

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
Funding Requests, Program Year 47
1/21/21

CDBG Program Activity	Organization/Department	PY47 Request (FY22)
REHABILITATION/HOUSING		
Improving 22 Fessenden and 12 Russell Terrace	Caritas Communities	\$110,000
Chaglassian Apartments Acquisition	Housing Corporation of Arlington	\$400,000
Sub-total		\$510,000
PUBLIC SERVICES		
Scholarship Program	Arlington Boys and Girls Club	\$25,000
Jobs, Jobs, Jobs Program	Arlington Boys and Girls Club	\$5,000
Athletic Scholarships	Arlington High School	\$8,000
Operation Success Learning Center	Arlington Housing Authority	\$6,000
Mental Health Counseling and Support Services	Arlington Youth Counseling Center (AYCC)	\$20,000
Adult Day Health	Council on Aging	\$6,000
Transportation Program	Council on Aging	\$31,540
Volunteer Coordinator	Council on Aging	\$52,922
Jobs, Jobs, Jobs	Fidelity House	\$5,000
Menotomy Manor Outreach Program	Fidelity House	\$20,000
Outreach and Stabilization Program	Somerville Homeless Coalition	\$38,201
Program Scholarships	Recreation Department	\$13,000
Sub-total (PY47 estimated statutory limit: \$178,726)		\$230,663
PUBLIC FACILITIES AND IMPROVEMENTS		
Curb Cut Ramp Project	Arlington Disability Commission + DPW	\$125,000
Facility Capital Improvements: Environmental Efficiency	Food Link, Inc.	\$46,667
Sub-total		\$171,667
ECONOMIC DEVELOPMENT		
Arlington Small Business Technical Assistance Program	Planning and Community Development	\$50,000
Sub-total		\$50,000
PLANNING		
Planners	Planning and Community Development	\$52,335
Planning Studies	Planning and Community Development	\$75,000
Annual Town Survey	Envision Arlington	\$2,200
Sub-total		\$129,535
ADMINISTRATION		
Grants Administrator (salary + benefits)	Planning and Community Development	\$78,291
General Administration	Planning and Community Development Department	\$17,500
Sub-total		\$ 95,791
Planning & Admin. Sub-total (PY47 estimated statutory limit: \$232,000)		\$225,326
TOTAL		\$1,187,656



TOWN OF ARLINGTON

MASSACHUSETTS 02476

781 - 316 - 3090

DEPARTMENT OF PLANNING and COMMUNITY DEVELOPMENT

Community Development Block Grant Program Year 47 Requests for Funds

Rehabilitation/Housing

Housing Corporation of Arlington
Caritas Communities

Public Services

Arlington Boys and Girls Club
Arlington High School Athletics
Operation Success Learning Center
Arlington Youth counseling Center
Arlington Council on Aging
Fidelity House
Arlington Recreation Department
Somerville Homeless Coalition

Public Facilities and Improvements

Arlington DPW
Food Link, Inc.

Economic Development Activities

Arlington DPCD

Planning & Administration

Arlington DPCD

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Housing Corporation of Arlington

Contact Name:

Pamela Hallett

Title:

Executive Director

Mailing Address:

252 Massachusetts Ave Arlington, MA 02474

Email Address:

phallett@housingcorporarlington.org

Phone:

773 406-5963

DUNS #:849577213

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☒ Yes

☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☒ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☐ Unit of Government

☐ Institution of Higher Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Chaglassian Apartments

Anticipated Start Dates:

September 2021

Anticipated End Dates:

September 2022

Amount of Request:

\$400,000

Project Location:

1021 Massachusetts Ave Arlington, MA 02474

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

☐ **Low/Moderate Income Area Benefit (LMA):** the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☒ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

☐ Abused children

☒ Elderly persons (age 62 and older)

☒ Battered spouses

☒ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

Housing Corporation of Arlington (HCA) is negotiating a purchase and sale agreement with the sellers of the site at 1021 Massachusetts Ave Arlington with the intent to construct 18-36 new affordable housing rental units. The price will be \$2Million and Leader Bank will provide an acquisition loan of \$1.6 Million. The CDBG funding will act as HCA's equity for the purchase.

A special permit application will be filed with the Arlington Redevelopment Board and a demolition permit for the historic building will be required. HCA anticipates the special permit approval by September 2021 at which time the acquisition will be completed.

2. Consolidated Plan Goals and Objectives

Maximize affordable housing opportunities by creating and preserving affordable rental and homeownership housing.

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

The 1021 Massachusetts Ave site is located in the 3566.01

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

Currently there is a shortage of safe, decent affordable housing in Arlington. Many households pay 50% or more of their income towards housing. Most renter households are rent burdened in Arlington. HCA has a waiting list of over 500 households for the 102 units in the portfolios. The Five Year Consolidated Plan intends to maximize opportunities to create or preserve affordable rental housing.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.
All tenants will be or become residents of
Arlington

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☒ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☒ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

The Executive Director has over 30 years of experience in developing affordable housing and will work in partnership with the development team composed of the HCA Associate Director, the Architectural firm, engineering firm, general contractor and funding consultants. HCA has worked in and with the Arlington community for over 35 years. HCA has a waiting list of over 500 households. Outreach will be done to engage households on the waitlist who will be eligible for tenancy in the new units. In addition, outreach through other community organizations, news releases, community meetings and newspaper ads will be used to spread information about the availability of these new affordable units.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

The proposed project will include housing some homeless households in partnership with the Somerville Homeless Coalition which provides both rental support and social services.

Additional funding will be expected from the North Suburban Coalition, Community Preservation Committee and CEDAC.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

\$400,000/ 100 (2-3 people per 36 units) = \$ 4000/person

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

The CDBG funding of \$400,000 will leverage \$1.6 Million from Leader Bank for the acquisition of the site. HCA will provide additional funding of up to \$200,000 in predevelopment funding for survey, environmental review, architectural and engineering fees, legal fees and title charges.

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

The development, once built, will be self supporting through the unit rents which will cover all operating expenses.

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

The project will provide additional affordable housing units for households with income at or below 60% of area median income . There is no other organization in Arlington providing new affordable housing units for this income level.

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition	400,000	1,600,000	2,000,000
Appraisals		3,000	3,000
Design		97,000	97,000
Other:		100,000	100,000
TOTAL PROPOSED BUDGET	400,000	1,800,000	2,200,000

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:	Leader Bank	1,600,000	1,600,000
Other:	HCA	200,000	200,000
Total:		1,800,000	1,800,000

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program
The lack of enough safe, decent affordable housing for people with incomes at or below 60% of area median income	To create 18-36 units of affordable rental housing	Experience and skills of staff and consultants; cash to fund predevelopment costs; relationships with funding sources	Secure the special and demolition permits to achieve correct zoning for the project; create architectural and engineering design of the building; creation of applications for full funding for the construction of the development	Construct 18-36 new affordable rental units	ST - To secure needed permits and to acquire the site. LT- Creation of 18-36 safe, decent affordable rental housing units for people with income at or below 60% of AMI.

Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	100
Households Assisted	36	Jobs Created	150

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

The project timeline will be used to evaluate the progress and results of the development from signing the purchase and sale agreement to securing the needed permits to completing the acquisition.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.

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COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Contact Name:

Title:

Mailing Address:

Email Address:

Phone:

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☐ Yes

☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☐ Unit of Government

☐ Institution of Higher
Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

☐ **Low/Moderate Income Area Benefit (LMA):** the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☐ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify): **Veterans**

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

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Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

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Agency/Organization:

Contact Name:

Title:

Mailing Address:

Email Address:

Phone:

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☐ Yes

☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☐ Unit of Government

☐ Institution of Higher
Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

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☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

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1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

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Repairs/Maintenance			
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Other:			
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C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

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State:			
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Private:			
Other:			
Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

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Nationally Reportable Outputs*Please indicate the number of outputs expected*

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Performance Evaluation Plan

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Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

☐ **Low/Moderate Income Area Benefit (LMA):** the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☐ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program

Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information	
I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)	
Agency/Organization: Arlington High School	
Contact Name: John Bowler	Title: Athletic Director
Mailing Address: 869 Massachusetts Avenue	
Email Address: jbowler@arlington.k12.ma.us	Phone: 781-316-1981
DUNS #: <small>(Note: All entities receiving federal assistance are required to have a DUNS #)</small>	Registered on SAM.gov? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Note: All entities receiving federal assistance are required to be registered on SAM.gov)</small>
Please Identify the Type of Organization Applying for Funds <i>(Note: More than one may apply)</i> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> 501(c)3</div> <div><input type="checkbox"/> For-profit authorized under 570.201(o)</div> <div><input type="checkbox"/> Faith-based Organization</div> <div><input type="checkbox"/> Unit of Government</div> <div><input type="checkbox"/> Institution of Higher Education</div> </div>	
Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.	
II. Project Information & Eligibility	
Project Name: Athletic Scholarships	
Anticipated Start Dates: August 19, 2021	Anticipated End Dates: June 31, 2022
Amount of Request: \$8,000	Project Location: Arlington High School
Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check ONE box below.	
<input type="checkbox"/> Low/Moderate Income Area Benefit (LMA): the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area. <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
<input type="checkbox"/> Low/Moderate Limited Clientele (LMC): the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.	
<input type="checkbox"/> Low/Moderate Housing (LMH): The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.	
<input type="checkbox"/> Slum or Blighted Area (SBA): the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.	
<input type="checkbox"/> Spot Blight (SBS): the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.	
Does your project/activity benefit any of the following?	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Abused children</div> <div style="width: 33%;"><input type="checkbox"/> Elderly persons (age 62 and older)</div> <div style="width: 33%;"><input type="checkbox"/> Battered spouses</div> <div style="width: 33%;"><input type="checkbox"/> Homeless persons</div> <div style="width: 33%;"><input type="checkbox"/> Severely disabled adults (as defined by Bureau of Census*)</div> <div style="width: 33%;"><input type="checkbox"/> Illiterate adults</div> <div style="width: 33%;"><input type="checkbox"/> Persons living with AIDS</div> <div style="width: 33%;"><input type="checkbox"/> Migrant farm workers</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Other (please specify):</div> </div>	

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

The financial scholarships are provided to student-athletes who would not be able to participate due to financial need. By receiving a scholarship, they are positioned to participate in a robust after school athletic program, spending 5-6 days a week with peers, coaches and mentors developing confidence, work ethic, communication skills and reinforcement on the priority of healthy-life decisions and academic success. We believe that extra-curricular sports are an extension of the classroom and playing sports for Arlington High School will allow students to be educated to their fullest capacity.

2. Consolidated Plan Goals and Objectives

The plan is to offer equal opportunities to the families that are in financial need of a scholarship to cover all or part of the school's athletic fees. Research has shown that student athletes are less likely to have disciplinary issues, have better attendance at school, and build confidence and self-esteem. Arlington High School promotes interschool athletics that provide lifelong and life-quality learning experiences to students while enhancing their achievement of educational goals.

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

All students from Arlington High School in financial need would be eligible for a scholarship. Students must be enrolled full time in Arlington High School, academically eligible in their classes and they must attend a full day of school to participate in athletics. By allowing academics, attendance and behavior to be the driving forces of eligibility, rather than financial status, we are better serving our Arlington students.

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

There are diverse economic levels throughout the community. However, no student should be excluded from an opportunity to develop themselves and to represent their Town due to this. The goal is to increase the amount of athletic scholarships that are offered to student-athletes as the demand and need for doing so has risen. We strongly believe that access to the benefits of educational athletics should not be restricted to a certain income level. By offering scholarships, all of our students in the community are able to take part in building relationships, maintaining physical fitness, developing life skills and having a role in the community. Our goal is to continue to work to afford all of our students these opportunities, regardless of the income level of the family. By evening the platform and offering opportunities to all of our student-athletes, we are better serving them positively impacting the community by demonstrating unity and equality.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.
Approximately 96% of the students will be
Arlington Residents and 4% of the students will
be Boston Residents who are in the METCO
Program.

1. c) Beneficiaries: Does this activity address any of the
following? Select all that apply.

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| ➤ Help Prevent Homelessness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Help the Homeless? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Help Those with HIV/AIDS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Help Persons with Disabilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

Applicants provide their tax documentation or their free and reduced lunch letter to the bussiness office. We will post the scholarship application with instructions on the school's athletic website. It will be posted in the Athletic registration payment section. I will also talk about it at our two athletic information nights. One of the which is mandatory for a parent or guardian to be in attendance. The bussiness Office will review all scholarship applications and approve each or notifies a family if they have not been approved. The process is designed to be minimally invasive to protect the privacy of each student and offer parallel registration experiences for those receiving or not receiving scholarships.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

Not at this time.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

Our request of \$8,000 is to cover a portion of the scholarships. Right now our Athletic fees range from \$100 to \$700 based on the specific sport. We are looking to help out as many students as we can who's families are in financial need. It is difficult at this point to say how much each individual would get because we don't know what sports they plan to play next year.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

Not at this time.

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years? I do not anticipate we will be self-sufficient as our numbers and need have grown and funding within the district is stretched to cover increased costs. There are more students wanting to participate and there are more students in need. We are greatly appreciative, and reliant on the CDBG funding source.

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

There are no other services like this in the community.

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

100% of funding goes to student scholarship. No additional funding is used for administrative time etc.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
Athletic Scholarships	\$8,000		
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program
Providing opportunities for all student athletes to participate in educational athletics, Currently the fee limits participation, or deters it for those in financial need.	The Goal is to allow any Arlington High School student the ability to play on a sports team no matter what their financial circumstance happens to be.	All funds go directly to the student's Scholarship. Which covers supervision, transportation, and equipment needs	All input directly benefits student athletes so that they may experience and reap the benefits from the same opportunities as other students in different financial positions	High School Interscholastic Athletic Programming.	(ST) Allows Student to participate in athletic programming, alleviating financial burden, fostering a culture of equality and unity. (LT) Developing skills such as communication, work ethic, accountability, and commitment while developing relationship.

Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	50
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.

APPENDIX B
Fiscal Year 2021 Budgets

E Arlington Youth Counseling Center	2018	2019	2020	2021	\$ change	% change
EXPENSES						
Personnel Services	395,501	396,189	447,658	532,139	84,481	18.87%
Expenses	234,499	255,799	292,700	295,700	3,000	1.02%
TOTAL EXPENSES	630,000	651,988	740,358	827,839	87,481	11.82%
	7.60%	3.49%	13.55%	11.82%		
REVENUES						
Client Fees & insurance reimbursements	363,000	376,988	410,358	450,000	39,642	9.66%
School contracts	52,000	45,000	40,000	40,000	0	0.00%
Other state revenue (earmark from MA DMH)	90,000	105,000	160,000	175,000	15,000	9.38%
Intergovernmental (CDBG)	5,000	5,000	10,000	10,000	0	0.00%
General fund subsidy	120,000	120,000	120,000	120,000	0	0.00%
Gifts & Donations				32,839		
TOTAL REVENUES	630,000	651,988	740,358	827,839	87,481	11.82%
	7.60%	3.49%	13.55%	11.82%		
FUND INCREASE (DECREASE)	0	0	0	0		
<u>Personnel Services Detail</u>						
Director of Youth Services	87,207	87,207	104,848	105,896	1,048	1.00%
Psychiatrist (1 PT)	7,280	7,280	7,280	7,280	0	0.00%
Psychiatric Nurse	45,500	45,500	45,500	45,500	0	0.00%
Psychologist (.57,.57,.86,.86)	47,161	48,930	67,119	70,334	3,215	4.79%
Clinical Director	79,489	79,489	85,595	86,451	856	1.00%
Medical Record Clerk (.6,.51,.51,.51)	28,925	25,507	26,760	27,028	268	1.00%
Asst. Clinical Director (.6)	44,522	44,522	47,942	48,422	480	1.00%
Billing agent	53,836	55,854	60,289	63,173	2,884	4.78%
Community Resource Specialist (.8)				60,124		
Case Manager / Homeless Outreach (.25)				15,406		
BASE SALARY	393,921	394,289	445,333	529,614	84,281	18.93%
Longevity	1,580	1,900	1,900	2,100	200	10.53%
Stipends			425	425		
TOTAL PERSONNEL SERVICES	395,501	396,189	447,658	532,139	84,481	18.87%
<u>Operating Expenses Detail</u>						
Administrative fees	25,000	30,600	32,000	35,000	3,000	9.38%
Fee for service clinicians	200,000	215,000	250,000	250,000	0	0.00%
Professional licenses	800	800	500	500	0	0.00%
Office Supplies	4,099	4,099	4,200	4,200	0	0.00%
Car Allowance	300	300	0	0	0	
Unclassified	4,300	5,000	6,000	6,000	0	0.00%
TOTAL OPERATING EXPENSES	234,499	255,799	292,700	295,700	3,000	1.02%

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only) **Agency/Organization: Operation Success Learning Center**

Contact Name: Janet Maguire

Title: Co-Founder

Mailing Address: 2 Fremont Court Menotomy Manor Arlington, MA

Email Address: jmaguire924@hotmail.com

Phone: 781-710-5309

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov? Yes No (Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

501(c)3

For-profit authorized
under 570.201(o)

Faith-based
organization

Unit of Government

Institution of
Higher Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name: Operation Success Learning Center

Anticipated Start Dates: 09/20/21

Anticipated End Dates: 06/20/22

Amount of Request: \$6,000.00

Project Location: 2 Fremont Court Menotomy Manor

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

X-Low/Moderate Income Area Benefit (LMA): the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

Low/Moderate Limited Clientele (LMC): the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

Low/Moderate Housing (LMH): The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

Slum or Blighted Area (SBA): the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

Spot Blight (SBS): the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

Abused children

Elderly persons (age 62 and older)

Battered spouses Homeless persons

Severely disabled adults (as defined by Bureau of Census*)

Illiterate adults

Persons living with AIDS Migrant farm workers

Other (please specify): Middle and high school residents of Menotomy Manor

CDBG Application Part II, Town of Arlington, Program Year 47 1

III. Project Summary

1. Brief Project Description (please avoid using abbreviations) Established in 1999 by Janet Maguire and Peggy Regan . Operation Success offers an academic program Monday through Thursday nights 7:00-8:30 pm to middle school and high school student residents of Menotomy Manor. It is supervised nightly by one director and two to three volunteer leaders that are teachers within the town of Arlington as well as community residents of Arlington. Operation Success offers a safe and nurturing environment for students to receive individual and group tutoring. There are presently 16 volunteers. And this past year has been quite different due to the COVID-19 pandemic. The previous year we serviced 30 students throughout the academic school year.

