Aide Services**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 1,500	$ 1,500	$ 2,500	67%
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County	$ 2,000	$ 2,000	$ 10,350	418%
Town of Chapel Hill	$ 3,427	$ 6,000	$ 10,350	73%
Town of Carrboro		$ 1,000	$ 3,000	200%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: Duke Endowment			$ 23,700	0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	$ 6,927	$ 10,500	$ 49,900	375%
AGENCY EXPENSES				
Compensation	$ 3,178	$ 5,475	$ 42,000	667%
Rent & Utilities	$ 1,552	$ 900	$ 3,000	233%
Supplies & Equipment	$ 31	$ 450	$ 900	100%
Travel & Training	$ 1,566	$ 3,675	$ 4,000	9%
Other Expenses:				0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	$ 6,327	$ 10,500	$ 49,900	375%
SURPLUS/(DEFICIT) FOR PERIOD:	$ 600	$ (0)	$ -	100%

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _Parent Aide Services_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Home Visit	$63.64	4 per mth X 18 families	$49,900
		Total	**$49,900**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$6,327**	**$10,500**	**$49,900**
Total # of Units	**121**	**194**	**784**
Cost Per Unit	**$52.29**	**$54.12**	**$63.64**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: The Exchange Club's Family Center in Alamance

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 5,189	$ 4,118	$ 5,000	21%
Agency Generated Revenue (fees)		$ -		0
Local Government Grants:				
Orange County	$ 2,000	$ 2,000	$ 10,350	418%
Town of Chapel Hill	$ 4,000	$ 6,000	$ 10,350	73%
Town of Carrboro	$ -	$ 1,000	$ 3,000	200%
Other Local: Alamance United Way	$ 18,000	$ 18,000	$ 25,000	39%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ 353,014	$ 414,861	$ 373,379	-10%
Federal Government	$ -	$ -	$ -	0
Other Grants: Duke Endowment	$ -	$ 42,250	$ 85,000	101%
Other Grants:				0
Miscellaneous/Other Revenue	$ 1,139	$ 2,400	$ 10,500	338%
Please list 3 largest Miscellanous sources:				
Special Events $ 2,400.00				
$ -				
Total Agency Revenue	**$ 383,343**	**$ 490,629**	**$ 522,579**	**7%**
AGENCY EXPENSES				
Compensation	$ 305,335	$ 369,724	$ 407,724	10%
Rent & Utilities	$ 22,361	$ 27,258	$ 28,218	4%
Supplies & Equipment	$ 6,291	$ 9,151	$ 9,252	1%
Travel & Training	$ 30,033	$ 30,950	$ 35,000	13%
Other Expenses:	$ 33,461	$ 53,546	$ 42,385	-21%
Please list 3 largest "Other Expenses":				
Grants & Assistance $ 12,625.00				
Contractual $ 17,640.00				
Fees & Depreciation Expenses $ 11,441.33				
Total Agency Expenses	**$ 397,481**	**$ 490,629**	**$ 522,579**	**7%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (14,139)**	**$ 0**	**$ -**	**-100%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **The Institute of Art Therapy, Inc.**

Program(s) **The Burma Art Therapy Program**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☐ ***Applicant Contact Information*** **b.** ☐ ***Project/Program Contact Information*** **c.** ☐ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☐ ***Agency's Years in operation*** **b.** ☐ ***Agency's Purpose/Mission*** **c.** ☐ ***Agency's Types of Services Provided*** **d.** ☐ ***Agency's Experience*** **e.** ☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☐ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☐ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☐ ***Program Budget Worksheet*** **b.** ☐ ***Program Budget Detail*** **c.** ☐ ***Cost Per Unit*** **d.** ☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☐ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License*** **d.** ☐ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☐ ***List of Board of Directors*** **g.** ☐ ***Articles of Incorporation/Bylaws*** **h.** ☐ ***Authorization to Request Funds*** **i.** ☐ ***Authorized official designation*** **j.** ☐ ***3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: The Institute of Art Therapy, Inc.

Applicant Organization's Physical Address: 200 N. Greensboro St. Suite D-6, Carrboro, NC 27510

Applicant Organization's Mailing Address: same

Applicant Organization's Web Address: www.ncati.org

Executive Director: Kristin Linton

Telephone Number: 919-824-7587 E-Mail: klinton@ncati.org

DUNS Number: 01-702-3566

(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: The Burma Art Therapy Project

Project/Program Primary Contact and Title: Kristin Linton, Executive Director

Telephone Number: 919-824-7587 E-Mail: klinton@ncati.org

c) Funding Request Identification

Total Project/Program Cost: $123,385 Total Amount of Funds Requested: $15,000

Proposed Use of Funds Requested (2-3 Line Maximum): ATI proposes to utilize funding for art therapy groups and individual uninsured clients, as well as art supplies for these clients. We would also subsidize the cost of clinical supervision and evaluation and assessment of programming.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for each funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $____ ☐ Grant ☐ Loan
☐ HOME CHDO $____ ☐ Grant ☐ Loan
☐ HOME Other $____ ☐ Grant ☐ Loan
☒ Human Services: ☒ Carrboro $5,000 ☒ Chapel Hill $5,000 ☒ Orange County $5,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1-21-16
Executive Director Date

Signature: _____ 1/21/16
Board Chairperson Date

MAIN APPLICATION

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ X☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ X☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ X☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ X☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director Date 1-21-16

Signature: _____ Board Chairperson Date 1/21/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)

The Art Therapy Institute (ATI) began providing counseling services in the Triangle Area in 2006 under another fiscal agent, and became an independent 501(c)(3) in 2009. We have been in operation for 9 years. ATI was incorporated on September 18, 2009.

b) Agency's Purpose/Mission

Mission Statement: The Art Therapy Institute is an organization of mental health professionals dedicated to the healing power of the arts. We provide clinical art therapy services to diverse populations, empowering clients to develop their identities through the art-making process. We also offer training to allied professionals and seek to raise awareness in the general community about our profession and the benefits of art therapy.

Vision Statement: We envision a world where the universal healing power of the arts is experienced and valued.

Key Beliefs/Core Values

- Access: We advocate that mental health services should be available to all who need them.
- Client Centered: Our work is guided by the unique needs of each client.
- Healing: All that we do is directed toward health, wholeness and creating the space for healing.
- Empowerment: We support clients in finding their own paths and professionals whose research is consistent with our mission.
- The Arts: We believe that everyone has the ability to be creative.
- Community: We seek always to be inclusive: in defining the creative process; in working with other professionals; and in engaging the broader community.
- Professional: We are accountable for meeting the highest standards of training, competency and ethics.
- Hope: We affirm the inherent power of people to find their own strength and develop their own aspirations.
- Compassion: We relate to others through caring and kindness, nurturing and devotion, sharing our joys and challenges.

c) Types of Services the Agency Provides

The Art Therapy Institute (ATI) began providing counseling services in the Triangle Area in 2006 and became an independent 501(c)(3) in 2009. Now serving clients primarily in Chapel Hill, Carrboro and Durham, ATI utilizes art therapy to help improve the physical, mental, and emotional well-being of individuals of all ages. ATI's masters-level clinicians provide community-based services and improve access to mental health services for underserved populations. ATI currently serves the following populations through our diverse programs: refugees from Burma, general ESL newcomers, children with intellectual and physical disabilities, adults with mental illness, children receiving bone marrow transplants or treatment for cancer and blood disorders, elderly patients with Alzheimer's and dementia, and general art therapy referrals from community members. By approaching mental health issues through the healing components of the arts, ATI provides support that is culturally sensitive to a wide range of populations and prevents the need for more intensive interventions. In addition, ATI works to build the field of art therapy in the southeast by providing training and education through workshops, internships, and volunteer opportunities for students and professionals interested in learning more about art therapy

d) Agency's Experience with Similar Programs as the Funding Request

ATI has been working on the Burma Art Therapy Program since 2008, and has grown this program very slowly, with substantial input from community members, clients, and key stakeholders. We continue to monitor and evaluate our program to ensure effectiveness and alter goals and desired outcomes as needed so we continue to meet our refugee client's needs as they shift as well. This program has grown tremendously since inception.

Beginning in a similar, grassroots manner, the executive director (ED) of ATI started an art therapy program for students with exceptional needs in the Chapel Hill/Carrboro schools in 2005, in one school, prior to founding ATI. The contract was brought in house to ATI and we have been serving the entire Exceptional Children's (EC) program since. Our EC contract with the schools continues to grow in scope, and we currently serve all of the self-contained classrooms in the district, working directly with over 115 students annually. We work closely with the administration, teachers, and other staff to deliver art therapy services that enhance the growth, development, and opportunity for success for all of our students. In addition, we have collaborated with groups at Extraordinary Ventures and other community agencies to serve our clients outside of school.

Our other programs, while smaller in scope, remain passion projects of our clinicians, and we work with children in pediatric oncology at Duke and UNC, elders in memory care groups at assisted living facilities, and adults with severe and persistent mental illness through free weekly groups at our office. Through all of our programming, we provided art therapy services to over 370 individuals in the community in 2015. In addition, we provided workshops and trainings to over 40 professionals in the community through our continuing education series and our internship program. We have a proven track record to stretch a budget to cover a wide range of services, we work to get art supplies donated whenever possible, and continuously reach out to our community for support and funding as we need it. Our community knows our work, attends our art shows and community fundraisers in large numbers, and continues to volunteer, intern, and donate time and funding with ATI in growing capacity as we continue to learn how to utilize a wide variety of resources and talent.

e) Other Pertinent Agency Information

Over the course of the past 3 years, with the help of scholarship funds from the Triangle Community Foundation, ATI has undergone extensive capacity building with three separate contracts through the Executive Service Corp (ESC) of the Triangle. We have undergone strategic planning including a SWOT analysis, a revised mission and vision, and a case statement, which we in turn used for board development. This board development began with outreach into the community with the goal of finding diverse and qualified individuals committed to our mission and we now have a fully functioning, 10 person working board. Finally, an executive coaching contract for our ED, which lasted an entire year, ensured that we increased our ability to grow in a sustainable manner with strong leadership at the helm. We have hosted two annual board development meetings, board and clinician retreats, and are currently working on our next 5 year strategic planning cycle to incorporate all of our work up to now into our guiding document.

In addition, ATI has brought all of our insurance billing in house over the course of this past year, and as we begin to operate more like a traditional agency, we plan to begin hiring some of our currently contracted staff members as employees (thus far, there are no employees at ATI) to continue to passionately carry out our mission in a sustainable way that ensures our clinicians can continue to best meet the needs of our clients. Intentionally, we have grown slowly, and with very realistic goals and ideas about this expansion to ensure that we continue to serve our clients and our community for years to come.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: The Institute of Art Therapy, Burma Art Therapy Program

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the application and supplemental application sections as specified below:

☒ **Human Services (Main Application Only)**
☐ **AH Non-Construction (Main Application Only)**
☐ **AH Construction — (Main Application AND Part B)**
☐ **AHDR Non-Construction (Main Application Only)**
☐ **AHDR Construction — (Main Application AND Part B)**
☐ **CDBG Non-Construction — (Main Application AND Part A)**
☐ **CDBG Construction — (Main Application AND Part A AND Part B)**
☐ **HOME CHDO Set-aside — (Main Application AND Part A)**
☐ **HOME Other — (Main Application AND Parts A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition	X	X			
Job Training					
Sports and Arts Activities	X	X			
Pre-School Activities					
After-School Activities					
Mentoring	X				
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)

Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

"Something you should know about me is that I really like art, and art is important. Because if you don't know what's happening and you can't speak the language, you can draw for them, and they will know exactly what you mean." -Refugee student from Burma, age 7

ATI contributes to the health and wellbeing of the growing population of newly arrived immigrants and refugees, hereafter referred to as "newcomers", in Chapel Hill, Carrboro, and Orange County. In 2008, ATI began providing counseling services for refugees from Burma through its Burma Art Therapy Program; now, in addition to continued services for refugees from Burma, ATI also serves approximately 160-180 newcomers per year from all over the Middle East, Southeast Asia, Central and Northeastern Africa, and Central America. The school-based art therapy sessions are tailored to each newcomer's specific needs, as established by the client (i.e., newcomer), family, and therapist. Sessions generally fall into one of the following practices: *client-driven*, wherein the art media, specific directives, and topics to be explored are chosen by the client; and *therapist-directed*, wherein the therapist chooses prompts, content, and art media to address specific therapeutic themes and goals. A typical group or individual session might cover potential themes, such as personal identity or acculturation, in order to address mental health outcomes commonly experienced by newcomer youth, such as depression, anxiety, and low self-esteem.

ATI is seeking funding to 1) support group art therapy work for newcomers which cannot be billed to insurance, 2) expand art therapy services to reach newcomers that either do not have or lose insurance, and 3) cover the cost of art supplies. Grant funds are thus primarily spent on direct services with some additional funding earmarked for evaluation. ATI has already demonstrated its potential to serve as a national model for art therapy service delivery and evaluation through two research manuscripts that will be published in 2016 with researchers from UNC. As ATI continues to grow and provide services, funding is essential to help all newcomers (particularly the most vulnerable who lack insurance) benefit from art therapy services.

ATI's activities align well with town (Chapel Hill and Carrboro) and county (Orange) priorities. Specifically, ATI provides counseling services for many disadvantaged residents (in this program, newcomers) who often lack traditional safety-net services, such as medical care (priority area #1). ATI counseling is also targeted to intervene with youth already facing challenges, including academic, mental health, and social concerns (priority area #2) and through its art therapy programs, ATI seeks to improve the health and wellbeing of said newcomers (priority area #3). By aligning with all three priority areas through its focus on health and wellbeing for residents in need, ATI is uniquely situated to serve town and county residents. In fact, the Burma Art Therapy Program began as a response to a community needs assessment from UNC-Chapel Hill.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Studies of refugee children indicate that up to 40% may have psychiatric disorders, including post-traumatic stress disorder, depression, anxiety, sleep problems, conduct disorder, attention problems, generalized fear, hyperactivity, difficulties in peer relationships, and separation anxiety (Hodes, 2000). Compounding these problems, evidence suggests that newcomers, particularly youth, underuse mental health care services due to stigma, lack of appropriate translators, financial limitations, and insufficiency of mental health care services (Lustig et al., 2004).

Locally, evaluations of ATI's services have shown that newcomer students are often at risk for mental health conditions, academic problems, and difficulties socializing. For instance, in a pilot evaluation, which will be published in a peer-reviewed journal in 2016, 44% of sampled students were symptomatic for depression and 50% had abnormal classroom behavior and emotional symptoms. To meet the needs of newcomer students and improve mental health, academic, and social wellbeing, all of ATI's services are evidence based. For instance, in the past year through pre

and post evaluations, 42% of measured students reported fewer difficulties interacting with peers and 57% of reported increased happiness. Moreover, 100% of measured students reported fewer symptoms of anxiety. Without access to resources to help navigate acculturation to a new country and environment and to heal from the trauma of war, persecution, and relocation, health and quality of life are elusive. ATI is thus meeting needs of newcomers that few other organizations provide.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

ATI provides counseling services to approximately 160-180 newcomers: children and adolescents in schools, adults at a local community health center referred by their doctor or social worker and adult women referred through the clinic, through newcomer support groups in the community. 115 of these newcomers are students in Chapel Hill, Carrboro, Orange County schools. We are seeking funding to continue support for the most vulnerable newcomers—those without insurance—and for group art therapy sessions, which cannot be billed to insurance. Newcomer students are referred for art therapy by teachers, social workers, counselors, medical professionals, and other community members involved with the local newcomer population. Reasons for student referrals include, but are not limited to, academic struggles; behavioral, emotional, and social issues; and/or knowledge of family discord or trauma. After receiving the referrals, therapists visit referred students' homes with an interpreter, meet with the families, describe art therapy, develop treatment plans, and obtain all necessary consent and release forms.

e) Who specifically will carry out the activities and in what location will they be carried out?

All ATI therapists have master's degrees in art therapy or related fields, and are all fully licensed or working towards full licensure as art therapists, professional counselors, and social workers. All clinicians receive weekly group supervision and individual supervision as needed, according to client load and level of licensure. The ED and Associate Director have a combined experience practicing in the field for over 20 years and the Associate ED is actively pursuing her PhD in expressive art therapy with her dissertation research focused on refugee mental health. Art therapy activities for this program will be carried out by 9 ATI therapists in 17 participating Chapel Hill, Carrboro, Orange County, and Durham Public schools. In addition, our two UNC School of Public Health Capstone teams have collaborated with us to design, implement and publish results from two of our annual evaluations. An additional capstone team may assist with evaluation in 2016.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Approximately 20-24 sessions for newcomer students will be conducted per school year (August to May), each lasting 45-55 minutes. Sessions will include individual art therapy or group-art therapy, which is used to foster social relationships and build social skills. Evaluation activities will also occur over the school year. 4 measures will be delivered at baseline over a period of 4 weeks (October) and 3 measures will be delivered at follow-up over a period of 3 weeks (May).

