

II. General Description

1. Brief Project Description (please avoid using abbreviations)

The proposed funding will allow the Club to continue serving families who need financial assistance for child care and other programs. Each year becomes increasingly difficult for families to provide care for their children while they are at work. The requested funding will allow the Club to continue to provide top quality child care programs to children and families who need a helping hand. Each family will be required to meet the guidelines set forth by CDBG and HUD. Proof of income will be required.

2. Consolidated Plan Goals and Objectives

Provide opportunities for Children from low to moderate income families to take part in programs that will enrich their lives and contribute to a healthy and positive lifestyle. Children will take part in a wide range of activities that focus on leadership, character development, education, health and life skills, sports, fitness and recreation. Children will feel a sense of belonging at the Club and want to continue participating in programs in the future.

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

Town Wide

III. 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; MA Certificate of Good Standing

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

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

Parents/guardians need a safe place for their children to go and be active. The Club prides itself on providing programs that help enhance the lives of children and shape their future. The Club offers a broad range of programs in the following five core National Boys & Girls Club program areas: Character and Leadership Development; Education and Career Development; Health and Life Skills; the Arts; and Sports, Fitness, and Recreation. All programs are designed to work towards positive outcomes for youth and reinforce necessary life skills. When children are at the Club, parents know that their children are in a safe place receiving positive direction from the staff.

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

About 20 to 25% of scholarship recipients are non-Arlington residents.

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 Club will have a designated staff member assigned to administer the Scholarship program. This person will be responsible for collecting the necessary information from families seeking financial assistance as well as ensuring that all income criteria is met. All records will be kept in a secure location at the Arlington Boys & Girls Club. Scholarships are granted on a first come first serve basis. Scholarship recipients use funds immediately for programs, usually during the summer months. The Club will reach the target population by working with other youth agencies, schools, Arlington Youth Consultation Center, and Department of Children and Families. Other avenues that the Club will take to reach target population will include Facebook, Twitter, Patch, and the Arlington Advocate. Flyers regarding Club programming will also be placed in and around Arlington.

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

Throughout the year we work with other youth agencies; local schools, Arlington Youth Consultation Center, and Department of Children and Families.

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 Scholarship Program will yield an average of \$400.00 per scholarship recipient. These funds will ease the financial burden placed on parents who are providing structured care to their children while they are at work.

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

The Club receives approximately \$5,000 in donations from individuals to help support our families who are in need.

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

The Arlington Boys & Girls Club assists families annually and the need will continue each year.

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

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.

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: | Scholarships for families \$20,000 | | \$20,000 |
| TOTAL PROPOSED BUDGET | | | \$20,000 |

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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | Club Supporters | \$5,000 | Pending |
| Other: | | | |
| Total: | | | |

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 |
| Provide a safe place for children to have a fun and enjoyable experience during out-of-school time. | Children will take part in a wide range of activities that focus on leadership, character development, education, health and life skills, sports, fitness and recreation. | Administrative Assistant Program Staff Resources at the Club | Through active participation in Club activities, children will learn that the Club is a safe place to be, learn to manage daily routines, work well in a group setting, and take part in fun and enriching experiences. | 45 Children from over 30 families | Parents and children learn that the Club is a safe place for their child. (ST) Children's self-help skills are developed and enhanced through daily participation. (ST) Children learn how to cooperate with each other in group setting. (ST) Children are introduced to Club activities (ST) Children and parents have a positive experience at the Club and return for more Club programming. (LT) |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|----|----------------|----|
| Businesses Assisted | | Persons Served | 52 |
| Households Assisted | 34 | Jobs Created | |

FISCAL YEAR 2019-2020

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

II. General Description

1. Brief Project Description (please avoid using abbreviations)

The Jobs Jobs Jobs (JJJ program) provides teenage youth with an opportunity to gain valuable work experience. This program will allow for teenage youth to earn their own spending money, prepare them for the workforce in the future, ease the financial burden that is placed on parents/caregivers,

Participants in the JJJ program will be members of our team of Junior Staff. Adult staff will provide teenage youth with skills to explore a variety of careers with an emphasis on human services, sense of business awareness, job readiness and employability skills.

The JJJ program participants will provide support to staff for a wide range of activities in the following core program areas (Education and Career Development; Health and Life Skills; The Arts; and Sports, Fitness and Recreation). All programs are designed to produce positive outcomes for youth and reinforce necessary life skills.

2. Consolidated Plan Goals and Objectives

To provide our youth an opportunity to gain valuable work experience in safe and positive environment. Participants in the Jobs Jobs Jobs program will receive guidance from professional Club staff that will help develop, in each participant, leadership and employment skills that will lead to positive and well informed decisions regarding future employment opportunities.

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

Town Wide

III. 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; MA Certificate of Good Standing

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

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

The Jobs Jobs Jobs program provides resources and activities to teens ages 14 to 19 that help them develop leadership skills, employment skills, and a sense of community responsibility that will lead them to making sound career decisions in the future.

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

Up to 25% of participants could be non-Arlington residents.

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.

Arlington Boys & Girls Club staff will recruit teens who they feel will benefit from participating in the Jobs program and who meet eligibility criteria set forth by CDBG and HUD. The Assistant Director and Program Coordinators will be responsible for interviewing and hiring youth to work for the Club. The Assistant Director will be responsible for maintaining accurate records for each person employed through the Jobs program. The target population will be reached via the Arlington Boys & Girls Club, local High School guidance departments, and AYCC.

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

Jobs Jobs Jobs applicants will be required to attend two workshops during July and August. Existing partnerships include Whole Foods, Cambridge Savings Bank, Boston Childrens Hospital, Bunker Hill Community College, Colby College, and area High School guidance counselors.

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 Jobs Jobs Jobs (JJJ) Program for the Club will yield an average of \$625.00 per JJJ participant. Through participating in the JJJ program, participants will learn valuable employment skills that will better prepare them for a career in the workforce.

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

The Club has not secured additional funding sources to cover the Jobs Jobs Jobs program.

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

Annual funds will help ensure that we will be able to employ teenagers from low to moderate income families.

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

No

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.