2. Consolidated Plan Goals and Objectives:

1. **Improve the grades, self-esteem, study habits, social skills, and discipline of at risk students from households that make a low to moderate income.**

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

The Learning Center services student residents that live in Menotomy Manor.

IV. Attachments

The following attachments must accompany this proposal:

- 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- One (1) copy of agency's most recent financial audit
- One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- Letters of Support
- Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

Operation Success provides a safe and nurturing environment for the middle school and high school residents of Menotomy Manor. The majority of the student residents come from homes where English is their second-language. The students receive one to one tutorial or group tutorials to meet their educational demands. The students are prepared for their educational requirements on a daily basis.

1. b) Beneficiaries: Will all clients be residents of Arlington? If not, please provide a percentage of non-Arlington residents.

Yes, all students are residents of Menotomy Manor

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

☐ Help Prevent Homelessness? Yes No

☐ Help the Homeless? Yes No

☐ Help Those with HIV/AIDS? Yes No

☐ Help Persons with Disabilities? **Yes** No
(Students)

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

Each night the Learning Center is staffed by one director and two to three adult volunteers. The volunteer leaders are teachers in the Arlington School system as well as the resident volunteers are active participants in the Arlington community. The program director/coordinator will be a stipend position.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

Operation Success is in collaboration with the Arlington Housing Authority where Operation Success is located at 2 Fremont Court, Menotomy Manor.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

The overall proposed running cost is \$6000.00

Office supplies: \$5000.00/ 30= \$167.00 per student

Coordinator position is \$1,000.00

CDBG Application Part II, Town of Arlington, Program Year 47 3

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

No

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

No, it will require federal funding to maintain its costs.

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

Operation Success Learning Center is unique to Menotomy Manor only and it is not offered anywhere else in the town.

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Tufts University doctoral students have been involved in Operation Success fulfilling their internships offering academic support and social work support.

CDBG Application Part II, Town of Arlington, Program Year 47 4

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
Office Supplies	CDBG Funds Requested	Other Funding*	Total Proposed Budget
	\$5000.00		

Utilities

Repairs/Maintenance

Travel

Salaries (List relevant positions) \$1,000.00 director/coordinator

Other:

TOTAL PROPOSED BUDGET \$6000.00

N/A

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
Construction	CDBG Funds Requested	Other Funding*	Total Proposed Budget

Acquisition

Appraisals

Design

Other:

TOTAL PROPOSED BUDGET

N/A

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source	Amount	Committed or Pending
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Other Federal:

State:

Local:

Private:

Other:

Total:

CDBG Application Part II, Town of Arlington, Program Year 47 5

Performance and Outcome Measurement

MEASURING ACCOMPLISHMENTS TABLE

PLEASE AVOID ABBREVIATIONS

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
---------------------------	-------------	---------------	-------------------	----------------	-----------------

Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program
To address the need for academic support to student residents of Menotomy Manor. High-risk student residents and students where English is their second language	Improve the grades, self-esteem, study skills, social skills and discipline of at risk students from households that make a low to moderate income	Staff Director Volunteer staff: two to three per night. Public Facilities: Two meeting rooms. One meeting room has access to computers.	The program consists of 1 to two hours Monday through Thursday nights from 7:00 to 8:30 pm. The tutorial component focuses of meeting daily academic requirements such as homework, study skills strategies	30 students from low to moderate income households assisted with homework and other daily academic requirements.	Short-term 1. Increased number of homework assignments completed and submitted on time. 2.Improved attendance and tardiness. 3.Decrease in discipline Longterm: 1.Enhanced self-esteem and trusting relationship with adults 2.Improved study habits 3.Becoming positive active members in the community

Nationally Reportable Outputs

Please indicate the number of outputs expected

Businesses Assisted	Persons Served	30
Households Assisted	30	Jobs Created

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

The plan will include with the possibility of COVID-19 continuance:

1. Active zoom learning sessions Monday through Thursday nights
2. Possibility of bringing in 3-4 students nightly following the COVID-19 protocol.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.

CDBG Application Part II, Town of Arlington, Program Year 47 6

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Contact Name:

Title:

Mailing Address:

Email Address:

Phone:

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☐ Yes

☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☐ Unit of Government

☐ Institution of Higher
Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

☐ **Low/Moderate Income Area Benefit (LMA):** the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☐ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☒ Yes ☐ No
- Help the Homeless? ☒ Yes ☐ No
- Help Those with HIV/AIDS? ☒ Yes ☐ No
- Help Persons with Disabilities? ☒ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program

Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Contact Name:

Title:

Mailing Address:

Email Address:

Phone:

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☐ Yes

☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☐ Unit of Government

☐ Institution of Higher
Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

☐ **Low/Moderate Income Area Benefit (LMA):** the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☐ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program

Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

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TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Contact Name:

Title:

Mailing Address:

Email Address:

Phone:

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☐ Yes

☐ No

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Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☐ Unit of Government

☐ Institution of Higher
Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

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Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

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Does your project/activity benefit any of the following?

☐ Abused children

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☐ Homeless persons

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☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

IV. Attachments

The following attachments must accompany this proposal:

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The following attachments are options:

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Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

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Repairs/Maintenance			
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Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

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Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
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TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
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Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
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Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

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TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

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Contact Name:

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Email Address:

Phone:

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Registered on SAM.gov?

☐ Yes

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Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

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Census Tract and Block:

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☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

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The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

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A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
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Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

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Description	A	B	A+B
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Construction			
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Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
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Private:			
Other:			
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Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

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Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

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TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Contact Name:

Title:

Mailing Address:

Email Address:

Phone:

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☐ Yes

☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☐ Unit of Government

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Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

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Census Tract and Block:

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☐ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

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Does your project/activity benefit any of the following?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

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3. Geographic Distribution of Activities: (Town wide, or Census Tract)

IV. Attachments

The following attachments must accompany this proposal:

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1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

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- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

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COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
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Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

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TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
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Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Somerville Homeless Coalition, Inc.

Contact Name:

Brielle Short

Title:

Director of Programs

Mailing Address:

PO Box 440436, Somerville, MA 02144

Email Address:

bshort@shcinc.org

Phone:

617-623-6111

DUNS #:847408804

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

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Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

MOU partners: Arlington Police Department and Dept. of Health and Human Services

II. Project Information & Eligibility

Project Name:

Outreach and Stabilization Program

Anticipated Start Dates:

July 1, 2021

Anticipated End Dates:

June 30, 2022

Amount of Request:

\$38,201

Project Location:

Arlington

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

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☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

Outreach and Stabilization Program

In the fall of 2018 the Town of Arlington, in particular the Police and Health and Human Services Departments, received a grant from the state 's Department of Housing and Community Development (DHCD) with assistance from the Massachusetts Housing and Shelter Alliance (MHSA) to help address the increase in homelessness in and around Arlington. The Rapid Transition of Homeless Individuals (RTHI) state grant was specifically crafted to seek out, engage, quickly house and provide ongoing support to the most vulnerable unsheltered residents staying in encampments throughout the Mugar Woods area.

Very early on Arlington recognized that the long term success of this program would require specialized services and resources, which the town did not have, given the complexities of such a vulnerable and isolated population. As a result, the town engaged the services of the Housing Corporation of Arlington (HCA) to assist in locating housing units to lease. The town also sought out SHC to provide the direct outreach to and engagement of the unsheltered. SHC was also asked by the town to provide clients who moved into housing with personalized home-based support to help them preserve tenancies and remain successful in their housing.