Activity	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Intakes with families & students										
Provide weekly art therapy										
Deliver baseline measures										
Deliver follow-up measures										
Clean and manage data										
Analyze results										
Disseminate findings										

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- **Cardinal Innovations** is a managed care organization that contracts with ATI to provide services to many of our clients who have Medicaid. They also provide a stipend for our work at the Carrboro Community Health Center, a women's group and some translation services.
- **The Carrboro Community Health Center/Piedmont Health** provides comprehensive health services and education to all segments of the community, with special emphasis on vulnerable populations. They refer clients to ATI, sign medical service orders for art therapy, and provide space for ATI to provide individual art therapy for adults one day a week.
- **Chapel Hill-Carrboro City Schools:** The ESL Director, the EC Program Director, counselors, ESL and EC teachers, and social workers are all dedicated to partnering with ATI for continued service to the students in the school system and are primary contacts for referral sources to ATI.
- **Durham Public Schools:** The ESL Director at the Durham Public Schools invited ATI to a newly formed newcomer coalition of providers in Durham. At the end of 2014, ATI received our first contract with DPS to run 6 art therapy groups with their growing newcomer students.
- **Refugee Health Coalition** brings together the Orange County health department, social service providers, schools, two local healthcare systems, and four resettlement agencies. ATI clinicians attend the Refugee Health Coalition monthly meeting to keep up-to-date on refugee health issues and receive support from other organizations.
- **Refugee Mental Health Coalition subcommittee** was formed as a special task force of mental health providers specifically focused on refugees. ATI is hosting the first official meeting of this subcommittee in Feb. 2016 and will be providing a presentation about our services.
- **UNC Gillings School of Global Public Health** has provided two teams of master's students to work with ATI over the course of 2 years to create a sustainable evaluation for the Burma Art Therapy Program. Two MPH Graduates from UNC serve on our Board and continue to help with the evaluation of our Burma Program work. We plan to collaborate with our third team in 2016.
- **Transplanting Traditions** is a community farm whose mission is to provide refugee adults and youth access to land, healthy food and agricultural and entrepreneurial opportunities. In 2015, ATI collaborated with refugee farmers to harvest and prepare traditional Burmese food for our community art event.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

ATI continues to grow in a thoughtful and sustainable manner and is actively utilizing the resources and surrounding community to strengthen and guide organizational efforts. Programming will continue if funding is not provided. However, the most vulnerable students will most likely not be seen. This is because vulnerable students often have the least parental support in qualifying for and keeping health insurance, which funds most of the school based therapy. ATI can only provide complete therapy to students without matching insurance coverage through grant funding.

i) Include any other pertinent information.

In addition to sharing evidence, resources, and best practices with the greater community, ATI is honored to share the stories of newcomer clients through their artwork. Every year, we have a Spring art show, free to the public, where our newcomers clients display their artwork and stories. ATI is proud to use our art therapy programming to help the newcomer community tell their stories and make connections within the greater community.

ATI also works to strengthen work with newcomers through presenting at national conferences such as The American Art Therapy Association, the Association of Licensed Professional Counselors, and the American Public Health Association conferences and through publishing peer reviewed journal articles on best practices in supporting mental health for newcomer youth. Funding ATI in our evaluation work could not only improve the lives of newcomers locally, but also nationally, as we disseminate the results of our work. We credit our funders who make this work possible in all presentations, publications, and communications with our community helping to raise the profile of funders in helping us do this important work.

Program/Project Information

- **j)** Complete the Target Population and Program Beneficiary Demographics Chart
- **k)** Complete the Schedule of Positions Chart for Program Staff
- **l)** Disclosure of Potential Conflicts of Interested must be signed
- **m)** Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Burma Art Therapy Program

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	99	96	102
Female	77	67	75
Total	176	163	177
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	3	4	5
American Indian or Alaska Native			
Asian	125	99	100
Caucasian			
Native Hawaiian or other Pacific Islander			
Other	48	60	72
Total	176	163	177
Of the above, how many Hispanic/Latino	48	60	77
Of the above, how many non-Hispanic/Latino	128	103	100
Total	176	163	177
Age			
0-5 years			
6-18 years	168	151	162
19-50 years	6	12	15

51-61 years			
62+ years	2		
Total	176	163	177
Geographic Location			
Durham City	42	40	40
Durham County			
Carrboro	56	61	67
Chapel Hill	76	62	70
Chapel Hill Public Housing Residents			
Orange County	2	0	0
Raleigh			
Wake County			
Total	176	163	177
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total			
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total			

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director/Art Therapist	1		13,205	36,000	38,000	19.9%	
Associate Director/ Expressive Therapist	.75		3,075	24,000	28,000	14.7%	
Therapists (7 at .5 time)=	3.5	0	45,695	84,000	90,000	47.1%	
Translator	.25		0	9,000	10,000	5.2%	
Board Members (10, Volunteer)							
Interns (6, Volunteer)							
Volunteers (approximately 25 annually)							
*These numbers only include monies that actually run through ATI. Some of our contracts bill directly to the clinicians. (and prior to 2015, *most* funding went directly to clinicians without passing through ATI)							
Volunteer hours (from ALL above) /1960=	2.73	Add all volunteer hours=5 355/1960					

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1: reach and retention			
Program Goal	50% of school clients retained in art therapy	By follow-up of the Burma Art Therapy Program (BATP), ATI clinicians will have delivered art therapy sessions to 210 students participating in BATP, as measured by # of students in session notes.	By follow-up of the Burma Art Therapy Program (BATP), ATI clinicians will have delivered art therapy sessions to 177 newcomer clients, as measured by # of students in session notes.
Performance Measures	Art therapy records, attendance	Session notes filed by clinicians indicating the number of students participating in the individual and group art therapy sessions delivered.	Session notes filed by clinicians indicating the number of students participating in the individual and group art therapy sessions
Program Results	90% of school clients were retained in art therapy.	ATI clinicians delivered sessions to 163 newcomers, 115 of which were students. While this is slightly below our goal of 210 students, this was an expansion from the previous year, and we were expected more students from Durham Public Schools but funding was limited due to budget cuts.	
Program Activity 2: depression			

Program Goal	50% of participating children will suffer fewer symptoms of one or more of the following: PTSD, depression and anxiety	From baseline to follow-up, 40% of participating children will suffer fewer symptoms of depression, as measured by total number of symptoms on the Hopkins-Symptom Checklist-25.	Among the newcomer clients symptomatic for depression at baseline, 30% will not be symptomatic for depression at follow-up, as measured by the Hopkins-Symptom Checklist-25.
Performance Measures	Hopkins Symptoms Checklist-25	Hopkins Symptoms Checklist-25	Hopkins Symptoms Checklist-25 (according to scale scoring instructions, when the mean depression score exceeds 1.75, then a client is "symptomatic" for depression).
Program Results	50% of participating children suffered fewer symptoms of depression.	62.5% of sampled students had a small increase in depression symptoms. Among students symptomatic for depression at baseline, 1/3 (33.3%) were not symptomatic for depression at follow-up. Research has suggested that increases in depression for individuals undergoing therapy can be expected as relationships with therapists develop and participants feel more comfortable reporting symptoms.	
Program Activity 3: anxiety			
Program Goal	50% of participating children will suffer fewer symptoms of one or more of the following: PTSD, depression and anxiety	From baseline to follow-up, 50% of participating children will suffer fewer symptoms of anxiety, as measured by total number of symptoms on the Hopkins-Symptom Checklist-25.	From baseline to follow-up, 60% of newcomer clients will suffer fewer symptoms of anxiety, as measured by total number of symptoms on the Hopkins-Symptom Checklist-25.
Performance Measures	Hopkins Symptoms Checklist-25	Hopkins Symptoms Checklist-25	Hopkins Symptoms Checklist-25
Program Results	60% of participating children suffered fewer symptoms of anxiety.	All sampled students (100%) had fewer symptoms of anxiety.	

Program Activity 4: emotional difficulties			
Program Goal	NA (not assessed this year)	From baseline to follow-up, 40% of participating children will experience fewer emotional difficulties, as measured by total number of emotional difficulties on the Strengths and Difficulties Questionnaire.	From baseline to follow-up, 50% of newcomer clients will experience fewer emotional difficulties, as measured by total number of emotional difficulties on the Strengths and Difficulties Questionnaire.
Performance Measures	NA	Strengths and Difficulties Questionnaire	Strengths and Difficulties Questionnaire
Program Results	NA	57% of sampled students reported fewer emotional difficulties.	
Activity 5: Self-esteem			
Program Goal	50% of participating students will have increase in self-esteem	From baseline to follow-up, 45% of participating children will report greater happiness, as measured by total number of happiness items on the Piers-Harris Self-Concept Scale.	From baseline to follow-up, 50% of newcomer clients will report greater happiness, as measured by total number of happiness items on the Piers-Harris Self-Concept Scale.
Performance Measures	Piers-Harris Self-Concept Scale	Piers-Harris Self-Concept Scale	Piers-Harris Self-Concept Scale
Program Results	Overall, 57% of participating students reported improved self-concept (also referred to as self esteem). In detail, 47% of participating students had improvements in behavioral adjustment, 60% of participating students had increased in feeling freedom from anxiety, 43% of participating students reported increased popularity, and 43% of participating students reported increased happiness.	57% of sampled students reported greater happiness.	
Activity 6: Community-based / strengths based goals			

Program Goal	NA (not assessed this year)	From baseline to follow-up, clinicians will deliver a post-traumatic growth scale to 40% of participating children, as measured by Activity Log indicating the number of students participating.	In an effort to become more community-based and increase local community engagement, by follow-up of the program, ATI will partner with a community-based refugee organization (e.g., Transplanting Traditions) to create a community or family-based art project that is based on community and newcomer client input.
Performance Measures		Session notes indicating the number of students participating in the individual and group art therapy sessions delivered.	Session notes (from the ED and associate ED) indicating ATI's partnerships and activities with other collaborating agencies.
Program Results		The post-traumatic growth scale was piloted with 10 children. After piloting the measure, we felt that it did not accurately represent what we wanted to capture and was not a valid measure to use with this population.	

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program: **(DBA): The Art Therapy Institute 2016-17 Application**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 3,500	$ 7,000	$ 7,500	7%
Agency Generated Revenue (fees)	$ 52,000	$ 80,000	$ 95,000	19%
Local Government Grants:				
Orange County		$ 1,000	$ 5,000	400%
Town of Chapel Hill	$ 2,000	$ 2,000	$ 5,000	150%
Town of Carrboro	$ 3,000	$ 3,500	$ 5,000	43%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue	$ 8,000	$ 10,000	$ 10,000	0%
Please list 3 largest Miscellanous sources:				
Chapel Hill/Carrboro City Schools $ 7,500.00				
UNC/Impact Grant $ 2,500.00				
HAIS Grant $ 3,000.00				
Total Agency Revenue	**$ 68,500**	**$ 103,500**	**$ 127,500**	**23%**
AGENCY EXPENSES				
Compensation	$ 60,000	$ 85,000	$ 111,200	31%
Rent & Utilities	$ 2,100	$ 2,550	$ 2,750	8%
Supplies & Equipment	$ 1,200	$ 3,600	$ 4,650	29%
Travel & Training	$ 500	$ 800	$ 1,200	50%
Other Expenses:	$ 2,200	$ 3,500	$ 3,585	2%
Please list 3 largest "Other Expenses":				
Professional Liability Insurance $ 3,000.00				
ommunity Kitchen rental for artsho $ 500.00				
$ -				
Total Agency Expenses	**$ 66,000**	**$ 95,450**	**$ 123,385**	**29%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 2,500**	**$ 8,050**	**$ 4,115**	**-49%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: The Burma Art Therapy Program

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Individual Counseling Session	$60	*45 individual clients x 24 weeks x $60*	$64,800
Group Art Therapy	$120	*16 groups x 20 weeks x $120*	$38,400
Supplies for one individual session	$2	*$2/session x 24 sessions x 45 clients*	$2,250
Supplies for one group	$8	*$8 x 16 groups x 20 weeks*	$2,560
Evaluation Supplies	$75	*165 copies of evaluation*	$75
Time to input/analyze data	$15 per hour	*$15/hour x 20 hours*	$300
Professional Trainings related to newcomers	$170 per clinician	*$170 per clinician x 7 clinicians*	$1,200
Professional Liability Insurance	$750	*¼ Cost of annual premium of $3000*	$750
Portion of rent & utilities	$2400	*¼ of rent and utilities ($11,000/4)*	$2,750
Portion of office supplies	$500	*¼ of office supplies*	$500
Interpreter fees	$45/hour	*7.5 hours per week/24 weeks*	$8,000
Supervision of clinical work	$75/week	*$75 group supervision x 24 weeks*	$1,800
		Total	**$123,385**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$65,500**	**$97,000**	**$123,385**
Total # of Units	**176 clients x 20 weeks =3520 units**	**163 clients x 20 weeks of therapy=3260 units**	**177 clients x 20 weeks= 3540**
Cost Per Unit	**$18.61**	**$29.75**	**$34.85**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **The Institute of Art Therapy, Inc. (DBA: The Art Therapy Institute)**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 21,000	$ 28,000	$ 30,000	7%
Agency Generated Revenue (fees)	$ 94,000	$ 135,000	$ 140,000	4%
Local Government Grants:				
Orange County		$ 1,000	$ 5,000	400%
Town of Chapel Hill	$ 1,500	$ 2,000	$ 5,000	150%
Town of Carrboro	$ 3,000	$ 3,500	$ 5,000	43%
Other Local:	$ -			0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: UNC Impact/Duke Community		$ 6,500	$ 4,000	-38%
Other Grants: HAIS	$ 3,000			0
Miscellaneous/Other Revenue	$ 1,200	$ 1,500	$ 2,000	33%
Please list 3 largest Miscellanous sources:				
ATI Programming at office $ 1,500.00				
Total Agency Revenue	**$ 123,700**	**$ 177,500**	**$ 191,000**	**8%**
AGENCY EXPENSES				
Compensation	$ 110,000	$ 142,000	$ 160,000	13%
Rent & Utilities	$ 8,400	$ 10,200	$ 11,000	8%
Supplies & Equipment	$ 2,000	$ 4,800	$ 5,500	15%
Travel & Training	$ 500	$ 1,200	$ 1,600	33%
Other Expenses:	$ 2,200	$ 5,000	$ 7,000	40%
Please list 3 largest "Other Expenses":				
Liability Insurance $ 3,000.00				
Art supplies $ 2,500.00				
NBCC/etc. membership fees $ 500.00				
Total Agency Expenses	**$ 123,100**	**$ 163,200**	**$ 185,100**	**13%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 600**	**$ 14,300**	**$ 5,900**	**-59%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency _**Triangle Bikeworks**_____

Program(s) _**Spoke'n Revolutions Youth Cycling**_

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☒ ***NC Solicitation License*** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☐ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☒ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Triangle Bikeworks

Applicant Organization's Physical Address: 115 W. Main Carrboro, NC 27510

Applicant Organization's Mailing Address: P.O. Box 17202 Chapel Hill, NC 27514

Applicant Organization's Web Address: http://trianglebikeworks.org

Executive Director: Kevin Hicks

Telephone Number: 919-949-3359 E-Mail: kevin@trianglebikes.org

DUNS Number: _____
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Spoke'n Revolutions Youth Cycling

Project/Program Primary Contact and Title: Kevin Hicks

Telephone Number: 919-949-3359 E-Mail: kevin@trianglebikes.org

c) Funding Request Identification

Total Project/Program Cost: $15,000 Total Amount of Funds Requested: $7,500

Proposed Use of Funds Requested (2-3 Line Maximum): 2017 summer tour cycling sections of the Trail of Tears

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

- ☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
- ☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
- ☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
- ☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

☐ Human Services: ☒ Carrboro $3250 ☒ Chapel Hill $3250 ☒ Orange County $1000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Jan 24, 2016
Executive Director Date

Signature: _____ 1/24/16
Board Chairperson Date

TRIANGLE BIKEWORKS

Chapel Hill, NC 27514

T 919-949-3359
ride@trianglebikeworks.org
www.trianglebikeworks.org

January 24, 2016
Jackie Thompson
Nate Broman-Fulks
Allen Coleman

Dear members of the Human Services Grant Committee,

This serves as authorization for Kevin Hicks to negotiate for and contractually bind Triangle Bikeworks.

Authorized addresses:

Executive Director
Kevin Hicks
919-949-3359
920 Shady Lawn Road Ext
Chapel Hill, NC 27514

Vice Chair
Anthony Pergolotti
919-475-2455
508 Oak Avenue
Carrboro, NC 27510

This is also to state that Triangle Bikeworks is exempt from Solid Waste Program Fee because it does not own property as outlined in the ordinance.

Sincerely yours,

Anthony Pergolotti
Vice Chair

Triangle Bikework

1/24/16

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date: Jan 24, 2016

Signature: _____ Board Chairperson — Date: 1/24/16

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

Years in Operation and Agency's Purpose

Triangle Bikeworks has been in operation for four years and incorporated in the state of North Carolina since October 2012.

The purpose of Triangle Bikeworks is to create opportunities for young people to learn and practice lessons in leadership, health and wellness, self-esteem, achievement and environmental stewardship through bicycle education programs and volunteer service trips.

Types of Services the Agency Provides

Triangle Bikeworks provides a non-traditional means of physical activity and education. Through the Spoke'n Revolutions Youth Cycling program youth are engaged in a physically demanding, albeit less aerobic, means of travel. Using the bicycle, youth travel pre-designated routes where they are able to learn the culture and history of the region they bike through. By exposing young people to new challenges, other cultures and diverse environments through a challenging hands-on experience, Triangle Bikeworks believes we can open young people's eyes to new ways of thinking and inspire them to create positive change in their own lives and communities for the future.

After the first tour in 2011 of the Underground Railroad it was written that the program "is project-based learning at its best, combining travel to powerful places with authentic experience of history and geography, collaboration towards a common goal, and intense physical activity."[1]

Of a more competitive nature, Triangle Bikeworks offers Cyclocross racing, a form of in-park bike races where the youth can measure themselves against others to have a goal for improvement. Cyclocross is an intensive 30 minute race that happens each fall season.

Mountain Bike racing is another competitive offering that makes use of the wonderful trail system in our region and state. Similar in intensity to cyclocross, mountain bike racing will challenge youth to set achievable goals and work together as a team.

A growing body of research literature finds that in addition to improved physical health, sport plays a primarily positive role in youth development, including improved academic achievement, higher self-esteem, fewer behavioral problems, and better psychosocial. Many studies focus on the effects of sport on the five "C's"—Competence, Confidence, Connections, Character, and Caring—which are considered critical components of positive youth development.[2]

[1] http://www.edutopia.org/blog/project-based-learning-national-parks-milton-chen
[2] http://truesport.org/resources/publications/reports/psychological-and-social-benefits-of-playing-true-sport/

Agency's Experience with Similar Programs as the Funding Request
Triangle Bikeworks has no experience with other agencies with similar youth touring or project based learning programming. In 2013, Triangle Bikeworks was successful in creating the seed program for the Youth Hammercross Cyclocross program put on by the adults in the men's Hammercross cyclocross team.