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 | 5,000 | | 5,000 |

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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | | | |

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 |
| Provides teenage youth an opportunity to gain valuable work experience and teach them employment skills that will aid them in making informed decisions regarding their future. | Prepare youth for the workforce | Program Coordinator Supervisor in each area Resources at the Club | Participants assigned a job duty and will work 4 to 8 weeks during the summer and throughout the school year. Required to attend workshops focusing on job readiness skills. | 8 teenagers will participate in the job readiness program. Includes evidence based programs designed by National Boys & Girls Club of America. | Successfully completed assigned tasks. (ST) Better prepared to enter the workforce (MT) Make informed decisions regarding their future. (LT) |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|---|----------------|---|
| Businesses Assisted | | Persons Served | 8 |
| Households Assisted | 8 | Jobs Created | 8 |

Arlington Boys and Girls Club
CDBG Application 2019-2020

1. a) Community Need

The Jobs, Jobs, Jobs Program helps develop leadership and employment skills as well as a sense of community responsibility that will lead them to making sound career decisions in the future. During the summer and into the school year, funds received from the CDBG grant help provide the Arlington Boys & Girls Club the opportunity to employ teenagers that have difficulty finding employment in and around the community. There are many more teenagers in the community than there are available employment opportunities. Employing teens at the Club, particularly those from low to moderate income households, provides a unique opportunity for teenagers to better themselves in an environment that fosters positive relationships and growth for children of all ages. In addition, employing teens through the CDBG program provides an opportunity for teens to help out financially at home. By earning a paycheck here at the Club, many of our teenagers have been able to ease the financial burden at home.

FISCAL YEAR 2019-2020

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

II. General Description

1. Brief Project Description (please avoid using abbreviations)

The Athletic Department requires a fee to be paid in order to participate in Arlington High School Athletic Activities. Arlington High School would like to have access to CDBG Scholarship funds to assist Athletes who are in need of financial assistance in order to participate in Arlington High School Sport Activities. These applicant may not meet qualifications of other Financial Assistance provided by Town or State Funds.

2. Consolidated Plan Goals and Objectives

This Grant will give all students the opportunity to participate in the Athletic Program.

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

Town wide - All Arlington High School residents who are in financial need.

III. 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; MA Certificate of Good Standing

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

N/A

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

The Community is in need of Athletic Scholarships. The scholarship applications continue to increase over the past years.

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

All applicants will be residents of Arlington.

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 staff will consist on two persons to make the final decision. The Chief Financial Office makes the final decision on the percentage of Scholarship award. The Account Specialist, who will ensure the application is complete and notifies the family of if approved and what percentage has been awarded to the family.

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

Our Athletic teams all complete community service projects, work on leadership skills, are under strict chemical-health and academic policies and seek opportunities to support community members.

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?

No.

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

This project is greatly needed by the community and would not continue without the funds given by the CDBG.

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

No.

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.

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 Scholars | \$10,000.00 | | |
| TOTAL PROPOSED BUDGET | \$10,000.00 | | |

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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | | | |

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 |
| This Grant will give all students the opportunity to participate in the Athletic Program. | | Scholarship to Arlington High School Athletes. | The program provides financial assistance for Athletic Scholarships. | | Participation for all students. |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|--|----------------|----|
| Businesses Assisted | | Persons Served | 30 |
| Households Assisted | | Jobs Created | |

FISCAL YEAR 2019-2020

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

II. General Description

1. Brief Project Description (please avoid using abbreviations)

Established in 1999 by Janet Maguire and Peggy Regan. It is located in Menotomy Manor Housing Development.

Operation Success services student residents in middle and high school who reside in the Manor. Operation Success is a totally volunteer staffed learning center by Arlington teachers and educators from the town of Arlington. It is open Monday through Thursday evenings 7:00pm-8:30pm. Operation Success offers a safe and educational environment to help students meet their education requirements at their respective schools. Students receive individual and group tutoring. There are presently 28 students participating in the program this year.

2. Consolidated Plan Goals and Objectives

1. To have students become active participants in their learning
2. To have the students gain the skills to become positive citizens of the Arlington community

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

The Center services only the residents of Menotomy Manor

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

Operation Success provides an enriching program where the students are active participants. Students from a number of nationalities work together and learn to challenge themselves and each other in bringing out their strengths. The students learn to value their education and become positive role models in the community.

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

All "clients" are residents of Menotomy Manor.

- 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.

Operation Success is staffed by 16 volunteers during the week. Three to four volunteers staff Operation Success nightly.

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

Our main partnership is with the Arlington Housing Authority.
The Arlington Police have provided resources for different events that the Center organizes such as girl's night and boy's night.

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:
 $\$10,000 \text{ funding request} / 100 \text{ people served} = \$100/\text{person}.$

The \$6000.00 budget provides for the supplies needed for the Center to operate. The budget includes: paper, pens, books, technology equipment, etc.

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

No, our source of providing for Operation Success is through CDBG funds

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

No

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

No

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.

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

| Description | A | B | A+B |
|------------------------------------|----------------------|----------------|-----------------------|
| | CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | \$6000.00 | ----- | \$6,000.00 |
| Utilities | 0.00 | | |
| Repairs/Maintenance | 0.00 | | |
| Travel | 0.00 | | |
| Salaries (List relevant positions) | 0.00 | | |
| | | | |
| | | | |
| Other: | 0.00 | | |
| TOTAL PROPOSED BUDGET | \$6,000.00 | ----- | \$6,000.00 |

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 | N/A | | |
| Acquisition | N/A | | |
| Appraisals | N/A | | |
| Design | N/A | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | N/A | | |
| State: | N/A | | |
| Local: | N/A | | |
| Private: | N/A | | |
| Other: | N/A | | |
| Total: | | | |

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 be provide materials to service the students of the center | To continue to providing a safe and educational environment for the students who participate in the program | Provide opportunities for students to fulfill their educational requirements and be positive citizens in the Arlington Community | Utilize community resources to complement the work being done at the Center | Students meeting their educational requirements- Students volunteering and becoming productive members of the community | Short term: meeting daily requirements at their respective schools Long-term: Giving back to the community |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|--|----------------|----|
| Businesses Assisted | | Persons Served | 28 |
| Households Assisted | | Jobs Created | |

FISCAL YEAR 2019-202007-380-2126

II. General Description

1. Brief Project Description (please avoid using abbreviations)

Arlington Youth Counseling Center (AYCC) is a community-based and DPH-licensed mental health center serving Arlington youth (ages 3-21) and their families. AYCC is the leading provider of all outpatient and school based child and adolescent mental health services in Arlington, offering individual, group, and family counseling, psychiatric evaluation, and medication management. AYCC is also one of the only providers in the area that accepts youth with public health insurance. AYCC is committed to ensuring that all community youth and families have access to necessary mental health counseling and medication treatment, regardless of their ability to pay. AYCC provides thousands of dollars of free and reduced-fee care to families who are uninsured, under-insured, or who otherwise cannot afford the cost of deductibles and copays. Historically, AYCC has utilized CDBG funding to provide much of this .

AYCC also runs First Step- a support group for victims and survivors of domestic violence, and offers community resource services to Arlington residents under 60 in need of food, shelter, and emergency assistance.

AYCC seeks \$15,000 in CDBG funding to provide the following services: 1) free and reduced-fee mental health counseling and medication treatment, 2) case management services for vulnerable Arlington residents and 3) therapeutic groups and support services for victims and survivors of domestic violence.