Unfortunately, after only two years of operating this successful program, the Outreach and Stabilization Program received significant funding cuts at the state level - its primary funding stream. As a result, SHC is requesting CDBG funding to support both our street outreach efforts to homeless Arlington residents and also our ongoing home-based stabilization services that we provide to those that transition into affordable and stable housing.

2. Consolidated Plan Goals and Objectives

Within the Town of Arlington 's Consolidated Plan, SHC 's Outreach and Stabilization Program 's activities are in direct alignment with CDBG 's Public Services Priority Need category.

A major goal of the Outreach and Stabilization Program is to increase access to critical resources for the unsheltered population in Arlington. The most effective way to accomplish this goal is to bring our services directly to the clients. A hallmark characteristic of an isolated population that sleeps outside is its avoidance of traditional systems of care and support. By providing a trusted service that directly reaches out to these clients, we are setting the foundation for developing effective working relationships. Based on our experience, over time, this type of specialized engagement increases the likelihood that these clients will eventually transition from its reliance on emergency systems of care over to mainstream health and social service providers. The ultimate goal of the Outreach and Stabilization Program is to identify and secure housing and transition our homeless clients to suitable living environments that are affordable and linked with ongoing tenancy stabilization services.

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

Town wide: Arlington

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

In January of 2020, the Arlington-Somerville Homeless Continuum-of-Care (CoC), a consolidated network of homeless provider agencies, mainstream organizations and municipal officials, organized and conducted its annual homeless point-in-time count (PIT) as part of the nationwide one-night count organized by the federal Department of Housing and Urban Development (HUD). Calculations determined that on any given night there are a total of 120 people homeless in the local area. On the night of the actual count, there were 15 people identified sleeping outside in Arlington. The aggregate data from both Arlington and Somerville was a compilation of census information from street outreach programs, police departments, emergency shelters, transitional programs, and hospital emergency rooms.

In response to this community need, SHC has taken the lead, in collaboration with the regional Multidisciplinary Outreach Team (MDOT), by working hand-in-hand with the Arlington Police Department 's outreach officer to identify the location of those staying outside, engage with them, and help to address their most basic needs for food, shelter, clothing and medical care. Through our consistent interactions with these clients we have been able to develop trusting relationships with them. Not only have we been successful engaging this population, but many clients are now actually seeking us out and asking for help - a very significant milestone.

During the lifespan of the program, we have been successful in moving ten (10) homeless individuals into housing, collaborated with other homeless networks to provide a more concentrated level of care, and connected local residents and the homeless community as a way to address mutual concerns and to reduce the stigmatization associated with homelessness.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.
Yes. Note: 1. c) This program addresses:
Homeless Persons; Persons with Disabilities;
and, possibly persons with HIV/AIDS

*This .pdf did not permit checking "yes" more than once.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☒ No
- Help the Homeless? ☒ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

Outreach
SHC 's current street outreach team is made up of the Emergency Services Program Manager, Hannah O ' Halloran, and Street Outreach Case Manager, Philip Camp. Hannah has been with SHC for over four years and she has been a part of the MDOT team since 2017. Philip has been with SHC for a year-and-a-half working as the full-time outreach worker and stabilization case manager. The same personnel will be deployed under this proposed project.

SHC 's outreach team has been conducting work in Arlington since 2018 and has built up a solid reputation in the community for demonstration of care, compassion and action for the unsheltered population centralized in encampments within Mugar Woods and Alewife Brook Parkway. Similarly, the outreach team has been collaborating with the Arlington Police Department and other homeless providers, to ensure safety and support of this vulnerable group. Most recently, the outreach has taken a focus on building a relationship with the surrounding neighbors and larger community of the town of Arlington. In the month of October, SHC helped organize a community meeting with the help of town officials which allowed for neighbors and the homeless community to come together and discuss concerns and solutions for both parties. Subsequently, in November, SHC was able to organize a "clean-up" of the encampments in which several homeless individuals and members of the Arlington community participated.

The main needs addressed by the outreach team will continue to be: building relationships, meeting basic needs, housing referrals and applications, mental health support, and rehabilitation referrals. SHC 's workers visit the encampments 3 days a week: Tuesdays, Wednesdays, and Fridays. Each time SHC 's workers engage with the individuals they offer supplies such as water, food, personal hygiene supplies, socks, hand warmers, etc. During the pandemic access to food and water became near impossible for several of the individuals experiencing homelessness. SHC helped create a food and water drive in which community members signed up to cook meals and provide water every Friday. The intention of this project was to meet the immediate need during the peak of the pandemic, however, it continues ten months later.

SHC takes a strong focus on the need for housing, informing each person that the woods is a temporary place to stay and housing is the long term goal. Both outreach workers carry laptops with them allowing for immediate access to housing applications, public benefits, and mental health and substance use referrals. In 2020 SHC outreach helped individuals living outside in Arlington fill out over 750 housing applications, as well as obtain SNAP benefits, receive stimulus checks, reinstate social security payments, attend regularly scheduled therapy appointments, and enter into substance use treatment.

With funding support, the outreach team will continue to engage the unsheltered population using the same frequency of visits and engaging the community through provision of basic needs and housing support.

Stabilization

Once individuals are placed in housing, SHC will continue to engage and provide ongoing stabilization services. Participants have many needs beyond housing placement alone to ensure long term viability of housing tenancy. SHC 's work and philosophy as an agency is to connect our clients to mainstream supports to help them reintegrate into the community and stabilize them in their housing so they do not return to the homeless system. SHC case managers will assist clients in accessing resources and provide referrals to agencies who can address health, mental health, substance abuse, employment, education, etc. Clients are encouraged to increase their skills and income by applying for entitlement benefits, engaging in employment, vocational rehabilitation, volunteering, educational enhancement, financial literacy and other life skills development activities. SHC 's individualized support services focus on helping clients develop the psychosocial coping skills and knowledge necessary to help them make decisions that positively affect their lives. This array of services are designed and tailored to help foster greater self-determination.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

The Outreach and Stabilization Program has three main objectives. The first is to meaningfully engage with the homeless population. Through this process of building a relationship and trust, the second objective of moving individuals into permanent housing is possible. The third objective is to provide supportive services to provide residential stability and prevent clients from returning to homelessness.

In order to achieve the first objective of meaningful engagement, SHC staff will continue to partner with Arlington Police Department (APD) staff to provide outreach to Arlington 's homeless population, especially in the Mugar Woods/Alewife Brook area. APD is the lead entity which brings to the project its Jail Diversion program, a collaboration of police officers and a mental health clinician that creates alternatives to arrest and jail detention for people who would benefit from mental health and/or substance abuse treatment and other social services. APD brought together community partners, including community housing and service organizations and the town 's health and human services department, to forge these community partnerships. It also is proactive in training its police officers in community policing based in Housing First principles of outreach, engagement, and referral and connection to housing and other resources rather than a punitive response.

The successful outreach by the collaboration of SHC and APD continues to result in individuals being open to moving into housing. SHC and APD will continue to work with local realtors and landlords to secure housing units. SHC has proven experience in securing units in the area as we currently hold over 40 master leases for our other supportive housing program.

Objective two will be met as individuals living outside continue to move into furnished apartments that have been secured with renewable annual leases.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

It is estimated that SHC will engage with 35 unduplicated individuals over the course of the grant period. Based on the funding request, the cost would be approximately \$1,091.48 per individual. The vast majority of clients will be chronically homeless, a designation indicating the level of vulnerability of certain homeless individuals that is used by various state and federal programs to prioritize assistance.

MassHealth offers a Community Support Program for People Experiencing Chronic Homelessness (CSPECH) program which provides funding for engaging with this vulnerable population. The population of the encampment goes one step further as most of the residents are chronically homeless but do not have the paperwork and documentation necessary to enroll in CSPECH. As such, this population is far more vulnerable and requires more intensive support to move them into housing. The CSPECH program, developed by the Massachusetts Housing and Shelter Alliance and the Massachusetts Behavioral Health Partnership has determined that the reimbursement rate for case management services for this population should be \$6,314.50 per individual per year. SHC 's request for \$1,091.48 per individual is far lower than the accepted rate based on the vulnerability of this population.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project? SHC ' s entire Street Outreach and Stabilization Program consists of activities within Arlington and the City of Somerville. The CDBG funding being requested from the Town of Arlington will only fund activities that take place in helping Arlington residents.

The overall annual program budget is approximately \$123,500, which encompasses activities in both municipalities. The following is a list of leveraged funding sources: 1) City of Somerville at \$32,500; Massachusetts Executive Office of Health and Human Services (EOHHS) at \$19,370; Massachusetts Department of Housing and Community Development (DHCD) [via the Rapid Transition of Homeless Individuals (RTI) grant] at \$33,380. SHC also has other internal services and resources that are made available, if necessary, including: access SHC ' s individual emergency shelter beds; case management and housing search assistance; and, rental assistance dollars to secure housing (e.g. first month ' s rent, security deposit, etc.).

