



## TOWN OF ARLINGTON

MASSACHUSETTS 02476

781 - 316 - 3090

### DEPARTMENT OF PLANNING and COMMUNITY DEVELOPMENT

## Community Development Block Grant Program Year 48/Fiscal Year 23 Requests for Funding

### **Applicant Summary:**

#### Housing

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Caritas Communities

Arlington Housing Authority

#### Public Facilities and Improvements

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Arlington Department of Public Works & Disability Commission

Food Link, Inc.

Town Manager's Office, Facilities Department, & Department of Public Works

#### Public Services

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Arlington Boys and Girls Club

Arlington High School Athletics

Arlington Public Schools

Operation Success Learning Center/Arlington Housing Authority

Arlington Youth Counseling Center

Arlington Council on Aging

Fidelity House

Recreation Department

#### Planning & Administration

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Department of Planning and Community Development

**TOWN OF ARLINGTON**  
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
**Program Year 48 (FY23) - Summary of Requests for Funding**

<b>CDBG Program Activity</b>	<b>Organization/Department</b>	<b>PY48 Request</b>
<b>HOUSING</b>		
Improving Affordable Housing at 12 Russell Terrace	Caritas Communities	\$ 110,000
Hauser Building Roof Replacement**	Arlington Housing Authority	\$ 250,000
<b>Sub-total</b>		<b>\$ 360,000</b>
<b>PUBLIC FACILITIES AND IMPROVEMENTS</b>		
Annual Curb Ramp Updates	Arlington Disability Commission + DPW	\$ 125,000
Solar Panel Installation to Decrease Energy Dependence and Green House Gas Emissions	Food Link, Inc.	\$ 73,000
Robbins Memorial Flagstaff Plaza at Town Hall	Town Manager's Office, Facilities Dept, DPW	\$ 133,000
<b>Sub-total</b>		<b>\$ 331,000</b>
<b>PUBLIC SERVICES</b>		
Scholarship Program	Arlington Boys and Girls Club	\$ 20,000
Swim Safety Program**	Arlington Boys and Girls Club	\$ 5,000
APS Family Welcome and Information Center**	Arlington Public Schools	\$ 20,000
Athletic Scholarships	Arlington High School	\$ 8,000
Operation Success Learning Center	Arlington Housing Authority	\$ 6,000
Mental Health Counseling and Support Services	Arlington Youth Counseling Center (AYCC)	\$ 19,000
Adult Day Health	Council on Aging	\$ 20,000
Transportation Program	Council on Aging	\$ 31,540
Volunteer Coordinator	Council on Aging	\$ 52,922
Jobs, Jobs, Jobs	Fidelity House	\$ 5,000
Menotomy Manor Outreach Program	Fidelity House	\$ 20,000
Program Scholarships	Recreation Department	\$ 13,000
<b>Sub-total (estimated statutory limit: \$173,000)</b>		<b>\$ 220,462</b>
<b>PLANNING &amp; ADMINISTRATION</b>		
Planners	Planning and Community Development	\$ 54,000
Planning Studies	Planning and Community Development	\$ 66,000
Annual Town Survey	Envision Arlington	\$ 2,000
Grants Administrator (salary + benefits)	Planning and Community Development	\$ 81,226
General Administration	Planning and Community Development Department	\$ 18,500
<b>Planning &amp; Admin. Sub-total (estimated statutory limit: \$225,000)</b>		<b>\$ 221,726</b>
<b>TOTAL</b>		<b>\$ 1,133,188</b>

\*\* denotes new project or applicant



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Caritas Communities, Inc

Contact Name:

Sarah Fendrick

Title:

Grants Manager

Mailing Address:

25 Braintree Hill Office Park, Suite 206, Braintree, MA 02184

Email Address:

sfendrick@caritascommunities.org

Phone:

917-903-1946

DUNS #: 188185805

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☒ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☐ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

Improving Affordable Housing at 12 Russell Terrace

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

09/01/2022

Anticipated End Date:

05/01/2022

Amount of Request:

Project Address(es):

12 Russell Terrace, Arlington, MA 02474

C. Eligibility

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

Low/Moderate Income Benefit:

☐ Low/Moderate Income Area Benefit (LMA): the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_

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

☒ Low/Moderate Housing (LMH): the activity provides 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.