2. Consolidated Plan Goals and Objectives

AYCC will address the priority need category of Public Services, with the objective of providing the following, essential public services: 1) mental health services for youth and families, 2) community resource support for low-income and vulnerable Arlington residents, and 3) weekly therapeutic support for women who have experienced domestic violence.

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

Town wide- AYCC provides outpatient and school-based mental health services to youth (and their families) who live, or attend school in Arlington. AYCC's Community Resource Specialist works with Arlington residents who are younger than 60. The First Step group welcomes women from any community, however, the majority live in Arlington.

III. 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; MA Certificate of Good Standing

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

AYCC is the sole applicant for this grant; however, AYCC collaborates extensively with the Arlington Public Schools and other Town Departments, as well as local health care providers, State agencies, Reach Beyond Domestic Violence, and other human service organizations to provide comprehensive mental health services, community resource assistance, and therapeutic groups and other support services to victims and survivors of domestic violence.

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

Youth and Family Mental Health Services

According to the CDC, an estimated one in five children, ages 3-17, has a diagnosable mental health disorder. Yet, due to a number of financial and structural barriers, only 20% of those children receive treatment in any given year. Without access to proper treatment, mental disorders among children and teens can cause significant and lasting functional impairments at home, in school, socially with peers, and in the community. AYCC is committed to making quality mental health services affordable and accessible to all youth and families in Arlington. AYCC offers flexible hours, with early morning and evening hours available for school-age children and working families. AYCC also provides school-based counseling in all Arlington Public schools to children with school-related issues, as well as those who are unable to access services in the community. Last year, AYCC conducted 6,060 mental health sessions to over 350 youth and families, acting as a lifeline for many children and teens whose underlying mental health conditions contribute to a range of social, behavioral, and school-performance related problems.

Community Resource Support

Healthy People 2020 identifies "Economic stability" as a critical domain among the social determinants of health. Poverty, unemployment, housing instability, and food insecurity can have profoundly damaging effects on people's lives. In Arlington, there are many individuals and families who face economic instability, either short term or chronic, and many lack the knowledge or resources to access assistance on their own. In the past six months, our Community Resource Specialist has responded to over 60 requests for services, and has supported residents on a wide range of issues including housing applications, accessing the food pantry and SNAP benefits, accessing fuel assistance, enrolling residents in MassHealth, and accessing free legal services.

First Step

According to the CDC, 1 in 4 women will report experiencing abuse over the course of a lifetime. The impact is widespread and devastating- victims and survivors of domestic violence experience a range of negative health outcomes, including emotional stress, psychological trauma, physical injury and death. The First Step program has led a support group for victims and survivors of domestic violence for over 20 years. Through education, support, and advocacy, First Step helps people who have experienced domestic violence develop healthy lives and relationships, and find support and empowerment within themselves, among other survivors, and throughout their community. The group meets weekly, with weekly participation ranging from 5-10 women.

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

AYCC's outpatient and school-based mental health clients either live, or attend school in Arlington. The vast majority live in Arlington, with fewer than 5% residing elsewhere but attending school in Arlington.

All clients of AYCC's community resource support program either live in Arlington or identify as homeless in Arlington.

Roughly 75% of First Step members live in Arlington.

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.

AYCC has a multidisciplinary team of clinicians, including a child and adolescent psychiatrist, psychiatric nurse practitioner, psychologist, licensed independent clinical social workers (LICSWs), licensed mental health clinicians (LMHCs), licensed clinical social workers (LCSWs) and other masters level clinical interns. The Executive Director oversees all agency operations, and is responsible for financial management, including grants and agency contracts. The Administrative Assistant/Billing Agent helps manage client financial assistance applications, and tracks all services eligible for CDBG funding.

AYCC currently has more than 300 active mental health clients, and as many as 70 families waiting to be seen. Referrals typically come from schools, pediatricians' offices, and parents. Counseling and medication services are insurance-based, but families are informed of our financial aid opportunities and are encouraged to apply if they are uninsured or lack adequate insurance coverage.

Residents who access our Community Resource Support program are typically referred by AYCC clinicians, Arlington Public Schools, Town departments, churches, and other human services organizations. Residents work with our Community Resource Specialist free of charge, as this service is typically utilized by adults and families with very low or no income.

Women are referred to First Step primarily through the Police Department and other Domestic Violence Prevention agencies. Some self-refer, having come across informational materials in local doctors' offices and businesses. First Step group is free of charge and is intentionally not insurance-based due to safety concerns for the participants. Groups are not time-limited, and women can attend for as long as they need the support.

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

AYCC has well-established partnerships with many service providers in the community. These include the Arlington Public Schools, the Arlington Police Department, Health and Human Services, Reach Beyond Domestic Violence, the Housing Authority, Housing Corporation of Arlington, local pediatricians' offices, and other youth-serving organizations. All of these organizations serve as referral sources for AYCC. They also collaborate with AYCC clinicians and the Community Resource and Domestic Violence Specialists to help coordinate care, secure community resources and assistance for families, and raise awareness in the community about mental health and other support services. In addition to being one of the primary referral sources for AYCC, the Arlington Public Schools also partner with AYCC to provide school-based individual counseling to students at all grade levels, as well as group therapy and therapeutic classroom support at the Ottoson Middle School and Arlington High School.

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.

CDBG funding for this project will enable youth and families struggling with mental health issues to access the critical counseling services and medication treatment they need. Typically, 5-20 clients access CDBG funding each year. While the costs per client, per session, may range from a \$10 session copayment to \$135 for a full uninsured session, the benefits are immeasurable considering the costs of untreated mental illness. The economic and societal costs can be staggering, including healthcare costs (preventable ER visits and hospitalizations); costs to the education system; costs associated with lost productivity; and the overwhelming economic burden on the juvenile and criminal justice system. Likewise, the costs associated with unmet basic resource needs (critical social determinants of health) can be staggering and far reaching. With as many as 100 Arlington residents accessing support from the Community Resource Specialist annually, and no dedicated funding for the position, the cost of losing such a position would be significant. Similarly, the benefit of First Step to its group members is immeasurable. Roughly 25 women access First Step services each year, and the loss of this support network for such a vulnerable group would be significant.

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

AYCC relies on several funding sources to support its general operating costs and various programs and to offset the cost of providing free and reduced-fee services. Last year, in addition to generating \$440,000 in revenue from insurance claims and client copayments, AYCC also received funding from the Town of Arlington, Arlington Public Schools, and the Department of Mental Health. In addition, AYCC raised over \$70,000 from private donors, corporate sponsorships, and fundraising events like AYCC's annual Gala. AYCC anticipates a similar funding mix next year.