SHC is requesting \$38,201 from the Town of Arlington ' s CDBG funding.

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years? For approximately two years the Massachusetts Department of Housing and Community Development ' s (DHCD) Rapid Transition of Homeless Individuals (RTHI) grant fully funded the Outreach and Stabilization Program within Arlington. However, the RTHI grant funding has since been significantly cut and scaled back, leaving the Town of Arlington with very limited funding to continue supporting its homeless neighbors. CDBG funding will serve to maintain the critical level of service currently being provided to this population. The public funding landscape continuously shifts at all levels of government (e.g. federal, state, municipal) making it difficult to predict future funding. While SHC hopes it will not need CDBG funding after three years, it is very difficult to ascertain whether this would be the case. If CDBG funding is still required after one year and/or up to three years later, SHC would continue to do its best to secure other sources of funding, such as CSPECH. However, the Town of Arlington would also need to help identify other resources to make available to continue funding a portion of this critical program.

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

Despite our name, the Somerville Homeless Coalition not only serves the homeless and those experiencing housing insecurity in Somerville, but we also provide for the needs of many people struggling in Arlington. While we have been providing housing, services and resources in Arlington for nearly two decades, over the past couple of years our involvement in bringing solutions to Arlington ' s growing unsheltered homeless population has grown exponentially. In fact, SHC serves as Arlington ' s de facto response agency attending to some of the most vulnerable and complex individuals and families affected by homelessness. There is no other agency or resource within the Town of Arlington that provides an equivalent amount of specialization, expertise, and experience that SHC does in serving the homeless population. As the number of people sleeping in cars behind Massachusetts Avenue store fronts and living outside around the Alewife and Mugar Woods area burgeoned over the course of 2018, the Town of Arlington sought the assistance and expertise of the SHC team.

The Outreach and Stabilization Program ' s services have been provided by SHC to Arlington residents for the past two years with primary funding support from the Commonwealth. While not a new service to the community, we are seeking supplemental support from CDBG funding for the first time.

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

For 35 years the Somerville Homeless Coalition (SHC) has been providing high impact quality services and resources resulting in countless positive outcomes for residents experiencing homelessness, housing crises, and food insecurity. In 1985 SHC was created by our local community's grassroots response to the social crisis of homelessness. Neighbors, community activists, university students, faith-based leaders, business supporters and city officials united to address the burgeoning problem of homelessness within Somerville. These collaborative efforts resulted in the opening of the city's first emergency shelter and the establishment of SHC. Having provided 35 years of leadership in addressing homelessness in our area, we now serve a broader-based community beyond Somerville. SHC is now involved in responding to the needs of residents experiencing homelessness and housing insecurity in Arlington and in other areas of Greater Boston. Today, SHC transforms lives by providing services, support, resources and housing to over 4,000 men, women, and children each year.

The Mission of the Somerville Homeless Coalition is to provide homeless and near homeless individuals and families with individualized supportive services and tailored housing solutions with a goal of obtaining and maintaining affordable housing. We advance our mission each day through our emergency response initiatives that include: Street Outreach to the unsheltered; an Individual and a Family Homeless emergency shelter; and, our Project SOUP Food Services Program. Other programming includes comprehensive housing search and case management; homeless prevention and eviction assistance; and, the provision of affordable housing that is paired with ongoing one-on-one home-based stabilization services that promote stability and tenancy preservation.

Today, SHC is a leading member of the Arlington Human Service Network, Arlington Homelessness Task Force, and we represent the Town of Arlington by serving as a key member of the Balance of State ' s HUD Continuum of Care group, which provides the town with access to funding for housing and service related resources at the federal level.

Furthermore, SHC is building a solid reputation within the Arlington community by bridging the gap between residents and the homeless population through the facilitation of community meetings. These meetings have focused on resident concerns of trash clean-ups, fires and trespassing on property. The meetings continue to break down barriers/stigma associated with the unsheltered population and offer neighbor-friendly solutions such as a clean-up of the woods encampment. Many neighbors have subsequently joined and are now regularly providing food and supplies for the homeless population of Arlington.

SHC currently leases and/or provides home-based support services to disabled and formerly homeless families and individuals living in 30 scattered apartment units throughout Arlington. SHC is also a close and long-term partner of the Housing Corporation of Arlington (HCA). Currently, SHC directly leases nine (9) apartment units from HCA, which are scattered across the Town of Arlington.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)	\$28,262.17	\$58,138	\$86,400.17
Other:			
Fringe	\$6,500.33	\$13,732	\$20,232.33
Administration/Program Support	\$3,438.50	\$13,380	\$16,818.50
TOTAL PROPOSED BUDGET	\$38,201	\$85,250	\$123,451

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET	N/A		

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:	DHCD and EOHHS	\$52,750	Current; FY 22 Pending
Local:			
Private:			
Other:	City of Somerville	\$32,500	Current; FY 22 Pending
Total:			

Performance and Outcome Measurement					
MEASURING ACCOMPLISHMENTS TABLE					
PLEASE AVOID ABBREVIATIONS					
NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program
<p>1) Lack of specialized services, resources, support, and basic amenities accessible to unsheltered homeless individuals</p> <p>2) Lack of specialized, accessible, affordable housing linked with home-based tenancy stabilization services for chronically homeless very-low income individuals</p>	<p>1) Directly outreach to and engage with unsheltered homeless individuals living outside to help them meet their needs through the provision of basic human needs and linkages to tailored services, resources and supports.</p> <p>2) Identify and secure affordable housing opportunities, transition homeless individuals off the streets and into suitable living arrangements, and provide ongoing housing stabilization services</p>	<p>1) The program will dedicate a .30 FTE specialized Street Outreach worker; and, dedicate a very small portion of a Street Outreach Manager and Program Director ' s time.</p> <p>2) The program will dedicate .30 FTE specialized Housing Stabilization worker; and, provide a very small portion of a Street Outreach Manager and Program Director ' s time.</p>	<p>1) The program will provide direct outreach and engagement to the population 3 times a week, in conjunction with the Arlington Police Department Outreach Officer and other dedicated volunteers.</p> <p>2) The program will provide ongoing housing stabilization services, based on need, to homeless individuals that have successfully transitioned into housing from the streets and for future clients that move into housing.</p>	<p>1) Eight times per month, provide: resources to meet basic human needs, such as: tents, sleeping bags, hand warmers, personal hygiene products, PPE, clothing, socks, footwear, water, food, etc.; 2) conduct housing search: complete 10 housing applications per month; 3) case management: obtain vital documents, such as government identifications, for one client per month; submit up to five public benefit applications per month; and, make up to five referrals per month to mainstream health and support services that address immediate mental health, trauma, physical health and substance use issues.</p> <p>2) Assist clients in accessing resources and providing referrals to agencies who can address increasing their skills and income by applying for entitlement benefits, engaging in employment, vocational rehabilitation, volunteerism, educational enhancement, financial literacy and other life skills development activities. SHC ' s individualized support services focus on helping clients develop the psychosocial coping skills and knowledge necessary to help them make decisions that positively affect their lives. This array of services are designed and tailored to help foster greater self-determination.</p>	<p>1) Short-Term: Approximately 35 unduplicated homeless Arlington residents are identified and engaged by SHC over the course of the grant period. Long-Term: Approximately 20 unduplicated homeless Arlington residents remain regularly engaged with SHC staff and getting basic human needs met along with targeted referrals to health and welfare supports.</p> <p>2) Short-Term: Seven (7) formerly homeless housed clients continue to remain successfully stable and housed. Long-Term: An estimated four (4) homeless clients successfully transition into housing during the grant period and a total of eleven (11) clients remain successfully stable and housed.</p>

Nationally Reportable Outputs			
Please indicate the number of outputs expected			
Businesses Assisted		Persons Served	35
Households Assisted	35	Jobs Created	

Performance Evaluation Plan
Explain your plan for evaluating the progress and results of your project.
<p>SHC will track outputs on a weekly basis and will analyze outputs on a quarterly basis to assess the effectiveness of the program and make adjustments, as necessary. Each of these outputs will indicate progress of homeless clients towards the ultimate long term outcome of successfully transitioning into permanent housing.</p> <p>When analysis indicates that outputs are lacking, that would be a sign that homeless clients are moving more slowly towards the long term goal of housing. With this information, SHC would step back and evaluate the reason for a decrease in outputs and determine what changes to services need to be made in order to have more effective engagement with homeless clients.</p>