Other Pertinent Information
Triangle Bikeworks will also be instrumental in the formation of a team of youth participating in the North Carolina Interscholastic Cycling Association's (NCICA) mountain bike racing league. Youth mountain bike racing will begin training and team formation fall of 2016 with races starting spring 2017.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: ___Triangle Bikeworks - Spoke'n Revolutions Youth Cycling____

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X				
Health and Nutrition					
Job Training					
Sports and Arts Activities	X				
Pre-School Activities					
After-School Activities	X				
Mentoring	X				
Transportation	X				
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?
c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.
d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.
e) Who specifically will carry out the activities and in what location will they be carried out?

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart

k) Complete the Schedule of Positions Chart for Program Staff

l) Disclosure of Potential Conflicts of Interested must be signed

m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	7	13	13
Female	6	10	10
Total	13	23	23
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	4	11	11
American Indian or Alaska Native			
Asian	6	4	4
Caucasian			
Native Hawaiian or other Pacific Islander			
Other (Latino)	3	8	8
Total	13	23	23

Of the above, how many Hispanic/Latino	3	8	8
Of the above, how many non-Hispanic/Latino	10	15	15
Total	13	23	23
Age			
0-5 years			
6-18 years	13	23	23
19-50 years			
51-61 years			
62+ years			
Total	13	23	23
Geographic Location			
Durham City			
Durham County			
Carrboro			
Chapel Hill	13	23	23
Chapel Hill Public Housing Residents			
Orange County			
Raleigh			
Wake County			
Total	0	0	0
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income	11	22	22
51-80% Area Median Income			
> 80% Area Median Income	2	1	1
Total	12	23	23
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
*							
Volunteer Exec Dir			1	1	1	0	

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1			
Program Goal			
Performance Measures			
Program Results			
Program Activity 2			
Program Goal			
Performance Measures			
Program Results			
Program Activity 3			
Program Goal			
Performance Measures			
Program Results			
Program Activity 4			
Program Goal			
Performance Measures			
Program Results			
Program Activity 5			
Program Goal			
Performance Measures			
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program **Spoke'n Revolutions Youth Cycling**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ 12,101	$ 15,000	$ 16,500	10%
Agency Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ -	$ 1,250	$ 1,000	-20%
Town of Chapel Hill	$ -	$ 1,250	$ 1,250	0%
Town of Carrboro	$ -	$ 1,250	$ 1,250	0%
Other Local:	$ -			0
Other Local:	$ -			0
Other Local:	$ -			0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -			0
State Government	$ -			0
Federal Government	$ -			0
Other Grants:	$ -			0
Other Grants:	$ -			0
Miscellaneous/Other Revenue	$ 2,000	$ -	$ -	0
Please list 3 largest Miscellanous sources:				
Bressler Foundation $ 2,000.00				
Total Agency Revenue	**$ 14,101**	**$ 18,750**	**$ 20,000**	**7%**
AGENCY EXPENSES				
Compensation	$ -	$ -	$ -	0
Rent & Utilities	$ -	$ 1,000	$ 1,100	10%
Supplies & Equipment	$ -	$ 333	$ 333	0%
Travel & Training	$ -	$ 250	$ 250	0%
Other Expenses:		$ 13,940	$ 15,000	8%
Please list 3 largest "Other Expenses":	**$ 13,828**			
ooke'n Revolutions Summer To $ 10,265.00				
Contract Services $ 1,875.00				
Insurance and Other Expenses $ 1,688.00				
Total Agency Expenses	**$ 13,828**	**$ 15,523**	**$ 16,683**	**7%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 273**	**$ 3,227**	**$ 3,317**	**3%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _Spoke'n Revolutions' Trail of Tears Tour 2017_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Program Participants and Chaperones	222.75	13	2895.75
Camping Accommodations	86.85	15	1302.75
Food	166.04	15	2490.71
Support Vehicle Fuel	1990.19	1	1990.19
Contract Services	1875.00	1	1875.00
Tour Jerseys	76	15	1140.00
Insurance	1688.00	1	1688.00
		Total	**13,382.40**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**13,828.00**	**13,382.40**	**15,000.00**
Total # of Units	**15**	**15**	**15**
Cost Per Unit	**921.86**	**892.16**	**1000.00**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Triangle Bikeworks**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 31,798	$ 20,000	$ 22,000	10%
Agency Generated Revenue (fees)		$ 2,000	$ 2,000	0%
Local Government Grants:				
Orange County		$ 1,250	$ 1,000	-20%
Town of Chapel Hill		$ 1,250	$ 1,250	0%
Town of Carrboro		$ 1,250	$ 1,250	0%
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants:	$ -	$ -	$ -	0
Other Grants:	$ -	$ -	$ -	0
Miscellaneous/Other Revenue	$ 9,500	$ 2,500	$ 2,750	10%
Please list 3 largest Miscellanous sources:				
IBM Community Grant $ 2,500.00				
Tarwheels Bike Club (restricted $ 2,500.00				
CHC Youth Forward (restricted $ 4,500.00				
Total Agency Revenue	**$ 41,298**	**$ 28,250**	**$ 33,250**	**18%**
AGENCY EXPENSES				
Compensation	$ -	$ -	$ -	0
Rent & Utilities	$ 4,050	$ 3,000	$ 3,300	10%
Supplies & Equipment	$ 927	$ 1,000	$ 1,100	10%
Travel & Training	$ 247	$ 750	$ 825	10%
Other Expenses:	$ 13,940	$ 13,940	$ 15,334	10%
Please list 3 largest "Other Expenses":				
Contract Services $ 3,993.00				
Facilities and Equipment $ 3,936.00				
Insurance and Other Expenses $ 6,011.00				
Total Agency Expenses	**$ 19,164**	**$ 18,690**	**$ 20,559**	**10%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 22,134**	**$ 9,560**	**$ 12,691**	**33%**

Program/Project Description

b) Summary: Triangle Bikeworks offers youth cycling programs that are focused on education, personal development and achievement within the Triangle region, the state of North Carolina and the United States. Funding programs of Triangle Bikeworks will accomplish **Priority #2** as stated in the Town of Chapel Hill's Human Services Advisory Board Budget Priorities, FY 2016-17, where it seeks **to fund education, mentorship, and afterschool programming for youth**. Triangle Bikeworks believes that all youth should have the opportunity to expand their physical and cultural boundaries. There are many youth, due to financial or social limitations, that are never exposed to what may provide the greatest source of learning – real life experiences that bring home valuable insights, logical steps for positive change and the opportunity to build important resiliency skills.

c) Local Need: Triangle Bikeworks' programs of organized youth cycling are for those who are under-represented in the activity of cross country adventure bike touring and competitive bike racing such as, Cyclocross and Mountain Bike Racing. The majority of youth that are helped by this programming fall within the Black, Latino and Karen populations of Chapel Hill and Carrboro.

Chapel Hill and Carrboro are both bike friendly towns with cyclists participating in both urban cycling and commuting as well as venturing into the farm regions of Orange and Hillsborough counties for adventurous distance cycling. Participants in these activities do so for the obvious beneficial reasons of transportation, entertainment and health.

While there is no statistical data outlining the lack of participation in cycling by non-White youth it is not hard to perform your own anecdotal analysis of the lack of participation by youth of color. Simply stand on any corner in the two towns on any busy week or in the farm regions of Orange County during the weekend and it will be obvious that there is a lack of diversity. You will find the same small level of participation during Youth Cyclocross and Youth Mountain Bike racing events.

As stated earlier in the application "a growing body of research literature finds that, in addition to improved physical health, sport plays a primarily positive role in youth development…" This can also be said of the distance touring.

Getting developing youth involved in distance cycling accomplishes several things:

- ✓ Removes the stigma that those who cycle are poor
- ✓ Proves that cycling is a viable means of transportation
- ✓ Allows youth to focus and concentrate easier
- ✓ Take safety seriously
- ✓ Allow youth to become more self sufficient

It also offers a way into a lifestyle that has lasting benefits for the individual in the way of health and benefits the community by reducing the number of emission vehicles needing to be on the road.

d) Population Identification: The population of youth to be served will reside in the Black, Latino and Karen populations of Chapel Hill and Carrboro. By exposing these young people to new

challenges, other cultures and diverse environments through an intense hands-on experience, Triangle Bikeworks believes we can open young people's eyes to new ways of thinking and positively impact them to create positive change in their own lives and communities for the future.

e) Location: Triangle Bikeworks will carry out the activities from the offices of 115 W. Main in Carrboro, NC.

f) Timeline: It will be July 2016 when the determination of grantees will be finalized. Funding will be for the Spoke'n Revolutions Youth Cycling program, which runs from October 2016 until August 2017. The 2017 tour will be centered on sections of the Trail of Tears; a region stretching from Florida to Oklahoma.

Practices for the program will be held weekly.

g) Agency's Experience with Similar Programs as the Funding Request
Triangle Bikeworks has no experience with other agencies with similar youth touring or project based learning programming. In 2013, Triangle Bikeworks was successful in creating the seed program for the Youth Hammercross Cyclocross program put on by the adults in the men's Hammercross cyclocross team.

h) If not funded: Triangle Bikeworks will continue the project with limited funding, less youth, and possibly with personal funds as has been done before. But continue it, nonetheless, because the work is important to those who are in the program.

i) *Other Pertinent Information*
Triangle Bikeworks will also be instrumental in the formation of a team of youth participating in the North Carolina Interscholastic Cycling Association's (NCICA) mountain bike racing league. Youth mountain bike racing will begin training and team formation fall of 2016 with races starting spring 2017.

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency: United Way of the Greater Triangle

Program(s): Orange County Food Council

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ***X Applicant Contact Information*** **b.** ***XProject/Program Contact Information*** **c.** ***X Funding Requests Identified*** **d.** ***X Signed Application Cover Page***	
2. Agency Information -	**a.** ***X Agency's Years in operation*** **b.** ***X Agency's Purpose/Mission*** **c.** ***X Agency's Types of Services Provided*** **d.** ***X Agency's Experience*** **e.** ***X Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ***X Type of Application and Program Identified*** **b.** ***X Summary of Program*** **c.** ***X Description of Identified Need*** **d.** ***X Description of Population to be Served*** **e.** ***X Activity Manager and Location Description*** **f.** ***X Activity Implementation Timeline*** **g.** ***X Agency Collaboration*** **h.** ***X Describe Impact of Reduced/No Allocation*** **i.** ***X Other Pertinent Information*** **j.** ***X Complete Target Population/Beneficiary Chart*** **k.** ***X Complete Schedule of Positions*** **l.** ***X Signed Conflict of Interest Disclosure*** **m.** ***X Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ***X Program Budget Worksheet*** **b.** ***X Program Budget Detail*** **c.** ***X Cost Per Unit*** **d.** ***X Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ***NA*** **Part A:** ***CDBG & HOME*** **B.** ***NA*** **Part B*****: Construction/Rehab***	
6. Attachments	**a.** ***X Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ***X IRS Federal Form 990*** **c.** ***X NC Solicitation License*** **d.** ***X IRS Federal Tax-Exemption Letter*** **e.** ***X Certificate of Insurance*** **f.** ***X List of Board of Directors*** **g.** ***X Articles of Incorporation/Bylaws*** **h.** ***X Authorization to Request Funds*** **i.** ***X Authorized official designation*** **j.** ***NA Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: United Way of the Greater Triangle

Applicant Organization's Physical Address: 2400 Perimeter Park Drive, Suite 150, Morrisville NC 27560

Applicant Organization's Mailing Address: 2400 Perimeter Park Drive, Suite 150 Morrisville, NC 27560

Applicant Organization's Web Address: www.unitedwaytriangle.org

Executive Director: Mack Koonce

Telephone Number: 919 463-5010 E-Mail: mkoonce@unitedwaytriangle.org

DUNS Number: 00-398-6184
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Orange County Food Policy Council

Project/Program Primary Contact and Title: Molly DeMarco

Telephone Number: 919-966-9563 E-Mail: molly_demarco@unc.edu

c) Funding Request Identification

Total Project/Program Cost: $32,060, Total Amount of Funds Requested: $32,060

Proposed Use of Funds Requested (2-3 Line Maximum): Facilitation and development of the Orange County Food Policy Council

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

xHuman Services: x Carrboro $8,015 x Chapel Hill $9,618 x Orange County $14,427

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ Date 1/21/16
Executive Director

Signature: _____ Date 1/25/2016
Board Chairperson

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

United Way of the Greater Triangle will be serving as the fiscal agent for the Orange County Food Policy Council through this application. All funding received will be used to support the development of the food policy council during the 2016-2017 year.

a) Years in Operation, Date of Incorporation (Month/Year)
21 years as a combined United Way between Orange, Durham and Wake United Ways. Incorporated on August 15, 1995.

b) Agency's Purpose/Mission
United Way of the Greater Triangle recently completed its new strategic plan with a new purpose which is: Real solutions sparked by a community united for transformative change. United Way of the Greater Triangle is a catalyst for new approaches to solve social issues. We cannot let accolades for the Triangle mask the pervasiveness of families and children facing poverty, food insecurity, and educational disparity. Therefore, our work will create awareness of the issues, ignite a call-to-action around systems change, and unite the community around sustainable, scalable solutions.

United Way of the Greater Triangle (UWGT) brings together the public, private, and social sector to address the most pressing needs of low-income households in North Carolina's Durham, Johnston, Orange, and Wake counties. UWGT responds to the immediate basic needs and, through collaborative partnerships that take a two-generational approach, works with the adults and children together to build household well-being, financial stability, food security, and educational success.

For the first time this year, the majority of our funding (88%) went to: collaborative partnerships with a focus on a two-generational approach (working with children and their families together to improve the circumstances of low income households); increasing access to affordable health care; and building a food secure community.

c) Types of Services the Agency Provides
UWGT is a funder, convener, and catalyst for lasting social change in the region. As one of the largest philanthropic organizations in the Triangle, United Way makes a significant community investments annually into the four counties served. In 2015-16, $7.2 million will fund 24 collaborative partnerships using a two-generational approach (child and family interventions combined) and basic needs agencies. (We raise this money from 25,000 charitable donors who contribute through workplace campaigns at over 500 companies throughout the Triangle and major gifts.)

We convene a broad sector of the community to activate social change. Thought leaders across the region serve through our Board of Directors, Community Impact Committee, Community Engagement Committee, Leaders United, and Tocqueville Society. United Way mobilizes volunteers across the region, with over 2,800 people on MLK Day of Service in 2015; an extensive volunteer online resource, Get Connected; and in-house projects for corporate partners to engage both human and intellectual capital.

d) Agency's Experience with Similar Programs as the Funding Request
As a result of United Way of the Greater Triangle's 2014 Social Innovation Challenge that focused on ending childhood hunger, UWGT reexamined its role in hunger relief. Traditional funding in the amount of $500,000 annually focused on food distribution and senior meals. However, with a $50,000 prize at stake, UWGT found 40 new ideas/organizations who were working on ending

childhood hunger. UWGT realized that it was important to begin coordinating and mobilizing these new ideas.

In the fall of 2014, UWGT convened its current partners and corporate volunteers, including volunteers from Bayer CropScience, Syngenta, Kellogg's, and John Deere. The volunteer group helped define priorities for future UWGT investments into hunger relief. Volunteers agreed that we must also make sure that we are providing hunger relief in the context of the entire food system. As a result, UWGT staff are participating in the three food policy councils emerging across Durham, Orange and Wake County. UWGT has provided initial funding to all three councils in the form of $12,000 from a coordinated Burt's Bees application.

e) Other Pertinent Agency Information

None

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: United Way of the Greater Triangle: Orange County Food Council

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

x Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education					
Health and Nutrition	X	X	X	X	X
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Since October 2014, a committed group of ten to fifteen Orange County stakeholders has convened monthly to develop the Orange County Food Council. The taskforce has formed the council with community input and county specific data collected by hosting two community forums and conducting a quantitative baseline food assessment. The result of these meetings, forums and data collection has resulted in a a Collaborative Agreement that includes a common purpose, values, and council structure, and a process for seating members of the council. The taskforce has created an application for potential members and will have a council seated by May 2016. Over the next

year, the Orange County Food Council proposes to launch the council and further it's development through the following activities: hire a part-time coordinator; conduct the qualitative portion of the baseline community food assessment including working directly with the Orange County Family Success Alliance to assess food insecurity in their two zones; create a community food security action plan for Orange County; and hold two large community forums to continue to build collaborations and implement the action plan to strengthen the food system in Orange County.

Our proposed activities will address one of the top six priority areas (Food), identified by **Chapel Hill's** Human Services Advisory Board, specifically by addressing the need for affordable food and access to healthy food in Orange County. Food affordability and access will be key features of the council's action plan and the taskforce has already engaged Orange County stakeholders addressing these issues including Farmer FoodShare and the InterFaith Council for Social Services. The food council activities are well aligned with the priorities currently coming out of the **Orange County** Health Department's Healthy Carolinians Community Health Assessment, which is occurring through June 2016. Physical activity and nutrition will be one of their three chosen areas of focus with a specific emphasis on building/increasing community gardens, working in the zones of the Family Success Alliance to pilot activities to assist with eliminating food insecurity, providing family education around healthy foods and cooking skills, partnering with local farms to increase access to low cost healthy foods, and working to improve school-provided nutrition for school kids. The food council will collaborate with the Healthy Carolinians Partnership on these activities. The food council's proposed activities will also support key goals in **Carrboro**. For example, the action plan will address the following policies in Carrboro's Vision 2020 document: Policy 5.6 to preserve farmland and Policy 1.31 to look for unmet need for human services.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

We know that increased access to healthy fruits and vegetables is an effective strategy to address food insecurity; and, when this produce is grown locally, it also supports the local economy ("Research Based Support and Extension Outreach for Local Food Systems," Dunning, August 2013). For example, according to findings from the Robert Wood Johnson Foundation's Healthy Eating Research, consuming locally grown fruits and vegetables can both increase labor income and create new jobs locally. Bringing together community health and agriculture efforts as the Orange County Food Council proposes to do will help to mitigate poor health outcomes for Orange County citizens and address some of the challenges faced by local food producers and economic development in Orange County. The food system is complex as there are many players including producers, suppliers, and organizations and connecting consumers with local producers of healthy food is not always easy. Food councils are a solution to this problem by acting as connector to a cross-sector of individuals and organizations and by creating community partnerships that promote food access and addressing policy and programmatic barriers to a strong, local food system.