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

Organizationally, AYCC continues to make advancements towards a more diversified funding stream, increasing its donor base, and in general becoming more self-sustaining. However, the need for CDBG and other grant funds will persist as long as there are youth and families in the community who cannot access critical mental health access due to financial barriers. Likewise, AYCC will continue to seek out CDBG funding to support programs and services (like the Community Resource Program and First Step) that serve the most vulnerable and disenfranchised members of the community.

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 services offered in the proposed project are not new. However, they are unique in the community and not available through other providers. Unlike most providers in the area, AYCC serves community youth and families across all income levels, accepting youth and families with public health insurance, as well as those who are uninsured and underinsured. AYCC works with all families to ensure equal access to mental health services through AYCC. The Community Resource Specialist is the only position in the community dedicated to helping residents under 60 address such a full range of basic resource needs. And the First Step group is the only DV support group in Arlington, and the only continuous (not time limited) group in the region.

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.

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

| Description | A | B | A+B |
|------------------------------------|----------------------|---------------------------------|-----------------------|
| | CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | \$4,200 | \$4,200 |
| Utilities | | \$32,000 (EHR & Billing System) | \$32,000 |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | \$15,000 | \$748,492 | \$763,492 |
| | | | |
| | | | |
| Other: | | \$6,000 | \$6,000 |
| TOTAL PROPOSED BUDGET | | \$800,692 | 815,692 |

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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | | \$160,000 DMH Funding | Pending submission/approval by State legislature and Governor |
| Local: | | \$120,000-Town; \$40,000- School Contract | Pending approval by Town meeting; Superintendent |
| Private: | | \$30,000 | grants |
| Other: | | \$450,000 | Anticipated revenue from health insurance and client copays |
| Total: | | \$800,000 | |

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 |
| 1) Low to moderate income earning families face financial barriers to accessing necessary child and adolescent mental health services in the community. 2) Residents experiencing basic resource needs lack access to support services. 3) Victims and survivors of domestic violence lack resources, support, and validation to move beyond their abusive relationships. | 1) Increase access to mental health services by providing funding support when gaps in coverage, or other financial constraints exist. 2) Provide resource support and facilitate access to other assistance and support services. 3) Provide therapeutic support and referrals to other DV organizations to women in group. | Executive Director and Billing Agent to manage financial assistance application process and allocation of CDBG funding to eligible families. AYCC clinicians to provide mental health counseling and medication treatment to AYCC clients. Clinicians will also identify and refer clients for financial assistance. AYCC community resource specialist will work with clients to facilitate access to assistance programs and other local, regional, and state resources. First Step group leaders will facilitate weekly groups and offer support to group members, and others referred to the group. | The Executive Director and Billing agent will apply grant funding to account balances for eligible families. AYCC clinicians and the psychiatric nurse practitioner will provide mental health counseling, psychiatric evaluation, and medication treatment to youth and families of all income levels, regardless of ability to pay. The community resource specialist and First Step leaders will provide assistance to the most vulnerable members of the community. | Income eligible youth and families who are approved for (CDBG) financial assistance will receive mental health services through AYCC, at no cost to them. Residents will gain access to the appropriate local and state assistance programs to address basic resource needs. Victims and survivors of domestic violence will receive weekly therapeutic support and referrals to partnering DV prevention organizations. | 1. (ST) Community youth and families, and Arlington residents will access needed mental health and support services to address their presenting concerns. 2a. (ST) Fewer admissions to the ER and inpatient hospitalizations for children and teens in the community. 2b. (ST & LT) More residents with stable housing, health insurance, food access, and adequate living conditions. 3a. (ST & LT) Improved social, emotional, and behavioral functioning at home, in school, and in the community, as a result of therapeutic counseling and medication treatment. 3b. Improved health and wellbeing among all Arlington residents. |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|----|----------------|----|
| Businesses Assisted | | Persons Served | 70 |
| Households Assisted | 30 | Jobs Created | |

FISCAL YEAR 2019-2020

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

II. General Description

1. Brief Project Description (please avoid using abbreviations)

The Arlington Council on Aging and Cooperative Elder Services collaborate to identify seniors and families that can benefit from the programs. Education is constant and on going. Adult Day Health services provided by Cooperative Elder Services, Inc. provides nursing and health care services, meals and other social programs for individuals with medical or cognitive challenges. Funds requested are providing a small subsidy to our low-income families allowing them the benefit of receiving adult day health services.

2. Consolidated Plan Goals and Objectives

Previous years funding have provided 12-15 Arlington seniors a \$300.00 scholarship toward the daily cost of adult day health services of \$81 per day providing approximately 3 1/2 days of care. Currently Cooperative Elder Services, Inc. serves 42 Arlington residents, providing 5,000 units of service. Research has demonstrated the effectiveness of adult day health programs in meeting the specific needs of seniors with chronic medical conditions (approximately 52% of Massachusetts seniors - which is nearly 550,000 people live with four or more chronic conditions). Moreover, these programs allow families to remain intact, living at home longer and postponing the need for long term care.

The Council on Aging continues its education outreach from this comprehensive program and is requesting consideration for an increase of \$500.00 to reflect a total of \$6,000.00

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

The target participation group is Arlington seniors. Cooperative Elder Services, Inc. reports that 70% of the individuals attending the Arlington program are classified as low-income (\$24,000 or less annually). Providing quality of care for loved ones, while keeping them home and in the community has a significant financial impact on these families.

III. 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; MA Certificate of Good Standing

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

1. Cooperative Elder Services, Inc. is the only provider of Adult Day Health services in Arlington.
2. BrightView of Arlington provides the space and funding for a Memory Cafe. Memory Cafe's are specific programming to be inclusive of caregiver, and one who has cognitive decline.
3. Arlington Cable Media Inc. provides the production of community education material re: Adult Day Health
4. Arlington Council on Aging hosts a monthly Caregiver support group.

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

Nearly 60% of caregivers in Arlington experience the financial impact of providing quality care for a loved one. In some instances, caregivers are forced to leave their jobs, resulting in significant financial loss to care for a family member. We intend to reduce the impact of aging and chronic conditions on individuals and their families by utilizing opportunities to reach more Arlington seniors, provide a scholarship for families, and enhance the relationship between Arlington seniors who benefit from adult day health services with the Council on Aging.

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

All scholarship recipients will be Arlington residents.

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 of the Council on Aging meets with Cooperative Elder Services, Inc. once a year to discuss the use of the CDBG funding and reviews each invoice submitted for services of Arlington residents prior to submitting it to the grant administrator. Additionally, the Council on Aging has 2 licensed Social Workers who regularly educate and refer Arlington residents to Cooperative Elder Services, Inc.