☐ Low/Moderate Jobs (LMJ): the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:

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

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

Urgent Need:

☐ Urgent Need: the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☒ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☒ Elderly persons (age 62 and older)

☒ Battered spouses

☒ Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☒ Other (please specify): Veterans

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 20

Households Assisted: 20

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>									
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i>  Caritas Communities is requesting funds to improve the safety, accessibility, functionality, and longevity of our affordable housing residence in Arlington at 12 Russell Terrace, home to 20 low-income individuals. We would like to renovate seven currently dilapidated bathrooms, including one handicapped accessible bathroom, and repair and renovate the house's communal residential kitchen. This project will demonstrate to our residents that their health and safety is paramount and will enable Caritas to practice our mission by restoring dignity to our Arlington home, showing residents that their homes are properly cared for, and extending the use of the building for another several decades.									
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i>  In Fall 2021, Caritas completed the security upgrades at both residences and the exterior projects. In November we began work on the bathrooms improvement projects at 22 Fessenden. This work has stopped temporarily due to supply chain issues (delays with construction materials), staff illness (Covid) and some staff changes. We anticipate the work will commence again in several weeks and all improvements for this round of CDBG funding will be completed by the end of the grant period (June 2022).									
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i>  <small>Capital renovations are evaluated by adherence to schedule and budget, as well as inspections to ensure that the project meets our quality standards. These evaluations and inspections will take place regularly throughout the duration of the project. Due to the condition and age of the residences, our Director of Facilities projects that each bathroom will take about 2-3 weeks, (anticipating delays with the supply chain and issues with modernizing Victorian period plumbing) and the kitchen will require 3 weeks to complete. Any unanticipated disruptions to this schedule will be managed appropriately. Caritas also gathers feedback from the residents as to their enjoyment of the living space once the project is completed. Feedback from residents comes through individual interactions with Resident Service Coordinators and Property Managers who report on morale within the houses, and in resident satisfaction surveys as well as exit surveys for residents leaving our properties. We also track maintenance requests and resident retention rates to measure satisfaction with the condition of our housing. We believe that the quality of the living environment is critical to the success of the program. Overall, we expect that this project will enable Caritas to better care for the health and well-being of the residents in Arlington. When other homes in our portfolio have been improved, residents express their joy and pride in their home, and a feeling of being cared for and respected. If outputs and outcomes are not achieved as planned due to problems with personnel or structural complications, our professional staff will troubleshoot to come up with the most appropriate solutions to bring the project to a successful conclusion.</small>									
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <table><tr><td><input checked="" type="checkbox"/> Town of Arlington Master Plan</td><td><input type="checkbox"/> Fair Housing Action Plan</td><td><input type="checkbox"/> Net Zero Plan</td></tr><tr><td><input checked="" type="checkbox"/> Housing Plan</td><td><input type="checkbox"/> Open Space &amp; Recreation Plan</td><td><input type="checkbox"/> Other _____</td></tr><tr><td colspan="3"><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</td></tr></table> <i>Please explain which goals and/or strategies the proposed project advances:</i>  Our project supports the Town of Arlington’s goal to update existing affordable housing. According t	<input checked="" type="checkbox"/> Town of Arlington Master Plan	<input type="checkbox"/> Fair Housing Action Plan	<input type="checkbox"/> Net Zero Plan	<input checked="" type="checkbox"/> Housing Plan	<input type="checkbox"/> Open Space & Recreation Plan	<input type="checkbox"/> Other _____	<input type="checkbox"/> Connect Arlington Sustainable Transportation Plan		
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<input type="checkbox"/> Connect Arlington Sustainable Transportation Plan									
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <table><tr><td><input checked="" type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</td></tr><tr><td><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</td></tr><tr><td><input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</td></tr><tr><td><input type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</td></tr></table>	<input checked="" type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing	<input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities	<input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments	<input type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments					
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<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <table><tr><td><input type="checkbox"/> Town wide</td></tr><tr><td><input checked="" type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?</td></tr></table> The project serves12 Russell Terrace in the CDBG Eligible Block Group (356702.3) in the Town of Arlington, MA. _____	<input type="checkbox"/> Town wide	<input checked="" type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?							
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<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <table><tr><td><input checked="" type="checkbox"/> No, not available from other providers in the community</td></tr><tr><td><input type="checkbox"/> Yes, available from other providers in the community (please explain_____)</td></tr></table>	<input checked="" type="checkbox"/> No, not available from other providers in the community	<input type="checkbox"/> Yes, available from other providers in the community (please explain_____)							
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<b>E. Attachments</b>									
The following attachments must accompany this proposal: <table><tr><td><input checked="" type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)</td></tr><tr><td><input checked="" type="checkbox"/> One (1) copy of agency’s most recent financial audit</td></tr><tr><td><input checked="" type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</td></tr></table> The following attachments are optional and may be used to supplement your proposal: <table><tr><td><input type="checkbox"/> Letters of Support</td></tr><tr><td><input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</td></tr></table>	<input checked="" type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)	<input checked="" type="checkbox"/> One (1) copy of agency’s most recent financial audit	<input checked="" type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing	<input type="checkbox"/> Letters of Support	<input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials				
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Part II. Project Budget

Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.

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

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

B. Construction Projects (Housing, Public Facilities)

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	\$110,000		\$110,000
Acquisition			
Appraisals/Studies			
Design			
Other:			
Other:		Caritas Salaries \$22.5k +30% fringe (\$6,750K) =\$29,250K	\$29,250
TOTAL PROPOSED BUDGET	\$110,000	\$29,250	\$139,250

C. Summary of Other Funding:

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

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:	Caritas Communities	\$29,250	\$29,250
Total:			

Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support. We are asking for funding to cover the entirety of the construction needs of this project. Caritas Communities operates with 80% of expenses covered by rent, and the remaining 20% from private charitable sources. We also raise funds when possible for capital improvement projects. There is a capital reserve replacement account that supports 12 properties, including the Arlington houses. However, there are not sufficient funds in this account to cover all capital needs for all 12 buildings. Whenever we can secure outside funding it helps Caritas ensure that funds continue to be available in the event of an untimely and expensive expense. (such as the broken sewer line and failed boiler in 2020 at another Arlington property, 22 Fessenden Road, which totaled over \$47,000 in emergency expenditures.

D. Cost-Benefit Analysis:

Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.

TOTAL CDBG REQUEST AMOUNT:

\$ \$110,000

= \$ \$5,500

PER BENEFICIARY

TOTAL NUMBER OF PROPOSED BENEFICIARIES:

# 20

E. Funding Availability:

If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.

If Caritas does not receive enough funding to complete all seven bathrooms and the kitchen, we can scale back our project to improve what we do have funds for, and reapply next year for funding to complete the remaining improvements at 12 Russell Terrace.

CDBG Application, Town of Arlington, Program Year 48

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Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>The project to improve Caritas affordable housing at 12 Russell Terrace will address a priority need in the Town of Arlington 5-Year Consolidated Plan by improving the condition of existing affordable housing in the Town of Arlington. The current state of the bathrooms is dire: each bathroom has broken tiles, water damage, inaccessible showers, and mold. The renovations are sorely needed to provide residents the dignity of clean, well-functioning and well-maintained bathrooms. The kitchen is dilapidated with broken cabinets and non-working appliances. This project will eliminate current health, accessibility and safety issues, make the property more functional, and extend the use of the house for another several decades.</p>	
B. GOAL	
<p>This project will improve the safety, accessibility, functionality, and longevity of seven bathrooms and one communal kitchen at 12 Russell Terrace, an affordable housing residence in Arlington.</p>	
C. INPUTS	
<p>The project would be overseen by Tom Nee, Caritas’ Senior Operations Director, who is a 25-year resident of Arlington. The town of Arlington has a long-standing relationship with Caritas Communities and regularly refers individuals with housing needs to us. During the duration of the project, the Senior Operations Director will also oversee and coordinate execution of the project. Construction materials will be procured by the Director of Facilities and maintenance staff. In addition, 12 Russell Terrace has a Site Manager who lives on in the building and a Resident Services Coordinator who works directly with residents, and they will work to ensure that residents are informed and mitigate any inconveniences on daily life during the project.</p> <p>The Caritas Communities staff is highly experienced in managing renovation projects on time and on budget. We have performed countless renovations across our 33 buildings portfolio. A recent HUD REAC inspection of 12 of our homes earned a score of 91, which is an exceptionally high rating, demonstrating our commitment to quality.</p>	
D. ACTIVITIES	
<p>The project will make the bathrooms and kitchen at 12 Russell Terrace safer, more functional and more accessible for all 20 residents, including the elderly and disabled. The project will address the health and safety issues in the seven bathrooms and increase their functionality by fixing the water damage, eliminating mold, re-plastering the walls, replacing broken tiles in the walls and floors, replacing the damaged sinks and inaccessible showers, removing the door in handicap bathroom and installing a new door, installing new tiles, sinks, toilets and faucets, replacing the floors and painting all seven bathrooms. The dilapidated communal residential kitchen will be demolished, existing cabinets and sink will be replaced, walls will be repaired and painted, floor will be repaired (where needed), new countertops, a new sink and faucets will be installed, and appliances will be replaced. These improvements will enable 12 Russell Terrace to last for many years to come.</p>	
E. OUTPUTS	
<p>An affordable housing property in Arlington at 12 Russell Terrace will be made safer, more functional, and more accessible for all 20 low-income, formerly homeless residents, including the elderly and disabled individuals. These updates will show that the community cares about the dignity and well-being of the residents who live there. Furthermore, the property will be properly maintained to extend the life of the building for many decades to come.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>One Arlington affordable housing property will be made safer, more accessible, more improved, and more dignified.</p> <p>Seven safer bathrooms, (free of mold, water damage and cracked floor tiles), and more accessibility to the shower.</p> <p>A safer, more functional communal kitchen.</p> <p>Improved living conditions for 20 LMI, formerly homeless, elderly and disabled residents of Arlington, MA.</p>	<p>Improved longevity for an affordable housing property in Arlington.</p> <p>Improved living conditions for 20 LMI, formerly homeless, elderly and disabled residents of Arlington, MA.</p> <p>Improved bathrooms and kitchen will lead to healthier behaviors among residents of 12 Russell Terrace. (Improved personal hygiene, healthier meals preparation, better choices for daily self-care practices.)</p> <p>Enhanced self-esteem for 20 LMI, formerly homeless, elderly and disabled residents of Arlington, MA from being able to live in well-maintained affordable housing with dignity.</p>