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information	
I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)	
Agency/Organization: Food Link, Inc	
Contact Name: DeAnne Dupont	Title: Executive Director & President
Mailing Address: 17 Brattle Street, #17, Arlington, MA 02476	
Email Address: ddupont@foodlinkma.org	Phone: 781-439-5736 <input type="checkbox"/> <input type="checkbox"/>
DUNS #: 07-975-8062 <input type="checkbox"/> (Note: All assistance a DUNS #) <input type="checkbox"/> entities receiving federal assistance are required to have <input type="checkbox"/>	Registered on SAM.gov? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> (Note: All entities receiving federal assistance are required to be registered on SAM.gov) <input type="checkbox"/>
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) 501(c)3 <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Unit of Government <input type="checkbox"/> Institution of Higher Education	
Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.	
II. Project Information & Eligibility	
Project Name: Capital expenditures for the Food Link Hub to make it a more environmentally safe community resource.	
Anticipated Start Dates: 7.1.21	Anticipated End Dates: 12.1.21
<input type="checkbox"/> Amount of Request: \$46,667	Project Location: 108 Summer Street, Arlington, MA 02474
<div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 10px;"></div> <input type="checkbox"/> Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check ONE box below. Low/Moderate Income Area Benefit (LMA): the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area. <input type="checkbox"/> Census Tract and Block: X Low/Moderate Limited Clientele (LMC): the activity benefits a group of persons (rather than residents in a particular area) <input type="checkbox"/> <input type="checkbox"/> 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS. <input type="checkbox"/> Low/Moderate Housing (LMH): The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Slum or Blighted Area <input type="checkbox"/> Spot Blight (SBS): the State <input type="checkbox"/> or local law and will <input type="checkbox"/> project will prevent or <input type="checkbox"/> eliminate specific conditions of blight or physical decay outside a slum area. </div> <div> <input type="checkbox"/> (SBA): the project is in a designated slum/blighted address conditions that qualified the area as slum <input type="checkbox"/> area as defined under or blighted. </div> </div>	

Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.		
Does your project/activity benefit any of the following?		
Abused children	Elderly persons (age 62 and older)	Battered spouses
Homeless persons	Severely disabled adults (as defined by Bureau of Census*)	Illiterate adults
Persons living with AIDS	Migrant farm workers	Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

Food Link, with funding from the Town of Arlington through a Community Development Block grant, purchased a blighted building at 108 Summer Street in November 2018, with the goal of renovating the building to create an operations Hub that would benefit the Town of Arlington and surrounding communities. Today Food Link is near completion of the first phase of renovations; creating an accessible space, with cold and dry storage space, a loading dock and community/sorting room that will provide the necessary elements for Food Link to scale operations to collecting and distributing over 2 million pounds (lbs.) of fresh rescued food each year.

This year Food Link is requesting funding toward the generator and air filtration system for the generator. At this point in time Food Link has absorbed the costs associated with the necessary infrastructure for the generator such as installing the natural gas lines to the area where the generator will be installed, connecting the electrical system from the generator to the electrical systems it will service when needed (ejector pump for sewage, walk-in cold storage, internet, and some electrical lines on the main floor). The generator request is for \$20,000 for a Generac generator. Food Link is requesting 100% of the funding for this component as it will benefit the Arlington community. The additional component of the filtration system is necessary for safety purposes and Food Link is requesting \$27,000 toward the total cost of \$40,000. Food Link is requesting 67% of the funding as the remaining costs will be offset by tenants which will occupy 33% of the square footage. This component is inclusive of 1 - installation of one RGF air purifier in supply ductwork of each ducted fan coil unit. This unit sends ionized oxidizers into the room to destroy pollutants at their source, in the air and on surfaces, 2 – installation of one i-Wave air purifier in each ceiling mounted fan coil unit, this is an ion generating air cleaner device.

In total Food Link is requesting \$47,000 in this year from the Town of Arlington Community Development Block Grant funding.

2. Consolidated Plan Goals and Objectives

Over the past two years Food Link has worked to build a Hub that will be a community resource for the Town of Arlington and surrounding communities. The Food Link Hub transformed a blighted building on Summer Street into an energy efficient space that will contribute to the environmental sustainability of our local community. The addition of a generator will ensure that Food Link can operate even in the event of an extended power outage due to extreme weather or other community wide event. Food Link will be able to maintain temperature control protecting perishable food so that it can be distributed to those facing food insecurity. These infrastructure enhancements will benefit the Town of Arlington and the streetscape on Summer Street.

Over 70% of the food that is rescued directly benefits low/moderate income households, Food Link to support those households economically by providing for the basic need of food security so that low/moderate households can use their resources to cover the cost of other expenses (housing, medical, transportation). Food Link contributes to the health and wellness of community residents by providing access to nutritious fresh food that is often challenging for food pantries to obtain.

Food Link was founded in 2012 as an all-volunteer organization. In 2015 Food Link hired its first full time employee. Today Food Link offers meaningful job opportunities contributing to the economic development to the community: Food Link employs a staff of 9 full time employees, works with local consultants on a contract basis for fundraising, technical and special project support, provides paid and unpaid internships (including internships for Arlington High School students) and offers meaningful volunteer opportunities providing transferable work skills.

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

Town Wide

IV. Attachments

The following attachments must accompany this proposal:

- 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- One (1) copy of agency's most recent financial audit
- One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- Letters of Support
- Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

- a) Community Need:** Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

The Food Link Hub serves the community need in Arlington in a number of ways:

The building that Food Link renovated was a blighted building on a busy street. The new Food Link Hub transformed the space into an inviting energy efficient facility. The addition of a generator will ensure that Food Link can operate even in the event of an extended power outage due to extreme weather or other community wide event. Food Link will be able to maintain temperature control protecting perishable food so that it can be distributed to those facing food insecurity.

In 2017 The Department of Health and Human Services estimated that 8% of Arlington residents were food insecure, with the onset of the pandemic the state of Massachusetts has seen one of the highest rates of increase in food insecurity in the country and this has had an impact on the food insecurity levels in Arlington. Throughout the pandemic Food Link provided food to Arlington Eats and to some of the low income and transitional housing facilities (Chestnut Manor, Menotomy Manor, STEPS and Caritas).. When other Arlington organizations can once again accept food, Food Link will provide food to the Arlington Senior Center, Boys and Girls Clubs, other senior housing facilities among other Arlington community organizations.

Food Link provided a total of 114,345 pounds of food that benefited 6500 Arlington residents. While there are other community organizations that provide access to food, Food Link is committed to providing access to fresh foods which are often more difficult for food insecure people to obtain and are a necessary component for a healthy lifestyle with a focus of providing food where people live, learn, congregate and play. Food Link is unique in its commitment to rescuing food thus providing the additional benefit of reducing food waste and ultimately the emission of greenhouse gases that it produces when that food waste ends up in landfills.

Food Link also fulfills the need for economic development as an employer, a provider of internships and co-ops, and a provider of meaningful opportunities for individuals with mobility challenges, developmental disabilities, and social behavioral challenges to participate in the community.

<p>1. b) Beneficiaries: Will all clients be residents of Arlington? If not, please provide a percentage of non-Arlington residents.</p>	<p>1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Help Prevent Homelessness?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> Help the Homeless?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> Help Those with HIV/AIDS?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> Help Persons with Disabilities?</td> <td>Yes</td> <td>No</td> </tr> </table>	<input type="checkbox"/> Help Prevent Homelessness?	Yes	No	<input type="checkbox"/> Help the Homeless?	Yes	No	<input type="checkbox"/> Help Those with HIV/AIDS?	Yes	No	<input type="checkbox"/> Help Persons with Disabilities?	Yes	No
<input type="checkbox"/> Help Prevent Homelessness?	Yes	No											
<input type="checkbox"/> Help the Homeless?	Yes	No											
<input type="checkbox"/> Help Those with HIV/AIDS?	Yes	No											
<input type="checkbox"/> Help Persons with Disabilities?	Yes	No											
<p>2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.</p> <p>As Food Link prepares to occupy the operations Hub at 108 Summer Street the organization expanded staff and volunteer positions to meet the increased need across the region for access to fresh food. Food Link accomplishes the work of rescuing and distributing over 1 million lbs of food annually with 9 full time staff members and 250 regular volunteers, along with consultants for fundraising, technical and special project support and paid and unpaid internships. Food Link anticipates increasing its staff by at least 2 positions during the duration of the grant period.</p> <p>COVID-19 has imposed restrictions on Food Link’s ability to expand volunteering for the safety of staff and volunteers. As we move toward vaccines and herd immunity the Food Link staff will work to communicate to the public the availability of volunteer opportunities and the accessibility of the building once they are permitted to do so (most likely in 2022). Staff will also be responsible for expanding opportunities made available to older adults plus programs for individuals with acquired brain injuries, mobility, developmental, and mental health challenges, who benefit from participating in their community through the Food Link operations hub.</p> <p>For the renovations project Food Link relies upon the Co-founders and members of the Board of Directors and outside consultants including an architect, project manager and construction manager dedicated to overseeing the renovation construction project. Funding for the renovations project as well as ongoing operations is the responsibility of the Co-founders, Board Members, administrative staff, fundraising consultant (grant writing) and a dedicated Development Committee.</p>													

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

Food Link has historically worked closely with partner organizations. These partnership within the community have included working with Food Donors – Whole Foods Market, Trader Joe's, Stop & Shop, Magic Bites, Butternut Bakery, and local caterers and restaurants and with recipient agencies including Arlington EATS, the Arlington Housing Authority, Arlington Senior Center, Boys and Girls Club, Arlington Youth Counseling Center, and Thompson Afterschool Snack Program.