Cooperative Elder Services, Inc. is the primary source of subsidy recipient and submits the client beneficiary from with the invoice for payment.

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

There are no other adult day health providers in the area. All partners are listed under Collaborative Partners.

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:
 $\$10,000 \text{ funding request} / 100 \text{ people served} = \$100/\text{person}.$

No grant funds will be allocated for Council on Aging staff or administrative staff at Cooperative Elder Services, Inc. All funds will go directly for benefit of the Arlington senior to pay for services he/she receives.

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

In-kind support includes the Council on Aging Staff.

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

This program will not be self sustainable without the assistance of CDBG funding. Adult Day Health services are cost prohibitive for many. For those who qualify for Mass Health, may receive a specified amount of services. While long-term care insurance may cover adult day health it is an expensive option for many to pursue.

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

Cooperative Elder Services, Inc. has been in business for 40 years. This is not a new project and there are no other Adult Day Health Services in Arlington.

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.

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

| Description | A | B | A+B |
|------------------------------------|----------------------|----------------|-----------------------|
| | CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | 0 | 0 | |
| Utilities | 0 | 0 | |
| Repairs/Maintenance | 0 | 0 | |
| Travel | 0 | 0 | |
| Salaries (List relevant positions) | | | |
| Daily rate is \$79/day | \$6,000.00 | 0 | \$6,000.00 |
| | | | |
| Other: | | | |
| TOTAL PROPOSED BUDGET | \$6,000.00 | | \$6,000.00 |

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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | | | |

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 |
| Nearly all caregivers in Arlington experience the financial impact of providing quality care for a loved one. The Adult Day Health Program reduces the burden of caregivers by providing handicap transportation, nursing services and social programming. | Improve access to community-based care to more Arlington residents with chronic diseases, provide respite for family care givers, and give additional day of attendance/ week for current clients who benefit from greater attendance in the Adult Day Health Program | CDBG Funds to be used for direct services. COA staff and Cooperative Elder Services Staff will identify those in need. COA Executive Director will monitor grant and COA Admin will process all bills. | The program is available 6 days per week, 7 hours per day. Transportation is available for an extra fee. This program is considered respite care for caregivers while providing a safe and stimulating environment for the clients. | 20 Arlington seniors receive a \$300.00 benefit through these funds. | 1, Increase number of participants in Adult Day Health Program. 2, Increase number of attendance days for clients with acute medical conditions 3. Improved social programming for caregivers 4. Delay the need for long-term care. |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|--|----------------|----|
| Businesses Assisted | | Persons Served | 20 |
| Households Assisted | | Jobs Created | |

FISCAL YEAR 2019-2020

| Agency & Project Summary Information | |
|---|---|
| I. Contact Information (If application is completed by a Collaborative, provide the contact information for the lead entity only) | |
| Agency/Organization Arlington Council on Aging | Project Name Council on Aging Transportation Program |
| Contact Christine Bongiorno | Title Director of Health & Human Services |
| Mailing Address 27 Maple Street, Arlington, MA 02476 | Project Location 27 Maple Street, Arlington, MA 02476 |
| Email cbongiorno@town.arlington.ma.us | Phone 781-316-3171 |
| Anticipated Start Dates July 1, 2019 | Anticipated End Dates June 30, 2020 |
| Amount of Request \$35,000.00 | Registered on SAM.gov? Yes (all applicants must be registered here to receive federal funding) |
| Please Identify the Type of Organization Applying for Funds (<i>Note: More than one may apply</i>) | |
| <input type="checkbox"/> 501(c)3 <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Faith-based Organization <input checked="" type="checkbox"/> Unit of Government <input type="checkbox"/> Institution of Higher Education | |
| Determining 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 page 6 in part I, to determine if your activity is located within an eligible area. | |
| <div style="border: 1px solid black; padding: 5px; min-height: 20px;">Census Tract and Block:</div> | |
| <input checked="" 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 program benefit any of the following? <input type="checkbox"/> Abused children <input checked="" type="checkbox"/> Elderly persons (age 62 and older) <input type="checkbox"/> Battered spouses <input type="checkbox"/> Homeless persons <input type="checkbox"/> Severely disabled adults (as defined by Bureau of Census*) <input type="checkbox"/> Illiterate adults <input type="checkbox"/> Persons living with AIDS <input type="checkbox"/> Migrant farm workers <input type="checkbox"/> Other (please specify): | DUNS #: (Note: All entities receiving federal assistance are required to have a DUNS #) 073802126 |

II. General Description

1. Brief Project Description (please avoid using abbreviations)

The Council on Aging's Transportation program is one of the most important services offered to the seniors in Arlington. Transportation to medical appointments, local stores and to the senior center are critical in helping seniors remain independent and active in the community. Additionally, transportation to the Senior Center programs and special events affords elders regular contact with others, a shared meal, and new learning experiences that not only alleviate isolation but also helps to mitigate depression.

The transportation department has 4 components; a subsidized taxi service Dial a Ride, Two handicap accessible lift-equipped vans, a volunteer led medical escort program to take seniors to medical appointments, and Uber rides to medical appointments.

2. Consolidated Plan Goals and Objectives

The goals include utilizing the Transportation Department's aforementioned services to remove barriers, allowing access to health care and maintain a health status. In addition to support social interactions and intellectual growth, transportation is provided to the Arlington Senior Center so elders have access to meals, programs, and services sponsored by the Council on Aging.

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

COA Van transportation is available to Arlington residents. The Dial a Ride Taxi Program, the subsidized taxi service, serves the Arlington area. For medical appointments in the Greater Boston Area, the volunteer Medical Escort Program addresses this need. Uber rides are scheduled for seniors when a volunteer driver cannot be found.

III. 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; MA Certificate of Good Standing

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

Our collaborative partners include:

- Yellow Cab of Belmont (aka Arlmont Taxi) has a contractual agreement with the Town of Arlington for the Dial A Ride Taxi Program.
- Uber is used through the Uber Central Platform to transport seniors to medical appointments when a volunteer driver cannot be found.

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

There is a need to provide low cost and accessible transportation services to our low-income seniors. The COA Van operates M-F and offers rides to the Senior Center for \$1.50 each way. In town medical appointments are \$6.00 round trip, and out of town medical appointments are \$20.00 round trip. The Dial A Ride Program offers transportation services six days a week between 9-4 for rides in Arlington at the cost of \$5.00 for a taxi voucher. Uber rides cost our seniors \$20.00 round trip and provide service within the Greater Boston area. Additionally, due to an overwhelming demand, in town transportation to the Food Pantry, supermarkets and miscellaneous errands has been offered as well as transportation to the Burlington Mall for a weekly winter walking program.

Transportation is one of the key services the Council on Aging offers. Keeping seniors on the move is one of the agency's main goals. The organization utilizes paid staff and volunteers to schedule rides, sell tickets to ride the van or taxi vouchers, and data entry activities that support the program.