Preventing homelessness. Improving lives. One room at a time.

January 14, 2022

Mallory Sullivan  
Community Development Block Grant Administrator  
Department of Planning and Community Development  
Town of Arlington  
730 Massachusetts Avenue  
Arlington, MA 02476

Re: Improving Affordable Housing at 12 Russell Terrace

Dear Ms. Sullivan:

Caritas's mission is to create safe, affordable housing with services to enable the most vulnerable individuals to live a life with dignity. To this end, we are respectfully requesting a Community Development Block Grant of \$110,000 for renovations for seven bathrooms and the communal kitchen at 12 Russell Terrace, is home to 20 low-income individuals. This project, "Improving Affordable Housing at 12 Russell Terrace", will improve the safety and well-being of these Arlington residents and enhance their overall quality of life.

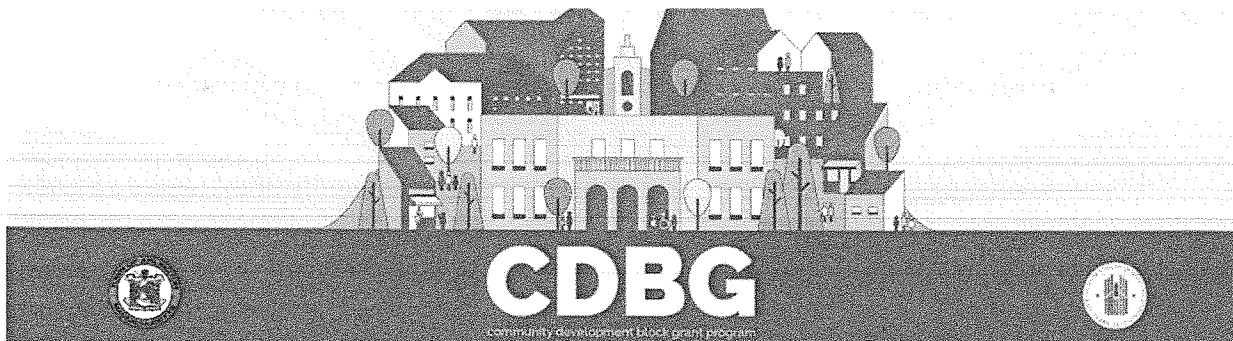
On behalf of the board, staff, and residents of Caritas Communities, we deeply appreciate the opportunity.