Toward this end, a baseline community food assessment completed in November of 2015 analyzed all stages of the food system within Orange County, including food production, food processing and distribution, food consumption and food waste management. The purpose of the assessment was to form foundational knowledge for the food council to set priorities for action. The assessment gathered recent and historical data from established sources such as the United States Department of Agriculture and the American Community Survey, and combined it with stakeholder interviews to understand the strengths, weaknesses, threats, and opportunities facing the food system. The assessment described a strong farming culture in need of additional county support, a surprisingly high number of children needing food assistance at school, a burgeoning local food entrepreneurial environment, and a need for additional food waste management programming. More details can be found here: https://orangecountyfoodcouncil.files.wordpress.com/2015/11/presentation_orange-county-food-policy-council-2.pdf .

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

The Orange County Food Council will serve all residents of Orange County through it's work to bring together parties interested in building a strong, local food system that addresses food access, farmland preservation, and a local living economy. The council brings together representatives of town and county agencies including the Orange County Departments of Economic Development, Health, and Social Services, the Orange County Schools, the Chapel Hill Carrboro City Schools, elected officials, UNC representatives, representatives of non-profits, producers, and consumers. These diverse stakeholders and agencies already serve Orange County residents and by convening together there is greater potential to strengthen the reach and impact including to vulnerable populations and the underserved. The next phase of the food assessment and community forums will help to identify the audiences most in need and will inform the council's action plan.

e) Who specifically will carry out the activities and in what location will they be carried out?

With this funding, we will hire a part-time food council coordinator. The coordinator will work with the seated council of 12 to 15 members to carry out all activities. Up to five working groups are also being formed to carry out the activities from the action plan. The coordinator will be an employee of the United Way of the Triangle, our fiscal agent, but will be provided work space in Orange County with one of our partners (UNC or the InterFaith Council for example).

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Activities	Frequency	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Hire coordinator														
Council meetings	1 X Monthly													
Engage diverse stakeholders	ongoing													
community forums	2 per year													
Qualitative baseline assessment with FSA assessment	8 months, development													
Development of the action plan	9 months, development													

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

The following organizations have provided staff members to plan and carry out the monthly task force meetings and two community forums including agenda design, outreach, and delivering presentations over the last 16 months:

- Camp Chestnut Ridge
- Carrboro Farmers' Market
- Orange County Department of Health
- Orange County Office of Economic Development
- Orange County Schools
- United Way of the Triangle
- UNC-Chapel Hill Center for Healthy Promotion & Disease Prevention (also provides printing/copying, Spanish translation, website maintenance, grant-writing).

The following is a partial list (due to space) of organizations and businesses who have sent

representatives to meetings to provide input into the formation of the council and it's work:

- InterFaith Council for Social Services
- Farmer FoodShare
- Orange County Office of Extension
- Chapel Hill Farmers' Market
- Vimala's Curryblossom Café
- Seal the Seasons
- Piedmont Food & Agriculture Processing Center
- Orange County Solid Waste
- Chapel Hill Carrboro City Schools

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

We have a number of avenues for funding should no or partial funding be awarded. We have collaborated with the United Way of the Triangle and two other food councils forming in the triangle (The Capital Area Food Council and the Durham Farm and Food Network) to seek funds through various mechanisms and will continue to do so. We have in-kind funds from UNC to provide Spanish translation, printing and copying, and limited staff time that has enabled the writing of this and other proposals and the scaffolding of the task force in developing the council. We are being provided technical assistance through the Carolina Farm Stewardship Association for facilitation that we may still be able to draw on. We have just been approved for a small grant from UNC's *Food For All Academic Theme* to partially support the qualitative portion of the food assessment. All of these potential resources and relationships will allow the council to continue to form, although at a slower pace.

i) Include any other pertinent information.

None

Program/Project Information

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: **X Persons** ☐ **Households** ☐ **Units**

Program: Orange County Food Council

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	66868	68038	69229
Female	73065	74344	75645
Total	139933	142382	144874
Of the females, how many are single-female Head of Households (Omit for Human Services)	--	5597	5695
Ethnicity			

African-American	15870	16148	16430
American Indian or Alaska Native	999	1016	1034
Asian	11107	11301	11499
Caucasian	108352	110248	112178
Native Hawaiian or other Pacific Islander	--	--	--
Other	3605	3668	3732
Total	139933	142382	144874
Of the above, how many Hispanic/Latino	--	18431	20429
Of the above, how many non-Hispanic/Latino	--	128219	129334
Total	--	146650	149763
Age			
0-5 years	7613	7746	7882
6-18 years	23644	24058	24479
19-50 years	65659	66808	67977
51-61 years	20166	20519	20878
62+ years	22402	22794	23193
Total	139933	142382	144874
Geographic Location			
Durham City			
Durham County			
Carrboro		21356	21730
Chapel Hill		59326	60364
Chapel Hill Public Housing Residents			
Orange County		145926	148479
Raleigh			
Wake County			
Total	--	--	-
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income		8757	8910
31-50% Area Median Income		5710	5810
51-80% Area Median Income		9266	9428
> 80% Area Median Income		30500	31034
Total	--	54288	55182
Special Needs (Omit for HS)			
Elderly (Over 62)	22402	22794	23193
Disabled (not elderly)	15459	15730	16005
Homeless	108	--	--
People with HIV/Aids	313	--	--
Total	38282	--	--

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Facilitator/consultant for Orange County Food Policy Council	.50	100	$0.0	$0.0	$19200	.60	Not applicable
8 Volunteer Task Force Members	.05			8	0	0	Not applicable
15 Volunteer Food Council Members	.05			0	15	0	Not applicable

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ x a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ x b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ x c) Current beneficiaries of the project/program for which funds are requested?

☐ x d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Mark Kob — Executive Director — Date: 1/21/16

Signature: Karen A. Trapani — Board Chairperson — Date: 1/25/2016

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1		**Form task force**	**Hire coordinator**
Program Goal		Form a task force of a diverse set of food system stakeholders to develop the Orange County Food Council by January 1, 2015 that will meet monthly.	Hire a food council coordinator by September 30, 2016.
Performance Measures		Who is on the task force? What food system sectors do they represent? Do they meet regularly?	Coordinator hired.
Program Results		A task force of 8 members was created representing economic development, production, food access, public health, institutions serving meals, child nutrition, and food retail. Monthly meetings to develop the council are on-going.	

Program Activity 2		**Secure seed funding**	**Complete Phase II (qualitative) baseline community food assessment + Family Success Alliance component**
Program Goal		To secure feed funding to facilitate the work of the task force to develop a food council.	Complete the baseline community food assessment including the component on food insecurity within the FSA zones and submit a report to the council by October 31, 2016.
Performance Measures		Amount of funds secured. Sources of in-kind support	Number of interviews conducted. Report submitted.
Program Results		Secured $4000 in funding from the Burt's Bees Foundation; $9000 from Orange County; $750 from UNC's *Food For All* theme. Obtained in-kind staff support from UNC-CH (3 staff), Community Food Strategies (1 staff), Orange County (Extension (1), Public Health (2), Econ. Development (1), Schools (1)), Camp Chestnut Ridge (1), Carrboro Farmers' Market (1).	
Program Activity 3		**Creation of a Collaborative Agreement (including a purpose and council structure), and council member application**	**Engage diverse stakeholders through workgroups**

Program Goal		To develop a Collaborative Agreement and a membership application.	Recruit up to 10 members for up to 5 workgroups who are diverse in age, gender, race, socio-demographic status, and geographical residence by November 30, 2016.
Performance Measures		Collaborative Agreement created. Membership application created and disseminated.	Number of workgroup members recruited. Number of workgroups formed. Diversity of workgroups.
Program Results		A Collaborative Agreement was created (see attachment) A membership application was created in both English and Spanish and is currently being widely disseminated (see attachment).	
Program Activity 4		**Hold two community forums**	**Adopt an action plan**
Program Goal		Hold two countywide community forums to solicit input and feedback on the creation of the food council.	Develop a comprehensive food systems action plan that presents priorities for the council and workgroups by March 31, 2016.
Performance Measures		Forums held. Number of attendees.	Action plan adopted. Number and nature of priorities set.

Program Results		Two community forums were held, one in September 2014 and one in November 2016. 100 people attended the forum in Sept. 2014 65 people attended the forum in Nov. 2015 with 20 people signing up to actively participant in the work of the council (by applying to be on the council or by serving on a workgroup).	
Activity 5		**Complete a quantitative baseline community food assessment**	**Hold two community forums**
Program Goal		Complete a quantitative baseline community food assessment using existing data by the second community forum.	Hold one community forum by November 30, 2016 and one by May 31, 2017 that engage at least 100 Orange County residents across a diverse range of sectors and demographics.
Performance Measures		Presentation of findings made at the second community forum.	Sign-in sheets that query sectors and demographics of attendees will be used for both events.
Program Results		A community food assessment was carried out by two UNC graduate students (one in Public Health and one in City & Regional Planning). The results of the baseline community food assessment where presented at the community forum on November 5, 2015.	

Traditional data collection tools (pre/post tests to asses change in knowledge, attitudes, and behaviors) will not be used as we are not a service providing entity. We will use sign-in sheets to collect data on attendance and demographics of participants. The qualitative baseline community food assessment will use an interview guide that will be developed by the student team should funding be secured. They may also use the standard USDA Household Food Security Survey (http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools.aspx#household, see attachment) to measure food insecurity in the two FSA zones, in collaboration with the Orange County Healthy Carolinians Partnership.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Agency/Program **Orange County Food Policy Council**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations				0
Agency Generated Revenue (fees)				0
Local Government Grants:				
Orange County		$ 9,000	$ 14,427	60%
Town of Chapel Hill			$ 9,618	0
Town of Carrboro			$ 8,015	0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way		$ 4,000		-100%
State Government				0
Federal Government				0
Other Grants:				0
Other Grants:				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ -**	**$ 13,000**	**$ 32,060**	**147%**
AGENCY EXPENSES				
Compensation		$ 12,500	$ 20,000	60%
Rent & Utilities				0
Supplies & Equipment		$ 500	$ 700	40%
Travel & Training			$ 8,800	0
Other Expenses:			$ 2,560	0
Please list 3 largest "Other Expenses":				
Access related services $ -			$ 1,360	
Communication $ -			$ 1,200	
$ -				
Total Agency Expenses	**$ -**	**$ 13,000**	**$ 32,060**	**147%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

Program Budget Detail

Program: **Orange County Food Council**

Cost Element	Cost	Quantity/Unit of Measure	Subtotal
Part-time Food Council Coordinator (Coordinator will lead the council in setting meeting agendas, facilitating meetings along with the chair, guiding the work of the baseline community food assessment and creation of the action plan, and coordinating the logistics for the two community forums.)	$20	20 hours/week x 4 weeks x 12 months = 960 hours	$19,200
Two Community Forums (We will hold two large community forums to engage Orange County residents in developing the actions of the council, recruit participants for the working groups, and provide opportunities for sharing to facilitate collaboration.)	$350	Costs include $200 for refreshments and $150 meeting supplies including flipcharts, easels, nametags: $350 x 2 = $700	$700
Conduct the qualitative portion of the baseline community food assessment including connecting with the Orange County Family Success Alliance and working directly in the two zones to assess food insecurity via stipends to graduate students.	$20	10 hours/week for 4 weeks = 40 hours	$800
Provision of child care to facilitate wide participation in council meetings, community forums, or workgroup meetings as needed	$30	$30 for on-site child care per community forum and council meeting (14 total instances)	$420
Training for council members on democratic governance and consent-based decision-making and racial equity	$2000 for governance training provided by the UNC School of Government, $5000 for Racial Equity Training provided by Dismantling Racism Works or the Racial Equity Institute	$2000 + $5000	$7000
Translation services provided by CHICLE	$55	Burmese/Karen live translation services provided by CHICLE required for two meetings at the rate of $55 an hour for minimum of 2 hours. $55/hour x 2 hours	$440

		x 2 meetings = $220 x 2 (Burmese and Karen) **Note, we have in-kind funding from UNC to cover Spanish translation.*	
Interpretation services provided by CHICLE	$50	Document translation for up to 5 pages of documents, $50 per page x 5= $250 x 2 (Burmese and Karen) **Note, we have in-kind funding from UNC to cover Spanish interpretation.*	$500
Communication/marketing including graphic design to produce a logo and reproduction of copies, printing of meeting materials	$100	$100/month x 12 months	$1200
Transportation to statewide events such as county food council convenings and to council meetings to facilitate wide participation	$150	$150/month x 12 months	$1800
		Total:	**$32,060**

b.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program			**$32,060**
Total # of Units			**140,352** (population of Orange County in 2013)
Cost Per Unit			**22.8 cents**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

c.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **United Way of the Greater Triangle**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 8,894,000	$ 9,325,000	$ 9,325,000	0%
Agency Generated Revenue (fees)	$ 436,000	$ 446,000	$ 446,000	0%
Local Government Grants:				
Orange County				0
Town of Chapel Hill				0
Town of Carrboro				0
Other Local:				0
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government	$ 704,000	$ 450,000	$ 450,000	0%
Other Grants: Premium Help	$ 208,000	$ 695,000	$ 695,000	0%
Other Grants: Community Impact	$ 62,000	$ 405,000	$ 405,000	0%
Miscellaneous/Other Revenue	$ (100,000)	$ (40,000)	$ (40,000)	0%
Please list 3 largest Miscellanous sources:				
Uncollectiblels	$ (407,000.00)	$ (356,000.00)	$ (356,000.00)	
Direc Service	$ 178,000.00	$ 187,000.00	$ 187,000.00	
Events	$ 129,000.00	$ 129,000.00	$ 129,000.00	
Total Agency Revenue	**$ 10,204,000**	**$ 11,281,000**	**$ 11,281,000**	**0%**
AGENCY EXPENSES				
Compensation	$ 2,897,212	$ 2,940,304	$ 2,940,304	0%
Rent & Utilities	$ 377,771	$ 396,695	$ 396,695	0%
Supplies & Equipment	$ 54,832	$ 55,148	$ 55,148	0%
Travel & Training	$ 98,816	$ 76,720	$ 76,720	0%
Other Expenses:	$ 6,762,749	$ 8,412,669	$ 8,412,669	0%
Please list 3 largest "Other Expenses":				
Commmunity Investments $ -	$ 5,407,000	$ 6,695,000	$ 6,695,000	
Grant Expenses $ -	$ 1,004,000	$ 750,000	$ 750,000	
Contracts and Consultation $ -	$ 219,314	$ 193,197	$ 193,197	
Total Agency Expenses	**$ 10,191,380**	**$ 11,881,536**	**$ 11,881,536**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ 12,620**	**$ (600,536)**	**$ (600,536)**	**0%**

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency Voices Together

Program(s) VT in Education

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	a. ☑ *Applicant Contact Information* b. ☑ *Project/Program Contact Information* c. ☑ *Funding Requests Identified* d. ☑ *Signed Application Cover Page*	
2. Agency Information -	a. ☑ *Agency's Years in operation* b. ☑ *Agency's Purpose/Mission* c. ☑ *Agency's Types of Services Provided* d. ☑ *Agency's Experience* e. ☑ *Other Pertinent Information*	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	a. ☑ *Type of Application and Program Identified* b. ☑ *Summary of Program* c. ☑ *Description of Identified Need* d. ☑ *Description of Population to be Served* e. ☑ *Activity Manager and Location Description* f. ☑ *Activity Implementation Timeline* g. ☑ *Agency Collaboration* h. ☑ *Describe Impact of Reduced/No Allocation* i. ☑ *Other Pertinent Information* j. ☑ *Complete Target Population/Beneficiary Chart* k. ☑ *Complete Schedule of Positions* l. ☑ *Signed Conflict of Interest Disclosure* m. ☑ *Complete Work Statement*	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☑ ***Program Budget Worksheet*** **b.** ☑ ***Program Budget Detail*** **c.** ☑ ***Cost Per Unit*** **d.** ☑ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☑ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☑ ***IRS Federal Form 990*** **c.** ☑ ***NC Solicitation License*** **d.** ☑ ***IRS Federal Tax-Exemption Letter*** **e.** ☑ ***Certificate of Insurance*** **f.** ☑ ***List of Board of Directors*** **g.** ☑ ***Articles of Incorporation/Bylaws*** **h.** ☑ ***Authorization to Request Funds*** **i.** ☑ ***Authorized official designation*** **j.** ☑ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Voices Together

Applicant Organization's Physical Address: 5007 Southpark Dr. Ste 230 Durham, NC 27713

Applicant Organization's Mailing Address: 5007 Southpark Dr. Ste 230 Durham, NC 27713

Applicant Organization's Web Address: www.voicestogether.net

Executive Director: Yasmine White

Telephone Number: 919-942-2714 E-Mail: yasmine@voicestogether.net

DUNS Number: _____
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: VT in Education

Project/Program Primary Contact and Title: Carrie Kovalick, Communications Director

Telephone Number: 919-942-2714 E-Mail: carrie@voicestogether.net

c) Funding Request Identification

Total Project/Program Cost: $15,000 Total Amount of Funds Requested: $15,000

Proposed Use of Funds Requested (2-3 Line Maximum): VT in Education program has been serving the students in Orange County School Exceptional Children classrooms since 2009. Children in these classrooms face academic and social challenges that can be devastating. Support from Orange County Outside Funding will help close the achievement gap, helping these children succeed academically and into adulthood.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $_____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $_____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $_____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $_____ ☐ Grant ☐ Loan

x Human Services: ☐ Carrboro $_____ ☐ Chapel Hill $_____ X Orange County $15,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Yasmine White 1/25/2016
Executive Director Date

Signature: Phil Buchanan 1/24/2016

Board Chairperson Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

A. Years in Operation, Date of Incorporation (Month/Year)

Voices Together was incorporated on January 12, 2006. For the past ten years, we have been serving of children, teens, and adults living in North Carolina.

B. Agency's Purpose/Mission

The mission of Voices Together is to empower individuals with developmental disabilities to transform their lives. Voices Together address critical life skills that enable students to make a healthy transition to an independent, healthy adulthood.