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

All clients will be residents of Arlington.

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 Council on Aging continuously looks to expand communication and engagement efforts with seniors. The Senior Center serves as the primary activity hub and staff and employees are capable of executing the proposed project and can positively impact the Arlington Community.

The Department actively engages in communication through newsletters, flyers, information sessions, the COA's cable program, "Living Out Loud", and on Social Media. We encourage our seniors to explore more than one option in transportation to keep them engaged in the community.

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

In an effort to assist more residents with transportation to medical appointments, the COA launched a new pilot program with Uber in 2018. When a volunteer driver is not available, seniors have the option of using Uber to get to their appointment for a flat fee of \$20.00 per round trip. COA staff arrange the rides through Uber Central.

In 2018 the COA also held a Charlie Card registration event to allow residents access to that transportation service and program.

Through a Grant from the George & Elizabeth Sanborn Foundation, the Council on Aging Transportation Program provides administrative support, and schedules rides for cancer patients to their cancer treatments.

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 difficult, if not impossible, to operate an enterprise fund for low cost senior transportation without financial assistance through grants or donations. The cost benefit is great; reducing isolation, frailty, and depression are valuable components to a senior's health and difficult to quantify for this presentation. Transportation is an active component to our services as evidence of the need.

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

This program is supported by COA staff who are funded by the municipality and a small amount of funds from the Formula Allocation through the Executive Office of Elder Affairs.

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

This project is dependent on CDBG funds. Offering low cost transportation to seniors is costly.

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

This is not a new service and there are no other town providers in Arlington that provide low cost senior transportation.

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

The purchase of the COA Vans are supported by a Mass Dot grant. The COA was awarded a grant in FY18 to assist in acquiring a new van, which was received in May of 2018.

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.

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) | | | |
| Drivers, Info & Referral | \$17,000 | \$55,025 | \$72,025 |
| | | | |
| Other: | \$19,500 | 0 | 19,500 |
| TOTAL PROPOSED BUDGET | \$36,500 | \$55,025 | 91,525 |

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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | Municipal/reserve | \$17,805 | Pending |
| Private: | Symmes, COA Fundraising | \$21,000 | Pending |
| Other: | User Fees | \$17,400 | Pending |
| Total: | | \$92,705 | |

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 |
| Provide low cost transportation to Arlington seniors | Transportation removes obstacles to health care and community. Goal is to reduce isolation, frailty, and depression. Transportation leads to an Age Friendly Community. | Existing staff and Transportation Coordinator along with volunteers will aide in service delivery | COA Transportation operates 5 days per week. Vans are lift equipped for handicapped riders, taxi operates 6 days a week. | There are 282 unique riders with over 7,262 rides per year. | ST: Maintain the integrity of the transportation program, offering a family of transportation services. LT: Increase low cost transportation options for our seniors and encouraging more partnerships such as Uber. |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|--|----------------|-----|
| Businesses Assisted | | Persons Served | 282 |
| Households Assisted | | Jobs Created | |

FISCAL YEAR 2019-2020073802126

II. General Description

1. Brief Project Description (please avoid using abbreviations)

In 1990, the Board of Selectmen established the Volunteer Coordinator and Transportation Supervisor role, a traditionally grant funded position. This role serves to supervise and coordinate volunteers as well as manage the van and transportation program and is essential to the Council on Aging's mission to engage senior citizens in community participation. The Volunteer/Transportation Coordinator will ultimately be responsible to ensuring smooth service delivery in all areas.

2. Consolidated Plan Goals and Objectives

The Volunteer Coordinator seeks to engage seniors and recruit volunteers. Volunteering encourages civic engagement and volunteer hours fill the gap where budgets end and the need for services exist. Through the transportation program, seniors will be able to access the community, attend social programming and participate in civic engagement, which are necessary to healthily age in place.

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

All activities will be located in Arlington, MA

III. 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; MA Certificate of Good Standing

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

The application is submitted by the Council on Aging. The agency partners with dozens of agencies within the community to fulfill the goals and objectives of the program. These partnerships include: Arlington Seniors Association, Minuteman Senior Services, Retired Mens Club of Arlington, Arlington Food Pantry to list a few.

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

Arlington has been designated an Age Friendly Community and continues to explore options to engage the older community members. The Volunteer Coordinator provides management to two key elements in engagement: keeping the senior active and involved in the community.

The Volunteering component of this role includes promoting the vitality of the older adult and decreases ageism by actively engaging the older adult in the community. In fact, many volunteers are retirees and have been the thread of the Arlington community. Volunteers assist in implementing programs, performing administrative duties, research special projects, and even help at flu clinics. The Coordinator is vital to maintaining this effective and structured system.

Engaging older adults is a mutually beneficial relationship for the health and well being of the senior and the Town of Arlington.

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

Only Arlington residents 60 years and older will benefit from the programs in place through the volunteer coordinator.

Individuals who choose to volunteer for the Council on Aging are primarily Arlington residents of all ages, however, the vast majority are seniors themselves and the work that is done by the volunteer benefits the senior population.

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.

All programs are advertised with newsletters, flyers, information sessions, cable program public service announcements, and local newspapers. The Council on Aging has implemented Social Media accounts to interact and expand communication efforts with older adults in this ever-changing media age.

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

By virtue of cultivating volunteers, the role of the Volunteer Coordinator is to develop and maintain partnerships throughout the community in every possible way. The level of programming, many of which are unique, provides an excellent platform to accomplish the development of long term partners. Some examples of these partnerships include utilizing Police and Firefighters, Retired Men's Club, and the School System for service delivery and program assistance.

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 Volunteer Coordinator Position is a grant funded role that is vital to fulfilling the organizations mission. The role of the volunteer for programs and services with the COA saves the Town of Arlington over \$100,000 per year with the total cumulative hours of service performed.

Volunteers perform a variety of functions and supplement service delivery where municipal budgets fall short. Volunteers support the Council on Aging in administrative duties, companion visits to home bound elders, scheduling transportation requests, drivers to medical appointments, and much more. The Volunteers and the Volunteer/Transportation Coordinator are essential to successful senior programming that will allow Arlington Seniors to thrive in the community.

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

Historically this project has been complimented by staff within the Council on Aging and this will not change. The Intake and Referral Specialist, COA Social Workers, COA Administrative Assistant and the Executive Director all support the 7 hours/week this funding does not cover. This request is to fund a 28 hours per week for a program that operates 35 hours per week.

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

The Council on Aging will continue to need CDBG funding for the Volunteer Coordinator role.

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 Volunteer Coordinator role will continue to expand the presence in the organization and community. There are no other dedicated providers in the community; the role of the Coordinator is to seek and maintain community partners to assist the Arlington Council on Aging in achieving the organization's goals and mission.