All the best,

*Sarah*

**SARAH FENDRICK**  
Grants Manager

**Caritas Communities**  
25 Braintree Hill Office Park, Suite 206 • Braintree, MA 02184  
781.917.2309, ext. 43 • [sfendrick@caritascommunities.org](mailto:sfendrick@caritascommunities.org)



**FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)**  
**PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.**

Part I. Agency & Project Summary Information										
<b>A. Contact &amp; Organizational Information</b> (If application is completed by a Collaborative, provide the lead entity contact only)										
<b>Agency/Organization:</b> Arlington Housing Authority										
<b>Contact Name:</b> Jack Nagle	<b>Title:</b> Executive Director									
<b>Mailing Address:</b> 4 Winslow Street, Arlington, MA 02474										
<b>Email Address:</b> jnagle@arlingtonhousing.org	<b>Phone:</b> (781) 646-3400 x12									
<b>DUNS #:</b> 0523634620000 <small>All entities receiving federal assistance must have a DUNS #.</small>	<b>Registered on SAM.gov?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>All entities receiving federal assistance must be registered on SAM.gov</small>									
<b>Please Identify the Type of Organization Applying for Funds</b> (Note: More than one may apply)										
<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										
<b>Collaborative Partners:</b> If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.										
<b>B. Project Information</b>										
<b>Project Name:</b> Hauser Bldg Roof Replacement Project	<b>Is this project new to your organization?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No									
<b>Anticipated Start Date:</b> Summer/Fall 2022	<b>Anticipated End Date:</b> Fall 2022									
<b>Amount of Request:</b> \$250,000	<b>Project Address(es):</b> 37 Drake Road, Arlington, MA 02476									
<b>C. Eligibility</b>										
<b>National Objectives:</b> This project/activity must meet ONE of the HUD National Objectives listed below. Please check ONE box.										
<p><b>Low/Moderate Income Benefit:</b></p> <p><input type="radio"/> <b>Low/Moderate Income Area Benefit (LMA):</b> the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <a href="https://geomap.fhcc.gov/FHCCGeocMap/geocodeMap1.aspx">https://geomap.fhcc.gov/FHCCGeocMap/geocodeMap1.aspx</a> to determine your activity's census tract code. Census Tract: _____</p> <p><input type="radio"/> <b>Low/Moderate Limited Clientele (LMC):</b> 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</p> <p><input checked="" type="radio"/> <b>Low/Moderate Housing (LMH):</b> the activity provides 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.</p> <p><input type="radio"/> <b>Low/Moderate Jobs (LMJ):</b> the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.</p> <p><b>Slum/Blight:</b></p> <p><input type="radio"/> <b>Slum or Blighted Area (SBA):</b> 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.</p> <p><input type="radio"/> <b>Spot Blight (SBS):</b> 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.</p> <p><b>Urgent Need:</b></p> <p><input type="radio"/> <b>Urgent Need:</b> the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.</p>										
<p><b>Beneficiaries:</b></p> <p>Will all clients be residents of Arlington? If not, please provide a percentage of non-Arlington residents.</p> <p><input checked="" type="checkbox"/> All beneficiaries are Arlington residents</p> <p><input type="checkbox"/> _____% of beneficiaries are Arlington residents</p> <p><b>Does your project benefit any of the following demographics?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Abused children</td> <td><input checked="" type="checkbox"/> Elderly persons (age 62 and older)</td> <td><input checked="" type="checkbox"/> Battered spouses</td> </tr> <tr> <td><input checked="" type="checkbox"/> Homeless persons</td> <td><input checked="" type="checkbox"/> Severely disabled adults (as defined by Bureau of Census*)</td> <td><input type="checkbox"/> Illiterate adults</td> </tr> <tr> <td><input type="checkbox"/> Persons living with AIDS</td> <td><input type="checkbox"/> Migrant farm workers</td> <td><input type="checkbox"/> Other (please specify): _____</td> </tr> </table>		<input type="checkbox"/> Abused children	<input checked="" type="checkbox"/> Elderly persons (age 62 and older)	<input checked="" type="checkbox"/> Battered spouses	<input checked="" type="checkbox"/> Homeless persons	<input checked="" 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): _____
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<input type="checkbox"/> Persons living with AIDS	<input type="checkbox"/> Migrant farm workers	<input type="checkbox"/> Other (please specify): _____								
<p><b>Nationally Reportable Outputs:</b> Please indicate the number of outputs expected for one or more categories.</p> <p>Persons Served: <u>234</u>      Households Assisted: <u>216</u>      Jobs Created: _____      Businesses Assisted: _____</p>										