Voices Together music therapy model, VOICSS, has been coined a best practice. Seamlessly integrating music and language development, our program promotes critical communication skills while helping develop student's social/emotional education. For a decade, we have brought our innovative curriculum into exceptional childrens' classrooms in Central North Carolina. Our program has achieved remarkable results in developing students' pivotal social, emotional, cognitive and self-management skills.

C. Types of Services the Agency Provides

Our current programs include VT in the Community, VT in Education, VT in Training, and Voices Youth Connection. Using a specialized music therapy approach, Board Certified Music Therapists use music as a tool to help improve social, cognitive, and emotional health to effect positive change in people's lives. Believing our approach is a best practice William R. Kenan, Jr., Charitable Trust has funded the initial phase of a national replication project that will change the classroom and the lives of thousands of students.

D. Agency's Experience with Similar Programs as the Funding Request

For a decade, Voices Together Board Certified Music Therapists have been providing weekly programming for students in Central North Carolina. Music Therapy is the clinical and evidence-based use of music interventions to accomplish non-musical goals. Public schools and agency administrators have labeled Voices Together a best practice. The North Carolina Department of Education, The Autism Society of North Carolina, and the ARC of North Carolina have all endorsed Voices Together programming. There is also qualitative and quantitative data that show students participating in weekly 45-minute sessions over a period of six to twelve months have shown significant improvement in their academic and social development.

In 2014, lead by Dr. Geraldine Dawson of the Duke University Bass Connection, a research study was conducted to measure the efficacy of Voices Together in Education program in public school special education classrooms. This project is part of strong collaborative partnership with Duke University.

Findings of study: "A study conducted in Durham Public Schools by Duke researchers in 2015 showed that provision of the Voices Together program resulted in significant increases in communication skills among children with developmental disabilities. The mean improvement reflected a change from one word to phrase speech. "- Dr. Geraldine Dawson
Professor of Psychiatry and Behavioral Sciences| Pediatrics, Psychology and Neuroscience |

Director | Duke Center for Autism and Brain Development | Duke University School of Medicine | Duke Institute for Brain Sciences

E. Other Pertinent Agency Information

Individuals with developmental disabilities often have greater difficulty in areas of basic communication and social skills. These skills are critical to learning in an academic setting and enabling students to become strong self-advocates, independent adults and experience full community participation.

VT in Education has the following SMART goals for each classroom that we work with:

- Provide weekly Voices Together music therapy sessions for students in selected Exceptional Children's classrooms resulting in an increase in students' verbal language and speech skills. We will administer pre-test and post-tests to teachers to measure the success of the objectives.
- Voices Together will promote learning in classrooms receiving weekly music therapy sessions by working to increase a student's ability to remain seated and engaged in a group setting, and teach positive coping skills students can use that will decrease the number of emotional or physical outbursts. We will administer pre-test and post-tests to teachers to measure the success of the objectives.
- Voices Together will support the development of student's communication and social skills by increasing their ability to initiate conversation, speak so others can understand them, and engage in actively listen. We will administer pre-test and post-tests to teachers to measure the success of the objectives.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Voices Together
As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

x Human Services (Main Application Only)

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X			X	
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities					
Mentoring					
Transportation					
Housing					
Other: Please specify _____					

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

VT in Education is designed to advance education and student achievement by increasing the development of their social-emotional skills, and building a foundation to improve and expand communication and language capabilities.

Social and emotional skills are defined as the ability to understand, manage, and express the social and emotional aspects of one's life in ways that enable the successful management of life tasks such as learning, forming relationships, solving everyday problems, and adapting to the

complex demands of growth and development. Numerous research studies have shown that:

- Students who are more self-aware and confident about their learning capacities try harder and persist in the face of challenges (Durlak et al., 2011).
- Students who have self-discipline, motivate themselves, manage stress, and organize their approach to work learn more and get better grades.
- Students who use problem-solving skills to overcome obstacles and make responsible decisions about studying and completing homework perform better academically (Durlak et al., 2011).

The proposal, when funded, will enable Voices Together to continue to provide our program to students that desperately need intervention services such as ours. As we establish our program in classrooms, we also are building capacity in schools. As teachers watch our methods and participate, they gain skills that will carry through in their classroom instruction for maximum outcomes.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Over the last 12 years, the prevalence of developmental disabilities (DDs) in U.S. children has increased 17.1%—that's about 1.8 million more children with DDs compared to a decade earlier. The Orange County Schools identified approximately 1,036 students with DDs, or 13.7% of the student body.

Developmental disabilities are a diverse group of severe chronic conditions that are due to mental and/or physical impairments. People with developmental disabilities have problems with major life activities such as language, mobility, learning, self-help, and independent living.

This dramatic jump in the number of Exceptional Children's students increased the financial burden on our schools and families. While at the same time, there has not been proportionate increases in federal special education appropriations or state education spending.

Students with disabilities often face additional challenges with regards to school readiness and long-term academic success. For starters, it's difficult to overcome the adverse educational effects of some disabilities. Other potential causes include the association between disability and poverty, rigid testing policies and practices, misallocation of resources, lack of staff training or effectiveness, or failures in service delivery.

Furthermore, families of students with a disability face complex financial challenges. Insufficient financial resources and/or inadequate access to intervention services often prohibit these families from receiving specialized therapy services. **The partnership between Voices Together and the Orange County Schools will help close the achievement gap and help children from these families succeed academically and into adulthood.**

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Working with the Exceptional Children's Department for Orange County Schools VT in Education Program and Training Director alongside the Director of the Exceptional Children's

department will select three classrooms or a total of no more than 30 students to participate in the program from September thru April.

e) Who specifically will carry out the activities and in what location will they be carried out?

Program delivery will be carried out by Voices Together Board Certified Music Therapist. All Voices Together Music Therapists have received additional training in the VOICSS method, and have between 2 – 6 years of experience. Key personnel for this project includes:

- Jenna Witcher – Lahiff, MT – Director of Program and Training
- Kate Geouge, MT – Senior Music Therapist
- Carrie Kovalick – Communications and Operations Director
- Louis Martin – Director of Finance

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Your funding will enable Voices Together to provide weekly 60-minute group music therapy sessions designed to address student's needs. Using a specialized music therapy approach, Board Certified Music Therapists use music as a tool to help improve social, cognitive, and emotional health of the students to effect positive change in their lives. The project will begin in late September and end in April with a year-end school performance that celebrates the tremendous efforts and achievement and individual worth of every child who participates.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Duke University Bass Connection. Research partnership to measure the efficacy of Voices Together program model.
- The William R Kenan, Jr. Charitable Trust. In cooperation with the William R Kenan, Jr. Charitable Trust, Voices Together is developing a plan for scaling nationally.
- Our partnership with The Orange County School District, Director of Exceptional Children and classroom teachers are essential to the success we have experienced throughout our seven years in the district.
-

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Each child that does not have the opportunity to meet their maximum potential is a loss for not only that child, his/her family but also for the community. As these students age out of school, it is essential that they have the skills to become as independent as possible. Each student's ability to thrive is not only vital to the student and their families but to the community and it resources. Their ability to advocate and work with others can mean the difference between being able to work in a job setting or not. It can mean the difference between them being able to get a job.

Without your funding, 30 students will be without this specialized skill building program that can help them navigate their day-to-day ability to function and potentially change their lives.

Teachers in so many of our classrooms have shared how they gain new skills by watching and participating in our program. They have reported learning new skills in teaching emotional skills, self-management, socialization and leadership skills.

i) Include any other pertinent information.

Through this crucial grant, the county school fund and a few private grants, we were able to support all the classrooms for exceptional children this year for the district. The Orange County funding is essential and so very appreciated for our success in the Orange County Public Schools.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: x **Persons** ☐ **Households** ☐ **Units**

Program: VT in Education

Program Beneficiary Demographics	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	10	10	15
Female	8	8	10
Total	18	18	25
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American			
American Indian or Alaska Native			
Asian			
Caucasian			
Native Hawaiian or other Pacific Islander			

Other			
Total	0	0	0
Of the above, how many Hispanic/Latino			
Of the above, how many non-Hispanic/Latino			
Total	0	0	0
Age			
0-5 years			
6-18 years	18	18	25
19-50 years			
51-61 years			
62+ years			
Total	18	18	25
Geographic Location			
Durham City			
Durham County			
Carrboro			
Chapel Hill			
Chapel Hill Public Housing Residents			
Orange County	18	18	25
Raleigh			
Wake County			
Total	18	18	25
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)	18	18	25
Homeless			
People with HIV/Aids			
Total	18	18	25

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
President/CEO	1	25%	87844	96628	99500	15.6%	H
Music Therapists	4	100%	202185	222403	229500	35.9%	H
Office Staff	2	10%	122105	134315	146000	22.8%	H

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ ☒ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Jasmine White — 1/24/2016
Executive Director — Date

Signature: Phil Buchanan — 1/24/16
Board Chairperson — Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1			
Program Goal: Provide weekly Voices Together music therapy sessions for students in selected Orange County School Exceptional Children's classrooms resulting in an increase in students' verbal language and speech skills.			
Performance Measures: Precentage of students who are able to tell someone how they feel using verbal or visual cues.	N/A	25%	25%
Program Results			
Program Activity 2			
Program Goal: Voices Together will promote learning in classrooms receiving weekly music therapy sessions by working to increase a student's ability to remain seated and engaged in a group setting, and teach positive coping skills students can use that will decreasing the number of emotional or physical outbursts.			
Performance Measures: Precentage of students who are able to use self-regulation/coping strategies	19%	25%	25%
Program Results			
Program Activity 3			
Program Goal: Voices Together will support the development of student's communication skills by increasing their ability to speak so others can understand them and in their ability to actively listen.			
Performance Measures: Precentage of students who are able to acknowledge others by using appropriate	N/A	20%	20%
Program Results			
Program Activity 4			
Program Goal: Provide weekly Voices Together music therapy sessions for students in selected Orange County School Exceptional Children's classrooms resulting in an increase in students' verbal language and speech skills.			
Performance Measures: Precentage of students who will initiate verbal or non-verbal social conversation with peers.	50%	50%	50%
Program Results			
Program Activity 5			
Program Goal: Voices Together will promote learning in classrooms receiving weekly music therapy sessions by working to increase a student's ability to remain seated and engaged in a group setting, and teach positive coping skills students can use that will decreasing the number of emotional or physical outbursts.			
Performance Measures: Precentage of Students who can ask for help.	40%	45%	45%
Program Results			

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

MAIN APPLICATION

Program Budget

Agency/Program: **Voices Together**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ -	$ -	$ -	0
Agency Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ 7,000	$ 15,000	$ 15,000	0%
Town of Chapel Hill	$ -	$ -	$ -	0
Town of Carrboro	$ -	$ -	$ -	0
Other Local: Orange County Schools	$ -	$ 5,000	$ 5,000	0%
Other Local:	$ -	$ 15,000	$ 15,000	0%
Other Local:	$ -	$ -	$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants: Foundations	$ -	$ -	$ -	0
Other Grants: Corporations	$ -	$ -	$ -	0
Miscellaneous/Other Revenue	$ -	$ -	$ -	0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 7,000**	**$ 35,000**	**$ 35,000**	**0%**
AGENCY EXPENSES				
Compensation	$ 5,000	$ 27,350	$ 27,350	0%
Rent & Utilities	$ 750	$ 2,365	$ 2,365	0%
Supplies & Equipment	$ 500	$ 850	$ 850	0%
Travel & Training	$ 100	$ 500	$ 500	0%
Other Expenses:	$ 650	$ 3,935	$ 3,935	0%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 7,000**	**$ 35,000**	**$ 35,000**	**0%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ -**	**0**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: ____VT in Education_____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Board Certified Music Therapist Program Delivery	$500	70 program units	$35,000
		Total	**$35,000**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program			
Total # of Units			
Cost Per Unit			

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

AGENCY NAME: Voices Together

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 37,602	$ 35,000	$ 35,000	0%
Agency Generated Revenue (fees)	$ 36,325	$ 45,000	$ 45,000	0%
Local Government Grants:				
Orange County	$ 7,000	$ 15,000	$ 15,000	0%
Town of Chapel Hill	$ -	$ -		0
Town of Carrboro	$ -	$ -	$ -	0
Other Local:	$ 115,000	$ 126,250	$ 130,000	3%
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants: Foundations	$ 199,288	$ 305,000	$ 316,000	4%
Other Grants: Corporations	$ 72,393	$ 95,000	$ 100,000	5%
Miscellaneous/Other Revenue	$ -	$ -	$ -	0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ 467,608**	**$ 621,250**	**$ 641,000**	**3%**
AGENCY EXPENSES				
Compensation	$ 381,588	$ 456,720	$ 475,000	4%
Rent & Utilities	$ 41,549	$ 43,685	$ 45,000	3%
Supplies & Equipment	$ 27,394	$ 22,358	$ 25,000	12%
Travel & Training	$ 4,891	$ 5,500	$ 6,000	9%
Other Expenses:	$ 23,017	$ 87,505	$ 88,000	1%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ 478,439**	**$ 615,768**	**$ 639,000**	**4%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (10,831)**	**$ 5,482**	**$ 2,000**	**-64%**

;

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Volunteers for Youth, Inc.**

Program(s) **Volunteers for Youth, Inc.**

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☒ ***Applicant Contact Information*** **b.** ☒ ***Project/Program Contact Information*** **c.** ☒ ***Funding Requests Identified*** **d.** ☒ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☒ ***Agency's Years in operation*** **b.** ☒ ***Agency's Purpose/Mission*** **c.** ☒ ***Agency's Types of Services Provided*** **d.** ☒ ***Agency's Experience*** **e.** ☒ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☒ ***Type of Application and Program Identified*** **b.** ☒ ***Summary of Program*** **c.** ☒ ***Description of Identified Need*** **d.** ☒ ***Description of Population to be Served*** **e.** ☒ ***Activity Manager and Location Description*** **f.** ☒ ***Activity Implementation Timeline*** **g.** ☒ ***Agency Collaboration*** **h.** ☒ ***Describe Impact of Reduced/No Allocation*** **i.** ☒ ***Other Pertinent Information*** **j.** ☒ ***Complete Target Population/Beneficiary Chart*** **k.** ☒ ***Complete Schedule of Positions*** **l.** ☒ ***Signed Conflict of Interest Disclosure*** **m.** ☒ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** ☒ ***Program Budget Worksheet*** **b.** ☒ ***Program Budget Detail*** **c.** ☒ ***Cost Per Unit*** **d.** ☒ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** ☐ **Part A:** ***CDBG & HOME*** **B.** ☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☒ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** ☒ ***IRS Federal Form 990*** **c.** ☐ ***NC Solicitation License**** **d.** ☒ ***IRS Federal Tax-Exemption Letter*** **e.** ☒ ***Certificate of Insurance*** **f.** ☒ ***List of Board of Directors*** **g.** ☒ ***Articles of Incorporation/Bylaws*** **h.** ☒ ***Authorization to Request Funds*** **i.** ☒ ***Authorized official designation*** **j.** ☐ ***Solid Waste Program Fee (SWPF) Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

*Volunteers for Youth has a 2/15/16 extension on its solicitation license. We will send it as soon as it is received.

**Volunteers for Youth rents an office in a building owned by David Ontjes, who is responsible for paying the Solid Waste Program Fee.

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☒ ☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ ☒ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ ☒ c) Current beneficiaries of the project/program for which funds are requested?

☐ ☒ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below.**
Nicole Hunter, with whom we contract to run the Every Girl Counts middle school group, is married to John French, who works for the town of Chapel Hill.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: Susan Worley — Executive Director — Date: 1-21-16

Signature: [illegible] — Board Chairperson — Date: 1/21/2016

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Volunteers for Youth, Inc.

Applicant Organization's Physical Address: 205 Lloyd Street, Suite 103 Carrboro, NC 27510

Applicant Organization's Mailing Address: 205 Lloyd Street, Suite 103 Carrboro, NC 27510

Applicant Organization's Web Address: www.volunteersforyouth.org

Executive Director: Susan Worley

Telephone Number: 919-967-4511 E-Mail: susan@volunteersforyouth.org

DUNS Number: 803184337
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: Volunteers for Youth, Inc.

Project/Program Primary Contact and Title: Susan Worley, Executive Director

Telephone Number: 919-967-4511 E-Mail: susan@volunteersforyouth.org

c) Funding Request Identification

Total Project/Program Cost: $262,648 Total Amount of Funds Requested: $28,000

Proposed Use of Funds Requested (2-3 Line Maximum): Volunteers for Youth seeks funding to provide community service, teen court, and mentoring opportunities to at risk Orange County children and youth between the ages of 8 and 15.

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☒ CDBG Non-Construction (CH)	$5,000	☐ Grant	☐ Loan
☐ CDBG Construction (CH)	$_____	☐ Grant	☐ Loan
☐ HOME CHDO (OC)	$_____	☐ Grant	☐ Loan
☐ HOME Other (OC)	$_____	☐ Grant	☐ Loan

☒ Human Services: ☒ Carrboro $3,000 ☒ Chapel Hill $10,000 ☒ Orange County $10,000

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: Susan Worley — Executive Director — Date 1-21-16

Signature: [signature] — Board Chairperson — Date 1/21/2016

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

a) Years in Operation – 34**; Date of Incorporation –** 12/1981

b) Agency's Purpose/Mission

Volunteers for Youth (VFY) provides services to Orange County youth to integrate them into the community in ways that help them make responsible choices and recognize that they have a stake in their future. Formed in 1981 by professionals in our community who worked with court-involved youth, VFY is the only Orange County nonprofit agency dedicated to serving youth who have broken laws or who are at-risk of doing so. VFY seeks to bridge the gap between disconnected youth and the community through mentoring, community service, and teen court programs.

c) Types of Services the Agency Provides

Volunteers for Youth provides **mentoring**, **community service**, and **teen cour**t programs.

The primary goal of the **mentoring program** is to develop positive relationships between high need children and adolescents and caring adults. In our one-on-one mentoring program, children are matched with volunteer adults who spend time with them weekly, engaging in activities that encourage relationship development and introduce the children to new experiences. In our Every Girl Counts mentoring group, adolescent girls meet weekly with two Volunteers for Youth staff members, participating in activities designed to develop positive life skills. In national studies of numerous youth-serving programs, the Center for the Prevention of Violence in Colorado found just ten types of programs that significantly reduce violence among young people – one of these ten is structured mentoring. Our newest effort will bring UNC students to spend time with Northside Elementary School students in after school, building friendships while providing academic assistance. With clear evidence that mentoring works, the goal of the mentoring program is to ensure successful relationships between adults and children so that the children may reap the benefits of mentoring.