During the COVID-19 pandemic some of these programs have been unable to accept food but Food Link has worked hand-in-hand with Arlington EATS, providing them more food to help meet the growing needs of the Arlington Community. Food Link participates in weekly communications with Arlington EATS to determine when they need extra food due to higher numbers of families in need or because they anticipate not receiving the same amount of deliveries from the Greater Boston Food Bank (GBFB) in a particular week or need different types of food than what is being provided by GBFB. In addition Food Link provides food to low income housing facilities and transitional housing (Chestnut Manor, Menotomy Manor and Caritas).

Food Link forged new partnerships: in the early days of the pandemic providing food to Twyrl that the restaurant turned into meals for those in need and with organizers of Arlington Mutual Aid ; and this fall initiating a program with Minuteman High School (MHS). Food Link provides food to MHS' Culinary Arts Program that the students turn into meals and sides for Food Link to distribute to recipient agencies. While not all of the students in the program are from Arlington, roughly one third of MHS students are Arlington residents. Recently Food Link initiated a pilot internship program for two students from Arlington High School. Over the winter months, Food Link is also partnering with NEAT and Something Savory to provide soup for Food Link partners. Similar in style to the MHS program, Food Link provides Something Savory, a local catering company, with ingredients that can be used to create meals.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

The funding request for this project is \$46,667 and will benefit 6500 people in the community or more.

The cost benefit per person in the community is \$46,667/6500 or \$7.18.

Assuming an expected 5-year life, the one year cost benefit is \$1.43. (Note: the expected life of the generator and filtration system is anticipated to exceed 5 years)

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

Food Link is currently in the final year of a \$3.25 million capital campaign to raise the funds to cover the cost of the renovation of the 108 Summer Street facility. At this time Food Link has raised over \$2.5 million in gifts and pledges toward the capital campaign and another \$400,000 toward additional infrastructure expenses related to the capital project of \$800,000. Funding has been provided from the Town of Arlington through Community Development Block Grants, Eastern Bank, Cabot Family Foundation, Greater Boston Food Bank, Agnes Lindsay Trust, Mifflin Memorial Fund, Foundation for MetroWest, First Church in Cambridge, Dana Home Foundation, Popplestone Foundation, Ludcke Foundation. Food Link has also raised funds targeted toward renovations for accessibility including First Church in Cambridge and Dana Home Foundation in Lexington. Food Link has the potential to tap into construction and permanent financing from Leader Bank for this project. In the coming year Food Link will expand fundraising efforts around the Capital Campaign including grants applications to Amelia Peabody Charitable Fund and Roy A. Hunt Foundation, both of which have expressed interest in supporting Food Link's Capital Campaign. Additionally individuals both from within Arlington and surrounding communities supporting this project. In-kind support has been provided for certain legal, engineering and design services. Construction materials, plumbing fixtures and shelving have been donated and it is anticipated that more will be received in the future. Eversource has several incentive programs for energy efficiency features such as lighting and insulation that Food Link is utilizing.

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

Food Link originally anticipated that the operations Hub would be completed by the end of year 2020. The Food Link team will occupy the building at 108 Summer Street in the first quarter of 2021 but will still have some remaining elements (like the generator and air filtration system). In the past year Food Link has proved itself to be a sophisticated operation with the ability to adapt quickly even in times of crisis. Food Link's operating budget increased rapidly in 2020 and the organization was able to sustain itself and meet the needs of nearly all of the community organizations requesting collection and distribution of food despite working out of temporary space.

Over the past nine years Food Link has built a robust pipeline of donors through foundations, government agencies (through state and local funding), philanthropic individuals and family foundations, and grassroots community donors. Food Link continues to build its pipeline to support the expansion of its food rescue operations through local donations as well as growing support outside of Arlington.

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

Food Link has provided fresh nutritious food to Arlington's residents for the past nine years. The renovation of 108 Summer Street provides Food Link with the tools (cold and dry storage, loading dock) to provide more fresh food to Arlington residents, including some of our most vulnerable residents' children, those with disabilities and older adults. The generator will provide Food Link with the ability to continue to provide fresh perishable food to the community in the event of a power outage. Food Link will be able to help other community organizations should they lose power and will offer itself as an emergency resource to the Town of Arlington.

Food Link, by having a generator, will be a resource for the Arlington Department of Health and Human Services and the community able to help those residents negatively impacted by power outages, who might not have easy access to food during prolonged power outages or are unable to replenish fresh food lost in a power outage. Since Food Link operates 7 days a week, 363 days a year, Arlington residents such as older adults, or low to low-moderate income residents will have a place to obtain food when other resources may not be available. The Arlington community will derive the vast majority of the benefit from a generator when there are power outages, particularly if this facility is incorporated into the Arlington Comprehensive Emergency Management plan.

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

The COVID-19 pandemic has created many challenges and hardships for numerous families and individuals in Arlington and throughout Massachusetts. For Food Link this has provided the organization with a learning opportunity on how to scale operations quickly in the midst of a healthcare and economic crisis, how to keep staff and volunteers safe and how to negotiate a broken food supply chain.

Food Link has garnered a great deal of community respect and support over its evolution since it was founded in 2012. This year Food Link proved how nimble it can be even when working out of temporary space. Food Link's new Hub once completed will allow for the collection, and storage of a greater amount of fresh nutritious food which can then be distributed in greater quantities to existing recipient agencies and made available to new community organizations. Food Link has implemented changes into the design of the Hub including provisions for storage of larger quantities of perishable food and vehicles that expedite the collection, sorting, repackaging, and quick distribution to provide greater access to fresh produce, dairy, meats and breads, as access to fresh food (especially produce) continues to be a major challenge and a necessary component for a healthy lifestyle.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other: See attached schedule	\$46,667	\$13,333	\$60,000
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source	Amount	Committed or Pending
Other Federal:		
State:		
Local:		
Private:	Fundraising	\$3,333
Other:	Leader Back Loan	\$10,000
Total:		\$13,333

Performance and Outcome Measurement					
MEASURING ACCOMPLISHMENTS TABLE					
PLEASE AVOID ABBREVIATIONS					
NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program
<p>The Arlington Department of Health and Human Services estimated in 2017 that 8% of Arlington residents (3550 people) are food insecure. Across the state rates of food insecurity have dramatically increased.</p> <p>The pandemic has created an economic crisis which has adversely affected many of our residents, leading to higher levels of unemployment, underemployment at the same time the cost of living has continued to rise.</p>	<p>Food Link has a goal of addressing both the need for alleviating hunger in Arlington contributing to the health and wellbeing of its residents.</p> <p>Food Link is also contributing to the town's economic development providing food at no cost to nonprofit organizations who are serving the food insecure residents, allowing people to use their resources for other expenses, and providing jobs and skills training.</p> <p>Additionally Food Link has a goal of contributing to environmental sustainability not only through its food rescue operations, but also through policies around waste reduction and energy efficiency throughout the Hub.</p> <p>Food Link is also creating jobs in Arlington and increase employment</p>	<p>CDBG funding will provide for Food Link to acquire a generator which will be beneficial to the community as a whole as well as the food recipients.</p> <p>Air filtration throughout the building will make the Food Link Hub a healthier environment for staff, volunteers and community.</p>	<p>Food Link will complete renovations on the Hub in 2021.</p> <p>The building will be opened, and the generator will be in place to function as a benefit to the community when needed.</p> <p>Post COVID-19 Food Link will open up more opportunities for volunteerism, skill training and employment</p>	<p>An energy efficient building equipped with proper air filtration is in keeping with town goals of reducing the town's carbon footprint.</p> <p>A building with air filtration systems will keep staff, volunteers and community members safe.</p> <p>The build out of the Hub will provide Food Link with the capacity to provide access to more nutritious food for the health and wellbeing of our residents.</p>	<p>ST – 1) Complete the renovations of the Food Link operations Hub at 108 Summer Street. 2) Increase food rescue by 25% in 2021. 3) Expanded volunteer, skills training and internship opportunities. 4) Coordinate with the Town of Arlington on an emergency use plan for the Food Link Hub specifically for collaboration when on-site generated power is needed.</p> <p>LT – 1) Increase food rescue to 2 million lbs by year end 2023. 2) Develop community programs including volunteer programs for members of the community with developmental, social behavioral and mobility challenges.</p>

Nationally Reportable Outputs			
Please indicate the number of outputs expected			
Businesses Assisted		Persons Served	6500
Households Assisted	2200	Jobs Created	2

Performance Evaluation Plan
Explain your plan for evaluating the progress and results of your project.