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.

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) | | | |
| Volunteer/Transportation Coordinator | \$52,922 | 0 | \$52,922 |
| | | | |
| Other: | | | |
| TOTAL PROPOSED BUDGET | \$52,922 | | \$52,922 |

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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | | | |

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 |
| Seniors will be able to access the community and services at a reasonable cost, allowing non drivers an opportunity to age in place. Volunteering encourages civic engagement, reduces isolation, frailty, and depression. Volunteers fill the gaps between budget and service need. | Engage individuals in civic engagement. | There are 270 volunteers that participate in every aspect of the Council on Aging. | Volunteers provide support for transportation services and support to the 85+ programs and events managed by the Council on Aging. Additionally, this role coordinates the Senior Tax Work Off and Harry Barber programs. | 270 volunteers contributed to the 85+ programs and events hosted by the Council on Aging. Volunteering keeps seniors engaged in the community, reduces isolation, frailty and depression. Increases access to low cost meals and food through the Congregate Meal Site and Food link. Volunteers participate in over 85 programs and events reaching 5,100 participants per year. | Volunteers ST: Maintain the integrity of the program and steward existing volunteers. LT: Increase the number of volunteers for special projects. |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|--|----------------|-----|
| Businesses Assisted | | Persons Served | 552 |
| Households Assisted | | Jobs Created | |

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION
FISCAL YEAR 2019-2020

| Agency & Project Summary Information | |
|---|---|
| I. Contact Information (If application is completed by a Collaborative, provide the contact information for the lead entity only) | |
| Agency/Organization Fidelity House | Project Name Jobs, Jobs, Jobs |
| Contact Lisa Urben | Title Youth Program Director |
| Mailing Address 25 Medford St, Arlington, MA 02474 | Project Location Fidelity House, Fidelity House Day Camp |
| Email fidelityhouseordir@hotmail.com | Phone 781-648-2005 |
| Anticipated Start Dates July, 2019 | Anticipated End Dates June, 2020 |
| Amount of Request \$5000 | Registered on SAM.gov? yes (all applicants must be registered here to receive federal funding) |
| Please Identify the Type of Organization Applying for Funds (<i>Note: More than one may apply</i>) | |
| <input checked="" type="checkbox"/> 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 | |
| Determining 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 page 6 in part I, to determine if your activity is located within an eligible area. | |
| <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 10px;"></div> | |
| <input checked="" 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 program benefit any of the following? <input type="checkbox"/> Abused children <input type="checkbox"/> Elderly persons (age 62 and older) <input type="checkbox"/> Battered spouses <input type="checkbox"/> Homeless persons <input type="checkbox"/> Severely disabled adults (as defined by Bureau of Census*) <input type="checkbox"/> Illiterate adults <input type="checkbox"/> Persons living with AIDS <input type="checkbox"/> Migrant farm workers <input checked="" type="checkbox"/> Other (please specify): | DUNS #: (Note: All entities receiving federal assistance are required to have a DUNS #) 159486745 |

II. General Description

1. Brief Project Description (please avoid using abbreviations)

Fidelity House offers child care job training and employment for teens from low to moderate family income levels.

2. Consolidated Plan Goals and Objectives

This program addresses the Arlington Consolidated Plan for ECONOMIC DEVELOPMENT Objectives • Improve economic opportunities for low-income persons • Creating local employment opportunities

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

Town wide

III. 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; MA Certificate of Good Standing

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

The Arlington Boys & Girls Club participate in the Jobs, Jobs, Jobs program and each agency submits individual requests to use for the funding for teen employment at each facility.

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

This Jobs, jobs, jobs program insures opportunities for teens from low - moderate income families that will benefit the teen, their family and the community they serve.

We have found that teens from low income families may not have the same support system or self confidence to pursue opportunities as teens from higher socio-economic backgrounds. The financial compensation is often used to benefit the teen and their family's basic needs. The job, learning to work with youth, is a lifelong skill that will benefit their interactions with their families & neighbors, their future families and could lead to a rewarding career path.

This program reduces the initial barriers to securing employment, provides training and compensation that benefits them immediately and also invests in their future endeavors.

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

80%+ (if not all) are Arlington Residents.

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.

Application to apply for a job are given to all local high schools, at camp meetings held at Menotomy Manor, available at Fidelity House and alerted through newsletter distributions. All the resources are used to subsidize the low-moderate income youth's childcare employment and training.

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

The Jobs, Jobs, Jobs program offers youth the chance to work locally at Fidelity House & the Arlington Boys & Girls Club.

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.

\$5000 funding request/ 6 youth served = \$833.33/ high schooler.

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

n/a

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

Fidelity House is a non-profit youth center and would need to consider volunteer opportunities only as an option.

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

Fidelity House & the Arlington Boys & Girls Club collaborate with this program.

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.

| 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) | \$5,000.00 | | \$5,000.00 |
| | | | |
| | | | |
| Other: | | | |
| TOTAL PROPOSED BUDGET | \$5,000.00 | | \$5,000.00 |

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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | | | |

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 |
| Provide economic opportunities and childcare job training for teens from low to moderate family income levels. | Insure there are positions available for youth program employment for teens from low to moderate income families. | Training, child care job available at Fidelity House, Fidelity House Day Camp. | Train the teen to work with children, provide weekly job and supervision, provide on the job feedback to enhance performance. | 5- 6 youth will be able to work a season and benefit from the training and experience of college age and professional staff. | ST 1- Low to moderate income youth will receive economic gain. ST 2- Low to moderate income youth will learn employable job skills and gain experience for future employment. LT 1- The youth will positively contribute to their communities as employees, family members and good citizens. |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|--|----------------|---|
| Businesses Assisted | | Persons Served | 6 |
| Households Assisted | | Jobs Created | |

FISCAL YEAR 2019-2020159486745

II. General Description

1. Brief Project Description (please avoid using abbreviations)

Our Menotomy Manor Outreach Program originated to directly address the developmental needs of Arlington's low income youth who reside at Menotomy Manor. It is designed to offer opportunities, reduce the barriers that prevent participation (including location and financial barriers) and help assimilate the youth into community wide programs. The program includes: Summer Camperships and free transportation to/from Fidelity House to attend our Summer Day Camp, free memberships, transportation to and from Fidelity House, participation in and scholarships for our youth programs during the school year and on - site programming during the school year. It is a unique program in Arlington that is able to offer stability, long term benefits and has served well over two thousand children for a sustained period of time since its inception.

2. Consolidated Plan Goals and Objectives

Public Services

Objectives- Provision of essential public services to youth and vulnerable populations.