The **community service and restitution program** provides community service opportunities throughout Orange County for young people who have been adjudicated delinquent. The North Carolina Department of Juvenile Justice requires that all counties have community services options available for adjudicated youth. VFY has provided this service in Orange County since 1992. The primary goal of the program is to teach young people, through community service work, to be accountable for their actions. The program is also designed to educate the participants about volunteer and job opportunities, helping prepare them for productive futures.

The **teen court** program is an alternative court program for young people who have committed minor offenses and are referred from law enforcement, juvenile services, or the schools. These first time offenders are tried and sentenced by a jury of their peers, with other teens playing the roles of defense attorney, prosecutor, and other court officials. Teen Court is run by young people and provides hands on opportunities for teens – both offenders and volunteers – to gain insight in the legal system while also learning from their mistakes and gaining valuable life skills along the way. Through positive peer pressure, participants learn to accept responsibility for their actions and then pay back their community through community service and other sentencing.

d) Agency's Experience with Similar Programs as the Funding Requests

Orange County is blessed with a network of youth resources with a longstanding tradition of working together to meet the needs of local children. Two excellent school systems, strong county agencies such as the Health Department and Department of Social Services, and a dynamic group of nonprofits come together in many ways every day to meet the needs of children and youth. In spite of these efforts, there is still much work to be done.

Volunteers for Youth is part of the Juvenile Crime Prevention Council (JCPC), made up of youth-serving professionals in Orange County who assess local youth needs, evaluate youth programs, and make decisions about how money from the North Carolina Division of Juvenile Justice should be used to meet those needs. Our staff works closely with other JCPC agencies including Boomerang, Dispute Settlement Center, and Mental Health of America, as well as the court counselors from the Division of Juvenile Justice.

Volunteers for Youth is also a part of the Family Success Alliance (FSA), an initiative spearheaded by the Orange County Health Department, which brings together agencies to work with families in two targeted high poverty zones in Orange County. As a member of FSA, Volunteers for Youth works with agencies such as Orange Literacy, Kidscope, and El Futuro as well as several local schools to coordinate services to families in these two zones.

In coordination with the Buckley Public Service Scholars Program at the UNC Center for Public Service, Volunteers for Youth recruits, screens, trains, and supervises UNC students in the SMART program who serve as mentors to local kids while taking classes related to their mentoring experience. The SMART program is one component of our overall mentoring program.

A network of community service worksites, including Hope Garden, Anathoth Garden, Camp Chestnut Ridge, and Boomerang, provide community service opportunities to the youth in our community service and teen court programs. Volunteers for Youth staff recruit volunteers at these local nonprofits who supervise court-ordered community service work of youth at their organization.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: Volunteers for Youth, Inc.

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

☒ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X				
Health and Nutrition					
Job Training	X				
Sports and Arts Activities	X				
Pre-School Activities					
After-School Activities	X				
Mentoring	X				
Transportation					
Housing					
Other: Please specify Teen Court and Community Service	X				

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?

Through mentoring, community service, and teen court services, Volunteers for Youth will address **Priority Area #2:** To fund education, mentorship, and afterschool programming for youth facing a variety of challenges.

Mentoring:

- One-on-one mentoring: Volunteers for Youth will recruit, screen, train, and supervise volunteers to serve as one-on-one mentors to children who could benefit from the time and attention of a caring adult role model. Volunteers in the community mentoring component will commit to getting together with their mentees for at least two hours a week for one year and those in the SMART mentoring component will commit to a minimum of two hours a week for eight months. At least 30 children will participate in the one-on-one mentoring program during the 2016-17 fiscal year.
- Group mentoring: Volunteers for Youth will host a weekly life skills group for seventh and eighth grade girls during the 2016-17 school year. A Volunteers for Youth staff person and UNC Bonner intern will lead the group, serving as mentors to at least 20 group participants. Volunteers for Youth will recruit, screen, train, and supervise volunteers to mentor elementary school children in an after school group. A minimum of 15 elementary school students will meet with mentors during after school for the course of the 2016-17 school year.

Community service:

During the 2016-17 fiscal year, Volunteers for Youth will oversee the community service hours of at least 110 youth who are court ordered to complete community service hours. Volunteers for Youth will recruit, screen, and supervise volunteers to supervise youth doing community service at ongoing work sites throughout Orange County. Volunteers for Youth staff will plan and facilitate single day community service events for these 110 youth throughout the year as well.

Teen court:

During the 2016-17 fiscal year, Volunteers for Youth will hold teen court sessions every other week, working with at least 55 youth who are referred to teen court for first time offenses. Volunteers for Youth will oversee the community service hours assigned to those youth as well as any other terms of their sentencing. Volunteers for Youth will recruit, screen, train, and supervise teen volunteers to serve as attorneys, bailiffs, jury members, and clerks.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

According to the Human Service Need Report, “Chapel Hill lacks sufficient, low-cost/free activities that positively engage children and youth especially those from at-risk and low-income households.” Children and youth with little support and structure during out of school time are more likely than others to get into trouble. According to the North

Carolina Division of Juvenile Justice, there were a total of 197 delinquent complaints brought against Orange County youth in 2014 (the most recent year for which statistics are available). Volunteers for Youth provides services to youth who are involved in the court system as well as those at risk of such involvement. Providing these children and youth with constructive, enriching activities outside of school time while engaging them with caring adults is an important tool in delinquency prevention.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

Volunteers for Youth will work with Orange County children and youth between the ages of 8 and 15 who are referred by court counselors, police officers, school counselors, social workers, Family Success Alliance navigators, and parents. The youth will be referred either because they are involved in the court system, are first-time offenders, or are children who may be at risk for legal involvement without intervention from a program such as Volunteers for Youth.

e) Who specifically will carry out the activities and in what location will they be carried out?

Volunteers for Youth will recruit and supervise volunteers who will serve as mentors, work site coordinators, and teen court volunteers. For the one-on-one mentoring program, volunteer mentors will take children out once a week to engage in interactive pastimes in places as varied as playgrounds, greenways, museums, UNC's campus, and the volunteer's home. Group mentoring will take place in local schools. Community service projects will be carried out throughout Orange County in locations such as Anathoth Garden in Cedar Grove, the Hillsborough Farmers Market, and Boomerang in Chapel Hill. Teen court sessions will take place in the historic courthouse in Hillsborough.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

All of the services Volunteers for Youth provides are ongoing and will take place throughout the year with children and youth coming and going. Children in the one-on-one mentoring program will spend time with their mentors once a week for the period of at least one year (for those in the community mentoring program) and eight months (for those in the SMART mentoring program). Children in the group mentoring programs will see their mentors once a week throughout the school year. Youth in the community service program will perform community service hours once a week until their hours are completed. Depending on the number of hours assigned and other factors, this generally takes between two and four months but can take as long as a year. Youth will participate in the teen court program for up to three months from the time of their sentencing. (See attached timeline.)

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Orange County Office of Juvenile Justice – VFY staff works closely with court counselors to monitor progress of youth in our program, sending monthly progress reports on individual

youth to the court counselors, attending court planning meetings and sessions of juvenile court, and communicating with them frequently via phone, email, and in person conversations

- A network of community service worksites including Hope Garden, Anathoth Garden, Camp Chestnut Ridge, and Boomerang – VFY staff recruit volunteers at local nonprofits who supervise court-ordered community service work of youth at their organization. VFY staff check in with the work site coordinators regularly to monitor the youth's hours and conduct.
- UNC's SMART Project – In coordination with the Buckley Public Service Scholars Program at the UNC Center for Public Service, VFY recruits, screens, trains, and supervises UNC students who serve as mentors to local kids while taking classes related to their mentoring experience. VFY staff attend regular planning meetings with the SMART coordinators and a SMART mentor works in VFY's office each summer to help with planning.
- Family Success Alliance – Volunteers for Youth is one of a number of agencies who have come together through the Orange County Health Department's Family Success Alliance to provide services to families and children in two targeted zones in Orange County. VFY staff attends monthly planning meetings with other agency staff and FSA navigators to discuss ways to best meet needs in these zones. VFY provides one-on-one mentors and mentoring groups to youth in the zones.
- Chapel Hill Police Department – VFY coordinates with the police department to send program participants on an annual, out of state, three-day field trip with a focus on African-American history
- Third Sector Alliance – VFY's executive director spearheads an alliance of nonprofit organizations in Orange County aimed at strengthening the voice of local nonprofits for the benefit of our clients
- Juvenile Crime Prevention Council - Volunteers for Youth is part of the Juvenile Crime Prevention Council (JCPC), made up of youth-serving professionals in Orange County who assess local youth needs, evaluate youth programs, and make decisions about how money from the North Carolina Division of Juvenile Justice should be used to meet those needs. VFY staff communicate regularly with other JCPC agencies including Boomerang, Dispute Settlement Center, and Mental Health of America, about the progress of shared clients and ways to best meet their needs.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

Volunteers for Youth has provided services to Orange County youth since 1982. In 2009, our mentoring program received a major blow when the North Carolina Legislature did away with funding for mentoring across the state. In 2015, our organization took another hit when the United Way of Greater Orange revamped its funding structure away from member agencies. Volunteers for Youth staff has been reduced from six to four positions but we have maintained our services with the help of dedicated volunteers, interns, and staff.

If Volunteers for Youth receives a reduced allocation or none at all, we will have to look at reducing much needed services, most particularly our mentoring program. Mentoring is one of the most commonly cited needs of parents, including those in the Family Success Alliance

zones, so we are hopeful that we can continue our highly effective program with the funding requested.

i) Include any other pertinent information.

From the early days of its inception in the early 1980s, Volunteers for Youth received funding from the towns of Chapel Hill, Carrboro, and from Orange County. In 2009, Orange County stopped providing outside agency funds to our organization. It is our understanding that this decision was made because the county awards Volunteers for Youth a 30% match for the funds received from the state of North Carolina to run the community service and teen court programs. As necessary as these funds are for significant services, they don't provide support to our mentoring program. Mentoring is a service that is repeatedly listed by parents and youth-serving professionals as a high need in Orange County, particularly for children in the Orange County school system where there are few mentoring alternatives. This year we seek funding from Orange County to help us meet this critical need.

Program/Project Information

j)Complete the Target Population and Program Beneficiary Demographics Chart
k)Complete the Schedule of Positions Chart for Program Staff
l)Disclosure of Potential Conflicts of Interested must be signed
m)Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☒ **Persons** ☐ **Households** ☐ **Units**

Program: Volunteers for Youth, Inc.

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	101	104	112
Female	109	111	118
Total	210	215	230
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	82	84	89
American Indian or Alaska Native			

Asian	8	8	8
Caucasian	117	120	130
Native Hawaiian or other Pacific Islander			
Other	3	3	3
Total	210	215	230

Of the above, how many Hispanic/Latino	47	49	54
Of the above, how many non-Hispanic/Latino	163	166	176
Total	210	215	230
Age			
0-5 years			
6-18 years	210	215	230
19-50 years			
51-61 years			
62+ years			
Total	210	215	230
Geographic Location			
Durham City			
Durham County	6	6	6
Carrboro	20	21	24
Chapel Hill	108	110	117
Chapel Hill Public Housing Residents			
Orange County	76	78	83
Raleigh			
Wake County			
Total	210	215	230
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Executive Director	1.0	80	57,053	57,053	57,053		(R)
3 Program Coordinators	1.0	100	110,957	109,005	110,573		(R)
Volunteer Hours	2.5						

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

MAIN APPLICATION

	Actual 2014-2015	Estimated 2015-2016	Projected 2016-2017
Program Activity 1	Oversee volunteers and youth in community service worksites, teen court sessions, life skills groups, and mentoring relationships.	Oversee volunteers and youth in community service worksites, teen court sessions, life skills groups, and mentoring relationships.	Oversee volunteers and youth in community service worksites, teen court sessions, life skills groups, and mentoring relationships.
Program Goal	At least 80% of youth will have no new charges while in the program.	At least 80% of youth will have no new charges while in the program.	At least 80% of youth will have no new charges while in the program.
Performance Measures	Court counselors were contacted and data collected maintained in statewide database, NC Allies.	Court counselors will be contacted and data will be collected and maintained in statewide database, NC Allies.	Court counselors will be contacted and data will be collected and maintained in statewide database, NC Allies.
Program Results	Out of 210 program participants, 174 had no new charges while in the program. 83% result (above goal)	Out of 215 program participants, 172 will have no new charges while in the program. 80% result (above goal)	Out of 230 program participants, 184 will have no new charges while in the program. 80% result (above goal)
Program Activity 2	Oversee volunteers and youth in community service worksites, teen court sessions, life skills groups, and mentoring relationships.	Oversee volunteers and youth in community service worksites, teen court sessions, life skills groups, and mentoring relationships.	Oversee volunteers and youth in community service worksites, teen court sessions, life skills groups, and mentoring relationships.
Program Goal	At least 70% of youth will successfully complete their program commitment.	At least 70% of youth will successfully complete their program commitment.	At least 70% of youth will successfully complete their program commitment.
Performance Measures	VFY staff tracks clients' progress through contact with clients, their families, their mentors, worksite supervisors, and court counselors and maintains individual records on each client.	VFY staff will track clients' progress through contact with clients, their families, their mentors, worksite supervisors, and court counselors and maintains individual records on each client.	VFY staff will track clients' progress through contact with clients, their families, their mentors, worksite supervisors, and court counselors and maintains individual records on each client.
Program Results	Out of 210 program participants, 182 successfully completed their program commitment. 87% result (above goal)	Out of 215 program participants, 172 successfully completed their program commitment. 80% result (above goal)	Out of 230 program participants, 161 successfully completed their program commitment. 70% result (above goal)

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Volunteers for Youth is requesting funding as a single program that provides various services to at risk youth. Our agency budget is our program budget.

Program Budget

Agency/Program **Volunteers for Youth, Inc.**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ 34,565	$ 35,000	$ 38,000	9%
Agency Generated Revenue (fees)	$ -			0
Local Government Grants:				
Orange County	$ -	$ -	$ 10,000	0
Town of Chapel Hill	$ 8,000	$ 8,000	$ 10,000	25%
Town of Carrboro	$ 2,200	$ 2,200	$ 3,000	36%
Other Local:	$ 37,517	$ 37,517	$ 37,512	0%
Other Local:				0
Other Local:				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ 19,694	$ 15,281	$ 18,000	18%
State Government	$ 125,081	$ 125,081	$ 125,075	0%
Federal Government				0
Other Grants:	$ 11,000	$ 21,000	$ 16,061	-24%
Other Grants:	$ 1,500	$ 5,000	$ 5,000	0%
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$239,557**	**$249,079**	**$262,648**	**5%**
AGENCY EXPENSES				
Compensation	$ 183,766	$ 179,489	$ 185,484	3%
Rent & Utilities	$ 27,532	$ 27,944	$ 28,364	2%
Supplies & Equipment	$ 11,588	$ 11,000	$ 10,300	-6%
Travel & Training	$ 1,979	$ 2,000	$ 2,150	8%
Other Expenses:	$ 36,164	$ 36,000	$ 36,350	1%
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$261,029**	**$256,433**	**$262,648**	**2%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ (21,472)**	**$ (7,354)**	**$ -**	**100%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _Volunteers for Youth, Inc._____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Mentor coordination	$100/month	65 youth participants	$78,000
Community service coordination	$90/month	110 youth participants	$118,800
Teen court coordination	$100/month	55 youth participants	$66,000
		Total	**$262,000**

c.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**$261,029**	**$255,000**	**$262,648**
Total # of Units	**210**	**215**	**230**
Cost Per Unit	**$1,243**	**$1,186**	**$1,142**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017.

Volunteers for Youth's fiscal year is July 1, 2016 through June 30, 2017.