Food Link uses quantitative and qualitative data methods to measure success. All of the recipient agencies are provided annual surveys and site visits are conducted to measure the effectiveness of the food distributions; how much food is received, how often, how many people receive food, whether the food provided is enjoyed, and what types of food are preferred for future distributions.

Over time Food Link has collected more thorough and beneficial data including more demographics of the populations receiving the food, and Food Link is required to collect economic data in compliance with guidelines from the U.S. Department of Housing and Urban Development. Food Link strives to provide food that is culturally appropriate and aligns with dietary restrictions and preferences, measuring success not only in the number of lbs. of food rescued and the number of people fed but also through the recipient's level of satisfaction with the food received.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Contact Name:

Title:

Mailing Address:

Email Address:

Phone:

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☐ Yes

☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☐ Unit of Government

☐ Institution of Higher
Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

☐ **Low/Moderate Income Area Benefit (LMA):** the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☐ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program

Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization: Department of Planning and Community Development

Contact Name: Allison Carter

Title: Economic Development Coordinator

Mailing Address: 730 Mass Ave, Arlington, MA 02474

Email Address: acarter@town.arlington.ma.us

Phone: 781-316-3090

DUNS #: 073802126

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov? ☒ Yes ☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☒ Unit of Government

☐ Institution of Higher
Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name: Arlington Small Business Technical Assistance Program

Anticipated Start Dates: 9/1/21

Anticipated End Dates: 6/30/22

Amount of Request: \$50,000

Project Location: Arlington

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

☒ **Low Mod Job Creation or Retention Activities (LMJ)**

☐ **Low/Moderate Income Area Benefit (LMA):** the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☐ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

The small business technical assistance program will provide workshops and training sessions on management and operations topics critical to business viability. The Department of Planning and Community Development will connect business owners and technical assistance providers.

2. Consolidated Plan Goals and Objectives

The small business program will support the Economic Development priority needs area. It will result in an increase in economic development opportunities and meet the objective of creating economic opportunities. The program will support HUD's Low-Moderate Job Creation/Retention National Objective.

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

Town-wide

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

- 1. a) Community Need:** Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

The small business technical assistance program will assist approximately 10 businesses with twenty or fewer full-time employees by providing workshops and training sessions with a contracted consultant on areas of operation critical to business vitality. Based upon meetings with business owners representing Arlington's core business districts (Arlington Center, Arlington Heights, East Arlington) and primary industries (Marketing, Fitness, Restaurants, Retail), a need for assistance with online business presence and sales was identified. The areas of technical assistance the program will focus on may include website development, search engine optimization, live and e-commerce, digital and traditional marketing, bookkeeping and accounting, and other areas as determined by need. This assistance will support small businesses in sustaining operations in an increasingly competitive market. At least one job will be created or retained through this program, which will result in the near-term benefit of creating or retaining an employment opportunity, and the long-term benefits of enhancing the economic stability and prosperity of the town by increasing economic opportunities for residents through skill training and promotion of entrepreneurship (including among culturally diverse populations).

1. b) Beneficiaries: Will all clients be residents of Arlington? If not, please provide a percentage of non-Arlington residents.

All businesses participating in the program will be registered in Arlington. Business owners and those hired or retained for the LMJ requirement may be Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐Yes ☐No
- Help the Homeless? ☐Yes ☐No
- Help Those with HIV/AIDS? ☐Yes ☐No
- Help Persons with Disabilities? ☐Yes ☐No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

Staff will disseminate information about the program to the business community via web, email, online meetings, and flyers. Translation services will be provided. Staff will also evaluate applications from businesses for the assistance and will pair them with the appropriate technical assistance service provider. Staff will also write a Request for Quotes from technical assistance providers and disseminate that request via web, email, online meetings, flyers, and through local business networks such as the Arlington Chamber of Commerce. Staff will likewise evaluate proposals from technical assistance service providers and will select from those who submitted proposals that seem best suited to the pool of grantees. Approximately 10 hours of staff time per week will be spent on the activity for its duration.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

The project will endeavor to reach out to existing and new contacts in the business community in an effort to reach potential grant applicants as well as to find the most qualified technical assistance service providers for the program.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

We anticipate that approximately 10 businesses would participate in this program so approximately \$2,500 per business will be spent. When considering the public benefit standard required for Economic Development activities, at least 1 job will be created or retained for the \$50,000 project. We anticipate that more than 1 job would be retained or created.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

Approximately 10 hours per week will be provided by the staff, specifically the Economic Development Coordinator and the Assistant Director. Other DPCD staff may provide additional assistance on an as-needed basis due to their expertise.

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

This program is expected to be self-sufficient but the Town may choose to run similar programs with CDBG funds in the future.

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

The program is not a public service.

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other: Consultant Contract(s)	\$50,000		\$50,000
TOTAL PROPOSED BUDGET			\$50,000

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects.

Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

Performance and Outcome Measurement

MEASURING ACCOMPLISHMENTS TABLE

PLEASE AVOID ABBREVIATIONS

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program
Local businesses need technical skills in order to remain competitive and resilient.	The goal of this program is to match business owners' stated needs with technical assistance service providers who can train them on new skills and/or create a plan by which they can acquire these skills.	Staff time will be devoted to creating the program, evaluating applications from grantees and technical service assistance providers, monitoring the technical assistance provisions, and administering funds.	The inputs are intended to ensure that the program successfully meets the needs of business owners in the community. The hired consultant(s) will carry out training sessions, workshops, and/or consultations.	The outputs of this program are the plans and training that the business owners will receive to enhance or stabilize their businesses.	Short-term benefits will be the job created or retained through this program and long-term benefits include enhancing the economic stability and prosperity of the town by increasing economic opportunities for residents through skill training and promotion of entrepreneurship (including among culturally diverse populations).

Nationally Reportable Outputs

Please indicate the number of outputs expected

Businesses Assisted	10	Persons Served	
Households Assisted		Jobs Created	1

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

We will evaluate the progress of this program by measuring how many jobs are created or retained by it. We will also survey business owners and technical assistance providers at the end of the program to assess whether or not they thought the project met its stated goals.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.



TOWN OF ARLINGTON

MASSACHUSETTS 02476

781 - 316 - 3090

DEPARTMENT OF PLANNING and COMMUNITY DEVELOPMENT

MEMORANDUM

TO: Select Board, CDBG Sub-Committee

FROM: Jennifer Raitt, Director of Planning and Community Development

DATE: January 15, 2021

SUBJECT: CDBG Program Year 47 – Request for Funds

On behalf of the Department of Planning and Community Development, I am pleased to submit to you the following requests for Community Development Block Grant (CDBG) funds for the Program Year 47 running from July 1, 2021 through June 30, 2022.

Planning

Planners – This is a request for **\$52,335** to fund a portion of the salary and fringe benefits of Department staff working on CDBG-related activities. Duties and responsibilities involve data gathering and analysis, survey creation and implementation, land use planning and zoning activities, affordable housing studies and implementation.

Housing Planning and Studies – This is a request for **\$75,000** which will fund a range of planning activities to help in the creation and preservation of affordable housing and minimize displacement. These activities will include a nexus study to inform future amendments to the inclusionary zoning bylaw; anti-displacement strategies; studying the needs of extremely low-income and underhoused individuals and families to inform future funding applications and allocation of resources; study senior non-housing needs to maximize resources and services that enable seniors to continue living in the community, and coordinate with other non-housing services to support aging in community; identify resources to preserve homes that are on track to lose affordability due to expiring deed restrictions; and other activities which advance affordable housing planning.

Administration

CDBG Administrator – This is a request for **\$78,291** to fund the salary and fringe benefits of the CDBG Administrator position. This staff person is responsible for the daily financial administration of the CDBG program and coordination of grant activities with program directors. The Administrator is also responsible for maintaining all records and completing the reporting requirements of the CDBG program as required by HUD.

General Administration – This is a request for **\$17,500** to fund administrative costs related to overall program development, management, coordination, monitoring, and evaluation. This line item also includes funding legal advertising and training and travel costs for the Administrator and membership dues for consortia and associations.

Total Request for Planning and Administration: \$223,126

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Contact Name:

Title:

Mailing Address:

Email Address:

Phone:

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☐ Yes

☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☐ Unit of Government

☐ Institution of Higher
Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

☐ **Low/Moderate Income Area Benefit (LMA):** the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☐ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
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Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

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