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

tract 356300 block 1

III. 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; MA Certificate of Good Standing

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

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

The need to increase developmental skills and further the social, physical and emotional growth of the individual is universal. This program insures that more youth in our community have the same opportunities for growth, regardless of financial considerations. Fidelity House has been in operation since 1955 and have been working with the Menotomy Manor community since the 1970's.

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

Yes, all clients are Arlington residents.

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 Youth Program Director is responsible for overseeing the administrative, personnel, supplies and transportation needs of the Program. An adult Outreach Coordinator is responsible for handling the on site daily requirements for the program in addition to adjunct adult/college/high school staff employed in our Summer Day Camp and school year programming. Residents are contacted through mailings, on site meetings, program visibility, local school and housing liaisons, current clientele and brochure listings.

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

We have worked very well with the Arlington Housing Authority to provide the youth/family tenants programming and this will continue.

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.

This overall program offers opportunities year round and the overall cost of the program is much greater than the funding requested. The monetary benefits and allocations varies and is not aptly described with a \$20,000 funding request/ 100 people served = \$200/person model. Looking at one facet of the program, Day Camp, our goal is to offer a minimum of 2 weeks to each child, which this year will require \$740/person. The cost benefit in that example is \$20,000/ 27 child served = \$ 740.74/child.

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

Additional funding is provided through current fundraising endeavors and United Way.

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

The CDBG funding insures we can offer the current programming. In this era where everyone is fundraising, there is limited growth potential and no revenue is generated from the program participants.

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

This is a unique program that incorporates transportation, financial need and location into the service need.

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

Our Day Camp has been at Minuteman Lexington High School for the past 25 years. With the final construction of the new school, a key component of Day Camp, the pool, was eliminated by Minuteman. This year, we will be relocating to a new facility, Regis College, and will incur much higher rental fees than previous summers. Our Menotomy Manor financial allocations will need to increase to insure that a similar amount of kids can benefit from 2 weeks of Day Camp.

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.

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

| Description | A | B | A+B |
|------------------------------------|----------------------|----------------|-----------------------|
| | CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | \$550.00 | \$550.00 mailings |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | \$4000.00 | \$4000.00 |
| Salaries (List relevant positions) | | \$10,500.00 | \$10,500.00 |
| er Day Camp Campe | \$20,000 | | \$20,000.00 |
| Membership and activity scholars | | \$6000.00 | \$6000.00 |
| Other: | | \$3695.00 | \$3695.00 |
| TOTAL PROPOSED BUDGET | \$20,000.00 | \$24,745.00 | \$44,745.00 |

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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | \$15,745.00 | | |
| Private: | \$9000.00 | | |
| Other: | | | |
| Total: | \$24,745 | | |

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 need for youth to increase developmental skills and further the social, physical and emotional growth of the individual is universal and regardless of financial considerations. | Increase both the opportunities and participation of youth that reside at Menotomy Manor, provide prevention/ intervention programming, decrease barriers to participation by providing transportation, be a consistent presence in their developmental years and offer financial assistance year round. | Staffing: Youth Program Director, Outreach Coordinator plus adjunct transport/ college/high school personnel, Bus for transport. Facilities- Day Camp location, Fidelity House and onsite apartment. Scholarships year round. | School year- children receive free memberships, scholarships to programs and transport to & from Fidelity House 2 times a week. Onsite program offered one time a week. Summer- Scholarships to 2+ weeks of Day Camp offered and transportation to/from Fidelity House. | 73 benefit from at least 2 weeks of Summer Day Camp, 27 low-mod income members benefit from school year programming. | ST 1- Increase number of day camp, school year participants that attend. ST 2 - Increase amount of time youth participate in the community wide programs. LT 1- Youth remain good citizens & self reliant in adulthood. |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|----------------------------|--|-----------------------|-----|
| Businesses Assisted | | Persons Served | 100 |
| Households Assisted | | Jobs Created | |

FISCAL YEAR 2019-2020

073802126

II. General Description

1. Brief Project Description (please avoid using abbreviations)

There is an annual need in Town for assistance with program fees. The requests for scholarships have been growing over the last several years. Last year the department received requests for over \$50,000 in program assistance. The department works to accommodate these requests, however it is becoming difficult to support a growing number of requests each year.

2. Consolidated Plan Goals and Objectives

This request meets the public services objective by providing recreational opportunities to youth in the community. It is critical for youth to be able to socialize with their peers enabling them to develop life long skills in communication, problem solving and team building. It is a goal of our programs that youth are able to build the skills necessary for problem solving and creative thinking.

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

All residents have the ability to access our programs. We look to offer our programs at different locations throughout the community so that those who have difficulty with transportation can still have an opportunity to participate in recreational programs. We will strategically locate our programs with higher demand.

III. 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; MA Certificate of Good Standing

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

n/a

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 should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

There is a continued need to support families that can not afford to send their children to programs. These programs provide a high level of child care during off school hours.

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

Yes. Even though our programs are open to individuals from surrounding communities, only Arlington residents will qualify for these scholarships.

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 Recreation Department staff will manage the project. The staff has worked with a number of families over the years. We work with many groups within-in the community to promote our programs. Scholarship applicants will be reviewed by the department staff to confirm eligibility.

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

The Recreation Department will continue to partner with other service providers in the community to address the recreational needs of Arlington's Residents.

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:
 $\$10,000 \text{ funding request} / 100 \text{ people served} = \$100/\text{person}.$

The recreation department has over 11,000 participants who participate in programs throughout the year. We support close to 100 families over the course of the year, providing close to \$50,000 in financial support.

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

Yes. The department supports donations from fellow participants, support from local businesses and in-kind donations to keep costs at low and affordable rates.

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

No. There is an annual need to provide scholarships to support families in need.

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 Recreation Department continues to explore new programs and services for residents. We gather input from participants and continually modify programs to meet the changing needs of the residents.

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.

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: Scholarships | \$13,000 | \$20,000 | \$33,000 |
| 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 | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET | | | |

**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: | Donations | \$10,000 | Pending |
| Other: | Support | \$10,000 | Pending |
| Total: | | | |

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 |
| Address the continued need to provide support to families that can not afford to send their children to programs. | Assist families to support with additional funding. | Department staff will be utilized to review applications, monitor and report on participants served. | The department offers a wide variety of programs to serve the needs of participants of all ages and abilities. | The department supports close to 100 individuals in 65 families annually with scholarships. | 1. Increased opportunities to socialize with peers (ST/LT). 2. Increased ability to problem solve and independently resolve conflict (LT). 3. Improved Social Skills (LT). |

Nationally Reportable Outputs

Please indicate the number of outputs expected

| | | | |
|---------------------|--|----------------|--|
| Businesses Assisted | | Persons Served | |
| Households Assisted | | Jobs Created | |