Please see above for our agency operating budget. Volunteers for Youth's program budget is the same as our agency budget.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

APPLICATION SUBMITTAL CHECKLIST

FOR OFFICE USE ONLY

Received By _____

Date/Time _____/_____

Complete Y / N

Agency **Youth Community Project**

Program(s) 1. Youth Community-building Initiatives;
2. Youth Organizing and Leadership Development (YOLD)

Section	Subsection	For CDBG & HOME - HUD Regulations
1. Cover Page	**a.** ☐ ***Applicant Contact Information*** **b.** ☐ ***Project/Program Contact Information*** **c.** ☐ ***Funding Requests Identified*** **d.** ☐ ***Signed Application Cover Page***	
2. Agency Information -	**a.** ☐ ***Agency's Years in operation*** **b.** ☐ ***Agency's Purpose/Mission*** **c.** ☐ ***Agency's Types of Services Provided*** **d.** ☐ ***Agency's Experience*** **e.** ☐ ***Other Pertinent Information***	*24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85*
3. Program/ Project Information – (for each program/ project for which funding is requested)	**a.** ☐ ***Type of Application and Program Identified*** **b.** ☐ ***Summary of Program*** **c.** ☐ ***Description of Identified Need*** **d.** ☐ ***Description of Population to be Served*** **e.** ☐ ***Activity Manager and Location Description*** **f.** ☐ ***Activity Implementation Timeline*** **g.** ☐ ***Agency Collaboration*** **h.** ☐ ***Describe Impact of Reduced/No Allocation*** **i.** ☐ ***Other Pertinent Information*** **j.** ☐ ***Complete Target Population/Beneficiary Chart*** **k.** ☐ ***Complete Schedule of Positions*** **l.** ☐ ***Signed Conflict of Interest Disclosure*** **m.** ☐ ***Complete Work Statement***	*24 CFR 570.200(a), 570.201−570. 208, 507.503*

4. Financial (for each program/ project for which funding is requested)	***Program Budget Worksheet and Detail should reflect expenses for the entire program and ALL sources of funding.*** **a.** *x*☐ ***Program Budget Worksheet*** **b.** *x*☐ ***Program Budget Detail*** **c.** *x*☐ ***Cost Per Unit*** **d.** *x*☐ ***Agency Operating Budget Worksheet***	*24 CFR 570.200(a), 570.201−570. 208, 507.503* *24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611* *24 CFR 570.502−570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122;* *Treasury Circular 1075*
5. Supplemental Sections (as applicable)	**A.** *x*☐ **Part A:** ***CDBG & HOME*** **B.** *x*☐ **Part B*: Construction/Rehab***	
6. Attachments	**a.** ☐ ***Audit: Organizations receiving $300,000 or more in Federal financial assistance, and/or organizations with more than $500,000 of receipts and expenditures in a fiscal year, must secure an audit.*** **b.** *x*☐ ***IRS Federal Form 990*** **c.** *x*☐ ***NC Solicitation License*** **d.** *x*☐ ***IRS Federal Tax-Exemption Letter*** **e.** *x*☐ ***Certificate of Insurance*** **f.** *x*☐ ***List of Board of Directors*** **g.** *x*☐ ***Articles of Incorporation/Bylaws*** **h.** *x*☐ ***Authorization to Request Funds*** **i.** *x*☐ ***Authorized official designation*** **j.** *x*☐ ***3-R Fee Verification***	*OMB Circular A-133* *24 CFR Parts 84 or 85* *24 CFR 570.208, 570.500(c), 570.611*

MAIN APPLICATION

1. COVER PAGE (Each program requires a separate application.)

a) Applicant Contact Information

Applicant Organization's Legal Name: Youth Community Project

Applicant Organization's Physical Address: 915 W. Main St, Carrboro, NC 27510

Applicant Organization's Mailing Address: P.O. Box 915, Carrboro, NC 27510

Applicant Organization's Web Address: http://youthcommunityproject.org

Executive Director: Christine Abernathy

Telephone Number: (704) 277-0043 E-Mail: abernathy.christine@gmail.com

DUNS Number: 068190833
(Dun & Bradstreet, Inc. provides this number at no charge, and it is required for Federal funding recipients.)

b) Project/Program Contact Information

Project/Program Name: 1. Youth Community-building Initiatives

Project/Program Primary Contact and Title: Christine Abernathy, Managing Director

Telephone Number: (704) 277-0043 E-Mail: abernathy.christine@gmail.com

Project/Program Name: 2. Youth Organizing and Leadership Development (YOLD)

Project/Program Primary Contact and Title: Christine Abernathy, Managing Director

Telephone Number: (704) 277-0043 E-Mail: abernathy.christine@gmail.com

c) Funding Request Identification

Total Project/Program Cost: $12,000 Total Amount of Funds Requested: $$12,000

Proposed Use of Funds Requested (2-3 Line Maximum): 1. Youth Community Building Initiatives: Fluid Revolutions, Queer Youth Drop In, Youth Artists Exhibitions; 2. Youth Organizing and Leadership Development

Please check all ***types, sources,*** and ***amounts*** of funding being requested. You must submit an application package for **each** funding source. **The Participating Jurisdiction reserves the right to fund projects from any funding source, subject to eligibility and funding constraints.*

☐ CDBG Non-Construction (CH) $____ ☐ Grant ☐ Loan
☐ CDBG Construction (CH) $____ ☐ Grant ☐ Loan
☐ HOME CHDO (OC) $____ ☐ Grant ☐ Loan
☐ HOME Other (OC) $____ ☐ Grant ☐ Loan

X☐ Human Services: X☐ Carrboro $2,500 X☐ Chapel Hill $4,750 X☐ Orange County $4,750

d) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____ 1/24/2016
Executive Director — Date

Signature: _____ 1/24/2016
Board Chairperson — Date

2. AGENCY INFORMATION

Please provide the following information about your agency (Limit of 2 pages total):

a) Years in Operation, Date of Incorporation (Month/Year)
b) Agency's Purpose/Mission
c) Types of Services the Agency Provides
d) Agency's Experience with Similar Programs as the Funding Request
e) Other Pertinent Agency Information

a) Incorporated as non-corporation 9/05/2015
b) Orange County, Carrboro and Chapel Hill are home to a great quantity of high caliber interesting, cultural, and popular events and venues for its residents. Yet our youth lack safe, alcohol-free, non-commercial venues for leisure - with few alternatives for them, beyond simply wandering around town at night. Teens, like everyone, need places where they can gather to spend leisure and creative time together. So many places are available for thousands of our younger children, university students, fellow adults, and our senior citizens. But there are more than 5,000 high-school age youths in Orange/Carrboro/Chapel Hill, and there is only ONE small teen center –in a basement– that can serve less than 140 at a time! For those who don't do sports, or can't afford extracurricular activities, there is literally NO-where else regularly available for them to go, to be!

Our teens need safe permanent spaces to convene with their peers, pursue healthy activities, and positively direct their inexorable energy. This is YCP's **mission**; to establish youth-run environments in Carrboro/Chapel Hill where youth ages 14-19 can gather. We currently offer youth groups an interim HUB where they can meet to aggregate power, amplify their voices, and create the youth-driven activities that meet their needs and realize their visions.

Our long term **vision** is to create a youth-run cultural center/café, where all teens can gather to discover and nurture their passions, in an open, respectful environment that celebrates the unique contributions of all people.

Following the deaths of two area teens, YCP was founded by youth and adults in the community who knew youth needs were not being met. YCP supports and sponsors dedicated staff time to create spaces, unite a network of youth-serving organizations, and build a healthy, vibrant community that is invested in our youth.

YCP is dedicated to creating non-profit, youth-led and run (adult-supervised) spaces, for all the high-school age youth of the community - including a safe, relaxed, lively intercultural center/café that can hold many and diverse youth groups at a time, a place where youth can gather for leisure and feel free to discover and nurture their artistic, advocacy, academic, and vocational interests and passions; a large cultural center/cafe in our town. We seek programming in these spaces that can facilitate youth empowerment, and promote youth investment in their social health and the health of the community. We work towards youth centers that encourage multicultural collaboration, strive for solidarity in diversity, and work towards good self-governance and monitoring – skills desired for future adult citizens.

YCP not only serves, but reaches out to youth of all backgrounds to promote youth leadership consistent with our commitment to serve all youth in our community. More than one quarter of the Carrboro/Chapel Hill community is non-white/non-Caucasian. While one in seven are African-Americans, nearly half that many are Hispanic/Latino, with this segment continuing to grow; and more recently the community has been joined by a number of diverse Asian and refugee populations. YCP embraces all.

The Board of YCP has been successful at making an impact, but there is much more to be done. We seek funding for a program director dedicated to this effort, to provide support to community youth organizations, launch YCP into a new phase, and bolster our ability to demonstrate impact.

c) Our HUB at 115 West Main Street has become a place and stable foundation from which youth grow and develop their ideas and organizations; a safe home where youth and their organizations lay out their issues, needs and desires, and then create proposals for community projects, singly or in collaboration. 115 W Main has been a catalyst for youth engagement and leadership – a place for meetings, project launchings and coordination, outreach, publicity and logistics, and recruitment, within which youth and their organizations can share and develop common bonds, interests and resources that might otherwise be insufficient to achieve their aims. It has been a space for mutual support. Youth have been able to amplify important messages using power in numbers, bring up prevalent youth issues to our towns, and shape individual groups into a stronger network for youth to design, manage, and operate within.

The gathering of partner youth-serving organizations, coming together under the umbrella of YCP, exemplifies progress towards our goals. We continue to recruit and enlist youth groups.

d) In the past year YCP has managed to grow and provide a space for over 10 youth serving organizations with a growing need for more. These have included:

Art & Life	Chapel Hill Youth Forward	Reintegration Support Network
Baha'i Youth Group	CH/C Human Rights Center	Sacrificial Poets
Beat Making Lab	Creative Swag Sisters	Street Scene Teen Center
Boomerang	Immigrant Youth Forum	Triangle BikeWorks
Carolina Outreach	iNSIDEoUT	Volunteers For Youth
Changing Our Realities	Parents Against Racism	Youth Restorative Justice Circles

Currently, 6 organizations use our modest space on a regular basis.

- We've been successful in strengthening our relationship with the Town of Carrboro and the Town of Chapel Hill, and have formed a partnership with the Chapel Hill Youth Council.
- We hosted our first art auction to showcase over 50 works of art produced by local youth in partnership with YCP & art clubs at Chapel Hill-Carrboro High Schools
- We rallied community members, local businesses, and youth serving organizations around creating spaces and programs for LGTBQ youth at our first ever Cirque du Carrboro. The festival drew hundreds of supporters and allies.

YCP, like the Youth Initiative, has conducted surveys to identify youth interests. Our discussions have suggested substantial overlap. We believe the programs we propose are part of the beginnings in responding to those needs.

e) Other Pertinent Information: Chapel Hill's 2020 Plan has as its stated goal to: Review and refine focus for youth services and begin planning for youth-centered facilities. Further, it calls for both raising youth awareness of the town's current programs and spaces, and collaborating and innovating to develop and deploy new programs and services. YCP is a community leader serving to achieve of these goals.

3. PROJECT/PROGRAM INFORMATION

Agency & Program Name: **Youth Community Project, 1. Youth Community-building Initiatives**

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

x☐ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X				
Health and Nutrition					
Job Training					
Sports and Arts Activities	X				
Pre-School Activities					
After-School Activities	X				
Mentoring	X				
Transportation					
Housing					
Other: Please specify: Youth Community-building	X				

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?
c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.
d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.
e) Who specifically will carry out the activities and in what location will they be carried out?

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

i) Include any other pertinent information.

As part of its mission to create and support youth leadership, YCP is incubating new initiatives and partnerships for underserved youth. These new initiatives emerge and evolve over time. The program components described here are three that have emerged from the expressed needs of our local youth and are the focus of this proposal. They are: 1) Queer Youth Drop In (QYDI), 2) Fluid Revolutions (FR), and 3) the Youth Artists Exhibition.

1) *Queer Youth Drop In* is an open program that fosters friendships among queer and/or trans* youth to break down the sense of isolation and loneliness. QYDI gives youth a supportive environment to have fun and relate their experiences to similar others who can affirm and support them in an atmosphere that moves beyond how hard it is to be queer and/or trans* in our community.

2) *Fluid Revolutions Queer Youth Circus* provides queer and trans* youth with a space for artistic expression, athletic activity, and political-social discussion through aerial arts such as silks, trapeze, and lyra. FR meets weekly at the *Flow Jo* for aerial rehearsal and then political discussions. Its goals are to: 1) help youth learn to *Be Bold* in aerial moves, conditioning, and choreographing in both partner and solo pieces; creating supportive peer environments to build self-confidence and recognition of their capacities to grow beyond their own expectations; connect to and appreciate their bodies, engage in physical activity and expression through movement; and 2) *Amplify And Validate Their Voices* in relation to often exclusionary systemic structures, develop leadership, increase confidence in expressing views and opinions, and deepen interpersonal relationships based on sharing.

3) The annual *Youth Arts Exhibition* at the Arts Center is a month-long showcase of 40 youth artists from the three CHCCS high schools and other local schools. This exhibit and the events that lead up to and accompany it announce to the community that new young voices are continually emerging that represent and shape the future of our community.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals).

The youth of our community are underserved. Further, the community's broad sense of tolerance has yet to be transformed to a sense of solidarity and has yet to be demonstrated as equity. Recent homophobic incidents and their aftermath give LGBTQ youth of our community a sense of marginalization. The decades old achievement gap persists and disparities in end-of-grade tests (42% of black and 47% of Latino youth passed vs 90% for whites) and suspensions (8 times as often for Black students compared to whites) are representative of other disparities in service to our community's youth and those at the margins (e.g., those with drug and alcohol addictions, mental health issues, economically disadvantages and learning differences).

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

YCP is uniquely positioned to leverage our programs, their components, collaborations and partnerships to engage a broad spectrum of youth across existing and traditional boundaries. In all programs YCP will use this leverage to engage youth in the variety of our initiatives towards our mission of uncovering youth leadership. For example, we're connected with youth recovering from addiction through the Reintegration Support Network; those engaged in Restorative Justice Circles; members of the Chapel Hill Youth Council; young artists at the Beat Making Lab at Street Scene; and youth of color cycling with Triangle Bikeworks. YCP works to integrate youth in all these different programs with the youth in the programs listed here explicitly: QYDI, Fluid Revolutions and the Youth Art Exhibition. This cross-fertilization works in all directions and as YCP grows it will

create an increasingly intricate web of youth communities. Thus, while QYDI and Fluid Revolutions primarily serve queer and trans* youth, they also engage their allies. They reach out to and welcome youth groups throughout the area in their performances before the public promoting a sense of inclusion for all. The Youth Art Exhibition will be a celebration of artists and the broader youth community.

e) Who specifically will carry out the activities and in what location will they be carried out?

QYDI and FR are coordinated and supervised by YCP's Program Director, Abby Hylton. The *Youth Arts Exhibition* is coordinated and supervised by a volunteer project team that includes past YCP board member Elaine Jerome; local adult artist, Charron Andrews; teachers and students who are members of local high school art clubs; a staff member at the Carrboro Arts Center; and recent CHCCS high school graduates and former YCP leaders.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

Queer Youth Drop In is ongoing with meetings weekly throughout the year plus quarterly additional special events and/or field trips.
Fluid Revolutions meets weekly throughout the year and has a spring show open to the public (*Queer Youth Circus*).
The *Youth Arts Exhibition* will be carried out in the first half of the calendar year as fits with the Carrboro Arts Center's and youth art clubs' calendars. This will involve months of planning and art creation, one month of showing at the Arts Center and months of exhibition at the YCP space.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts. (update list and needs work)

- Reintegration Support Network is a YCP program that shares space and other resources with YCP.
- Youth Restorative Justice Circles including Parents Against Racism, and Creative Swag Sisters have been working with YCP to develop and hold events and trainings
- Triangle Bikeworks participates and collaborates in YCP events; the two organizations share space and a board member.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: x☐ **Persons** ☐ **Households** ☐ **Units**

Program: **1. Youth Community-building Initiatives**

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	2	5	7
Female	55	52	66
Transgender*	3	8	10
Total	60	65	83
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			
African-American	9	11	20
American Indian or Alaska Native	1	1	1
Asian	15	16	20
Caucasian	25	25	25
Native Hawaiian or other Pacific Islander	0	1	3
Other	10	11	14
Total	60	65	83
Of the above, how many Hispanic/Latino	9	12	15
Of the above, how many non-Hispanic/Latino	51	53	68
Total	60	65	83
Age			
0-5 years	0	0	0
6-18 years	60	63	81
19-50 years	0	2	2
51-61 years	0	0	0
62+ years	0	0	0
Total	60	65	83
Geographic Location			
Durham City	1	1	1
Durham County	1	1	1
Carrboro	36	35	36
Chapel Hill	20	21	22
Chapel Hill Public Housing Residents	1	2	15
Orange County	1	5	8
Raleigh	0	0	0
Wake County	0	0	0
Total	60	65	83

Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

k.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Youth Community Building Initiatives							
Program Director	1.0	.18	.18	.18	.18	100%	0

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES NO

☐ X☐ a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?

☐ X☐ b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?

☐ X☐ c) Current beneficiaries of the project/program for which funds are requested?

☐ X☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below**.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ _____
Executive Director Date

Signature: _____ _____
Board Chairperson Date

m.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1	QYDI held 45 90 minute meetings weekly throughout the year and took four fields trips to Durham and Raleigh and hosted a winter social with iNSIDEoUT, a group based in Raleigh.	QYDI will hold 45 90 minute meetings weekly throughout the year plus four additional quarterly special events and/or field trips and a spring social.	QYDI will hold 45 90 minute meetings weekly throughout the year plus four additional quarterly special events and/or field trips and a social.
Program Goal	QYDI. To establish a core group of 10 community LGBTQ youth to participate throughout the grant year.	QYDI. To nurture and expand participation among 5 additional community LGBTQ youth expected to participate in QYDI throughout the grant year.	QYDI. To nurture and expand participation among 25 minimum community LGBTQ youth expected to participate in QYDI throughout the grant year.
Performance Measures	QYDI tracked both repeated and one-time attendance.	QYDI will track attendance (one-time and repeated).	QYDI will track attendance (one-time and repeated).
Program Results	An average of 8 youth participated weekly.	An average of 12 youth participated weekly and spoke to their QSAs.	TBD.
Program Activity 2	FR planned, fundraised for, and implemented a week-long aerial camp for queer and trans* youth to kick off the weekly circus program.	FR will include weekly aerial rehearsals and 3 performances.	FR will include weekly aerial rehearsals and 3 performances.

Program Goal	FR. To introduce youth to aerial arts and have preliminary social-political conversations to demonstrate what a weekly commitment would look like and to showcase youth progress at the end.	FR. To help youth learn to be bold in aerial moves, conditioning, and choreographing in both partner and solo pieces; creating supportive peer environments to build self-confidence and recognition of their capacities to grow beyond their own expectations; connect to and appreciate their bodies, engage in physical activity and expression through movement, and engage	FR. To help youth learn to be bold in aerial moves, conditioning, and choreographing in both partner and solo pieces; creating supportive peer environments to build self-confidence and recognition of their capacities to grow beyond their own expectations; connect to and appreciate their bodies, engage in physical activity and expression through movement.
Performance Measures	Enrollment of 6 youth in the camp and a 45 minute showcase for friends and family at the end of the week.	FR. The program director keeps a journal of notes from training and rehearsals documenting each individual's progress. Youth will also choreograph 1-2 pieces for a performance.	FR. The program director keeps a journal of notes from training and rehearsals documenting each individual's progress. Youth will also choreograph 1-2 pieces for a performance.
Program Results	Each youth in camp choreographed and performed solos at the showcase and all youth who participated in the camp decided to continue participating in the program and recruited an additional 4 youth.	Each youth has been improving week to week. Time is allowed towards the end of the rehearsal for choreography; each youth is working on either a solo or a duet. Plans for the performance are in development with date to be set.	TBD.
Program Activity 3	FR planned and implemented social-political workshops and discussions that were held during the aerial camo for queer and trans* youth.	FR will hold weekly political-social discussions.	FR will hold weekly political-social discussions.

Program Goal	FR. To begin conversations about issues facing queer and trans* youth and the ways that these issues intersect with others in the larger community and society as a whole.	FR. To amplify and validate their voices in relation to often exclusionary systemic structures, develop leadership, increase confidence in expressing views and opinions, and deepening interpersonal relationships based on sharing.	FR. To amplify and validate their voices in relation to often exclusionary systemic structures, develop leadership, increase confidence in expressing views and opinions, and deepening interpersonal relationships based on sharing.
Performance Measures	Enrollment of 6 youth in the camp and full verbal participation in all workshops.	FR. Youth will begin co-leading discussions/workshops with the program director. Social-political issues discussed will be translated into themes for the performance.	FR. Youth either lead or co-lead discussions/workshops with the program director. Social-political issues discussed will be translated into themes for the performance.
Program Results	Each youth in camp contributed to the discussion in every workshop. At the end of the week, several youth commented that the social-political aspect of the camp was essential to their positive experience.	Two youth have co-lead with the program director so far and dealing with mental illness has been suggested as one of the themes for the performance.	TBD.

Agency & Program Name: **Youth Community Project, 2. Youth Organizing and Leadership Development (YOLD)**

As you complete your application, complete only those sections that pertain to the type of application you are submitting. The application is divided into several sections and not all sections apply to every project. **Every applicant MUST complete the main application.**

a) Check the type of funding request for this application package submittal and complete the required application and required supplemental sections (Parts) as specified below:

x☐ **Human Services (Main Application Only)**

☐ **CDBG Non-Construction — (Main Application AND Part A)**

☐ **CDBG Construction — (Main Application AND Part A AND Part B)**

☐ **HOME CHDO Set-aside — (Main Application AND Part A)**

☐ **HOME Other — (Main Application AND Part A AND Part B)**

Indicate the type of program for which you are requesting funding:

Program Category	Youth	Adult	Elderly	Disabled (not elderly)	Public Housing Neighborhoods/Residents
Education	X				
Health and Nutrition					
Job Training					
Sports and Arts Activities					
Pre-School Activities					
After-School Activities	X				
Mentoring	X				
Transportation					
Housing					
Other: Please specify: Youth Organizing and Leadership Development	X				

Program/Project Description (Label your responses as outlined below; not to exceed 3 pages.)
Please provide the following information about the proposed program/project:

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?
c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.
d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.
e) Who specifically will carry out the activities and in what location will they be carried out?
f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.
g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.
h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.
i) Include any other pertinent information.

b) Summarize the program services proposed and how the program will address the chosen Town/County priority?
Youth Community Project proposes to launch a youth organizing and leadership development camp based on Youth Organizing Institute's Summer Freedom School model with Street Scene Teen Center (SSTC) and Beat Making Lab (BML). The camp will educate youth aged 14 to 18 around four subjects: organizing skills, political analysis, restorative justice and young people's movement history.
YCP proposes piloting the program for one week in July of 2016. This pilot will be executed by YCP's paid staff with limited assistance from YCP's board and paid staff from SSTC and BML.

Volunteers, activists, and paid workshop facilitators will be required to make the organizing camp a success. Topics will include school to prison pipeline, sexism and homophobia, reproductive justice, Native liberation, and race in the United States. Youth will leave the camp as more confident leaders, qualified speakers on social justice, and experts on leveraging people power. They will become leaders in their social circles or school classes in the fight against racism, bigotry, and homophobia.

Organizing camp will have a morning and afternoon workshop, lunch for the youth, and games that build youth confidence. Youth will meet inspiring community members and local leaders in social justice. They will learn both academic information and hard skills to use in a multitude of situations. The organizing camp's goal is that youth leave as organizers, thought leaders, and facilitators of change in their communities.

This program addresses funding priority two. The program targets marginalized youth including African Americans, Latino youth, and youth from low income families. These youth are currently underserved and the town has struggled to engage them, politically and otherwise.

c) Describe the local need or problem to be addressed in relation to the Consolidated Plan or other community priorities (i.e. Council/Board Goals). Cite local data to support the need for this program and the population being served.

Racism, homophobia, and marginalization runs deeply through US society. These problems continue because our youth are not socialized with race, class and gender equity in mind. In late 2015, East Chapel Hill High experienced homophobic messages throughout the school. There was no organized response from students. Individuals must be educated to be able to fight these social problems. There is currently no youth organizing initiative in Chapel Hill, Carrboro or Orange County that teaches youth hard skills to use in response to racism, homophobia, or bigotry. These issues are widely understood to be root causes of observed inequities in academic outcomes in our schools, for example.

d) Describe the population to be served or the area to benefit and indicate how you will identify beneficiaries.

YCP's organizing camp will recruit and serve youth aged 14 to 18. We will target marginalized youth, especially African American, Latino, queer, transgender*, and economically disadvantaged youth through our program and partner networks. We will accept youth from all backgrounds to ensure a strong dialogue and discussion at workshops.

The camp will benefit multiple groups. First, youth participants are directly empowered and educated. They will be identified during the application process. Second, each youth's community and network will be affected as youth take action in their community to eliminate injustice and speak out against intolerant language. Third, marginalized communities will benefit as a critical mass of leaders in the next generation become educated and engaged in social justice.

e) Who specifically will carry out the activities and in what location will they be carried out?

YCP paid staff, including our managing director and program director, will execute the organizing camp in July 2016. Board members may provide additional assistance. Staff will hire workshop facilitators and recruit local activists to add guest speakers and facilitators to the camp. The camp's location is undecided, but any three of the area high schools, Chapel Hill's Teen Center, Hargraves, or UNC's campus could be viable locations.

f) Describe specifically the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered. Include an implementation timeline.

The organizing camp will take place over five days from 9 am to 5 pm during the first or second week of July. It will run Monday through Friday. We anticipate that the camp will become an annual event.

YCP staff is currently planning and preparing for the July camp. We will release applications in March. YCP will run recruitment events involving social justice workshops or themed youth potlucks to create awareness about our organizing camp. We will begin these events in March with application's release. Between February and June we will recruit additional speakers, activists and workshop facilitators to implement the camp. We will host a community event the weekend following

the camp to give the youth a chance to share what they have learned, while also beginning to fundraise for organizing camp in 2017.

g) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, give specific examples of the coordinated/collaborative efforts.

- Town of Chapel Hill
- Street Scene Teen Center
- Beat-making Lab
- Youth Council of Chapel Hill

h) Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.

YCP is pursuing several funding sources for our first annual organizing camp. We are applying to Strowd Roses for funding by Jan 30th 2016, for instance. We are also pursuing family foundations for overall organizational funding. If this project is funded at a reduced rate, it would reduce the effectiveness of the camp by limiting our ability to cover staff time and/or our ability to learn and develop the program with help from experts; in other words it will likely impact sustainability. YCP recommends full funding to successfully pilot and validate the effectiveness this type of program can have for our town.

i) Include any other pertinent information.

Program/Project Information

j) Complete the Target Population and Program Beneficiary Demographics Chart
k) Complete the Schedule of Positions Chart for Program Staff
l) Disclosure of Potential Conflicts of Interested must be signed
m) Complete the Work Statement Chart to describe the work to be performed, and be sure to attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Information to Complete

j.) Target Population

Complete the following tables to the best of your ability. Show numbers of participants and percentages, as applicable, in each category.

Please indicate whether this project/program will serve: ☐ **Persons** ☐ **Households** ☐ **Units**

Program: _____

Program Beneficiary Demographics			
	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Gender			
Male	0	0	10
Female	0	0	12
Transgender*	0	0	8
Total	0	0	30
Of the females, how many are single-female Head of Households (Omit for Human Services)			
Ethnicity			

African-American	0	0	8
American Indian or Alaska Native	0	0	2
Asian	0	0	5
Caucasian	0	0	6
Native Hawaiian or other Pacific Islander	0	0	3
Other	0	0	6
Total	0	0	30

Of the above, how many Hispanic/Latino	0	0	6
Of the above, how many non-Hispanic/Latino	0	0	24
Total	0	0	30
Age			
0-5 years	0	0	0
6-18 years	0	0	30
19-50 years	0	0	0
51-61 years	0	0	0
62+ years	0	0	0
Total	0	0	30
Geographic Location			
Durham City	0	0	0
Durham County	0	0	0
Carrboro	0	0	12
Chapel Hill	0	0	14
Chapel Hill Public Housing Residents	0	0	2
Orange County	0	0	2
Raleigh	0	0	0
Wake County	0	0	0
Total	0	0	30
Income Level – See following chart (Omit for HS)			
< 30% Area Median Income			
31-50% Area Median Income			
51-80% Area Median Income			
> 80% Area Median Income			
Total	0	0	0
Special Needs (Omit for HS)			
Elderly (Over 62)			
Disabled (not elderly)			
Homeless			
People with HIV/Aids			
Total	0	0	0

CDBG & HOME ONLY - Area Benefit Activities (Infrastructure and Public Facilities)				
Street	**Census Tract**	**Block Group**	**Total Persons**	**#LMI Persons**

2015 Area Median Family income Limits

U.S. Department of Housing & Urban Development (HUD)
2015 Area Median Family Income Limits
Effective March 15, 2015

Income Level	**1 person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**7 people**	**8 people**
30% AMI	$14,150	$16,200	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
50% AMI	$23,600	$27,000	$30,350	$33,700	$36,400	$39,100	$41,800	$44,500
80% AMI	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
100% AMI	$47,188	$53,938	$60,688	$67,375	$72,813	$78,188	$83,563	$88,937
115% AMI	$54,266	$62,028	$69,791	$77,481	$83,734	$89,916	$96,097	$102,278

http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_nc.pdf

I.) Schedule of Positions

Please include program staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Position Titles * = Position Vacant	FTE**	% Program Staff +	Actual 2014-15	Estimated 2015-16	Projected 2016-17	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Youth Organizing ad Leadership Development							
Program Director	1.0	.07	.0	.0	.07	100%	0

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full Time Equivalent staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with this program.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1{,}960} = \text{Volunteer FTE}$$

MAIN APPLICATION

I.) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

YES	NO	
☑	☐	a) Employees of or closely related to employees of the Town of Chapel Hill, Orange County, Carrboro, or Hillsborough?
☐	☑	b) Members of or closely related to members of the governing bodies of Chapel Hill, Carrboro, Hillsborough, or Orange County?
☐	☑	c) Current beneficiaries of the project/program for which funds are requested?
☐	☑	d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below.**

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Executive Director — Date: 1/24/2016

Signature: _____ Board Chairperson — Date: 1/24/2016

o.) Work Statement

This form is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information.

- ***Program Activities*** should outline major activities the agency implements to accomplish its program goals.
- ***Program Goal*** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. SMART Goals
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals.
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain.

	Actual 2014-15	**Estimated 2015-16**	**Projected 2016-17**
Program Activity 1	YOLD did not exist.	YOLD. Build youth's passion for social justice through historical education, hard skills on organizing, improvised mock situations, and	YOLD. Build youth's passion for social justice through historical education, hard skills on organizing, improvised mock situations, and
Program Goal		YOLD. Create youth organizing leaders on social justice issues that affect youth.	YOLD. Create youth organizing leaders on social justice issues that affect youth.
Performance Measures		YOLD. Youth will record lessons from camp. Youth will create a monthly reporting system to keep themselves accountable to each other on their social justice initiatives throughout the following year.	YOLD. Youth will record lessons from camp. Youth will create a monthly reporting system to keep themselves accountable to each other on their social justice initiatives throughout the following year.
Program Results			
Program Activity 2	YOLD did not exist.	YOLD. Educate youth organizing leaders through intensive workshops run by community leaders, artists, and local social justice activists.	YOLD. Educate youth organizing leaders through intensive workshops run by community leaders, artists, and local social justice activists.

Program Goal		YOLD. Create youth organizing leaders on social justice issues that affect youth.	YOLD. Create youth organizing leaders on social justice issues that affect youth.
Performance Measures		YOLD. Youth will evaluate workshops individually for takeaways. Youth will be quizzed on hard skills. Youth will be provided	YOLD. Youth will evaluate workshops individually for takeaways. Youth will be quizzed on hard skills. Youth will be
Program Results	YOLD did not exist.	TBD.	TBD.

4. FINANCIAL INFORMATION FOR SERVICE PROGRAMS

a.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program **Youth Community Building Initiatives**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ -	$ -	$ -	0
Agency Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ -	$ -	$ 4,750	0
Town of Chapel Hill	$ -	$ -	$ 4,750	0
Town of Carrboro	$ -	$ -	$ 2,500	0
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants:	$ -	$ -	$ -	0
Other Grants:	$ -	$ -	$ -	0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ -**	**$ -**	**$ 12,000**	**0**
AGENCY EXPENSES				
Compensation	$ -	$ -	$ 12,000	0
Rent & Utilities	$ -	$ 640	$ 1,200	88%
Supplies & Equipment	$ -	$ -	$ -	0
Travel & Training	$ -	$ 200	$ -	-100%
Other Expenses:	$ -	$ -	$ -	0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ -**	**$ 840**	**$ 13,200**	**1471%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ (840)**	**$ (1,200)**	**-43%**

b.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
Program Director - Youth Community Building Initiatives	$23.08/hr	374.4 hours	$8,640
Program Director - Youth Organizing and Leadership Development	$23.08/hr	145.6 hours	$3,360
		Total	**$12,000**

c.) Cost per Unit

Youth Community Building Initiatives	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**0**		**$ 8,640**
Total # of Units	**0**		**83**
Cost Per Unit	**0**		**$104**

Youth Organizing and Leadership Development	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program	**0**		**$3,360**
Total # of Units	**0**		**30**
Cost Per Unit	**0**		**$112**

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

d.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Section VI. Financial Data
Operating Budget for Entire Agency

AGENCY NAME: **Youth Community Project**

	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
AGENCY REVENUE				
Private Donations	$ -	$ 20,000	$ 51,000	155%
Agency Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ -	$ -	$ 4,750	0
Town of Chapel Hill	$ -	$ -	$ 4,750	0
Town of Carrboro	$ -	$ -	$ 2,500	0
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants:	$ -	$ -	$ -	0
Other Grants:	$ -	$ -	$ -	0
Miscellaneous/Other Revenue	$ -	$ -	$ -	0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ -**	**$ 20,000**	**$ 63,000**	**215%**
AGENCY EXPENSES				
Compensation	$ -	$ 12,600	$ 59,400	371%
Rent & Utilities	$ -	$ 2,100	$ 3,600	71%
Supplies & Equipment	$ -	$ -		0
Travel & Training	$ -	$ -		0
Other Expenses:	$ -	$ -		0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ -**	**$ 14,700**	**$ 63,000**	**329%**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ 5,300**	**$ -**	**-100%**

e.) Program Budget

Please complete a Program Budget Excel Form **for each requested program.** The Program Budget should reflect only figures and amounts associated with the Program(s) for which you are seeking funding and not the total agency budget.

If the program's finances experienced significant changes that you would like to explain, please use the space below.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.

Program Budget

Agency/Program **Youth Community Building Initiatives**

AGENCY REVENUE	Actual 2014-15	Estimated 2015-16	Projected 2016-17	Percent Change
Private Donations	$ -			0
Agency Generated Revenue (fees)	$ -	$ -	$ -	0
Local Government Grants:				
Orange County	$ -	$ -	$ 4,750	0
Town of Chapel Hill	$ -	$ -	$ 4,750	0
Town of Carrboro	$ -	$ -	$ 2,500	0
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
Other Local:	$ -	$ -	$ -	0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	$ -	$ -	$ -	0
State Government	$ -	$ -	$ -	0
Federal Government	$ -	$ -	$ -	0
Other Grants:	$ -	$ -	$ -	0
Other Grants:	$ -	$ -	$ -	0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellanous sources:				
$ -				
$ -				
$ -				
Total Agency Revenue	**$ -**	**$ -**	**$ 12,000**	**0**
AGENCY EXPENSES				
Compensation	$ -	$ -	$ 12,000	0
Rent & Utilities	$ -	$ -	$ 1,200	0
Supplies & Equipment	$ -	$ -	$ -	0
Travel & Training	$ -	$ -	$ -	0
Other Expenses:	$ -	$ -	$ -	0
Please list 3 largest "Other Expenses":				
$ -				
$ -				
$ -				
Total Agency Expenses	**$ -**	**$ -**	**$ 13,200**	**0**
SURPLUS/(DEFICIT) FOR PERIOD:	**$ -**	**$ -**	**$ (1,200)**	**0**

f.) Program Budget Detail

What is the cost to deliver your project/program? List each project/program element in the table below, including the cost of each element, the quantity and unit of measure, and the subtotal for each element. Where necessary, allocate costs to the use of shared space, vehicles or equipment.

Example Program: Credit Counseling Class

Cost Elements	Cost ($)	Quantity/Unit of Measure	Subtotal ($)
Credit Counseling Teacher –in class	*$25*	*96 hours (8 hrs/mth x 12 months)*	*$2,400*
Credit Counseling Teacher—class prep	*$25*	*48 hours (4hrs/mth x 12 mths)*	*$1,200*
Credit Counselor—one-on-one	*$20*	*120 hours (10 hrs/mth x12 mths*	*$2,400*
Materials	*$25*	*120 course packets/credit reports*	*$3,000*
		Total	***$9,000***

Complete the table below for the project/program for which you are requesting funds. Attach additional rows/pages, as needed.

Program: _____

Cost Elements	Cost ($)	Quantity/Unit of measure	Subtotal ($)
		Total	

g.) Cost per Unit

	Actual 2014-15	Estimated 2015-16	Projected 2016-17
Total Cost of Program			
Total # of Units			
Cost Per Unit			

This Cost Per Unit must reflect the total program budget and the total number of program beneficiaries (households or persons) in this application and must be consistent with report submittals from previous years (if applicable).

h.) Agency Operating Budget

Please show all sources and amounts of funding for your entire current fiscal year. What is your agency's fiscal year? Example: July 1, 2016 through June 30, 2017. Submit operating budget in your own format.

Do not include funds that have been applied for but not yet awarded: If the total revenue is not the same amount as the budget for any fiscal year, please attach a statement explaining the deficit or surplus.

It is required that your Excel budget worksheet be embedded on the next page. You must also submit an electronic copy of the MS Excel file with your application, as a separate file.