<b>D. Project Summary</b>									
<p><b>Brief Project Description:</b> <i>Please share a brief "elevator pitch" summary of your project. Please avoid using abbreviations or acronyms.</i></p> <p>This scope of this project includes but is not limited to:</p> <ul style="list-style-type: none"> <li>- The removal of the existing roofing, disposal of stone ballast, and providing temporary support to all rooftop equipment during construction.</li> <li>- The installation of any new rigid insulation that may be required to meet state building code requirements.</li> <li>- The installation of a new light colored/white membrane roofing material. Provide cost comparisons and performance/longevity information at Schematic Design for light modified bituminous, TPO, PVC and any other such roofing material for comparison and evaluation by the project team.</li> <li>- Providing any modifications to vents, curbs, skylights (2 in penthouse), equipment supports, and other rooftop features that may be required by the roofing design.</li> <li>- The replacement of the existing tar &amp; gravel roof over the first floor community room with a new roof similar to the above.</li> </ul>									
<p><b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i></p>    									
<p><b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i></p> <p>There will be numerous checks and balances within this project. This project will be planned, designed, procured and completed in accordance with all Massachusetts procurement laws, regulation and guidance. In addition to AHA staff oversight, there will be Department of Housing and Community Development (DHCD) staff members with construction, architecture and project management experience overseeing the project. An architecture firm known as a "house doctor," will be assigned to design and oversee the project as well. They will schedule checkins, meetings and complete punch lists with the contractor at various phases throughout the projects life. Additionally, in accordance with MGL Ch. 149 the contractor will need to have the appropriate certifications. They will also receive a DCAMM contractor evaluation, which could impact their ability to complete future work for state and local agencies.</p>									
<p><b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i></p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Town of Arlington Master Plan</td> <td><input type="checkbox"/> Fair Housing Action Plan</td> <td><input checked="" type="checkbox"/> Net Zero Plan</td> </tr> <tr> <td><input checked="" type="checkbox"/> Housing Plan</td> <td><input type="checkbox"/> Open Space &amp; Recreation Plan</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</td> </tr> </table> <p><i>Please explain which goals and/or strategies the proposed project advances:</i></p> <p>Master Plan - Article 2 &amp; 4, Net Zero Plan - Change 1, Housing Plan - Meets numerous goals.</p>	<input checked="" type="checkbox"/> Town of Arlington Master Plan	<input type="checkbox"/> Fair Housing Action Plan	<input checked="" type="checkbox"/> Net Zero Plan	<input checked="" type="checkbox"/> Housing Plan	<input type="checkbox"/> Open Space & Recreation Plan	<input type="checkbox"/> Other _____	<input type="checkbox"/> Connect Arlington Sustainable Transportation Plan		
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<input checked="" type="checkbox"/> Housing Plan	<input type="checkbox"/> Open Space & Recreation Plan	<input type="checkbox"/> Other _____							
<input type="checkbox"/> Connect Arlington Sustainable Transportation Plan									
<p><b>Consolidated Plan Goals and Objectives</b></p> <p>Which Consolidated Plan Goal does your project align with? (select one)</p> <p><input checked="" type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</p> <p><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</p> <p><input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</p> <p><input type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</p>									
<p><b>Geographic Distribution of Activities:</b> (Town wide or Census Tract)</p> <p>If the geographic distribution is in a specific area, please note below.</p> <p><input type="checkbox"/> Town wide</p> <p><input checked="" type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?</p> <p>3565.00</p>									
<p><b>Community Availability:</b></p> <p>Is the proposed project available from any other providers in the community?</p> <p><input checked="" type="checkbox"/> No, not available from other providers in the community</p> <p><input type="checkbox"/> Yes, available from other providers in the community (please explain _____ It's one of the few senior affordable housing options )</p>									
<b>E. Attachments</b>									
<p>The following attachments must accompany this proposal:</p> <p><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)</p> <p><input checked="" type="checkbox"/> One (1) copy of agency's most recent financial audit</p> <p><input type="checkbox"/> One (1) copy of agency's MA Certificate of Good Standing</p> <p>The following attachments are optional and may be used to supplement your proposal:</p> <p><input checked="" type="checkbox"/> Letters of Support</p> <p><input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</p>									

## Part II. Project Budget

Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project's acceptance, the Town may request a detailed budget.

### A. Non-Construction Projects/Activities (Public Services, Economic Development)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
<b>TOTAL PROPOSED BUDGET</b>			

**B. Construction Projects (Housing, Public Facilities)** 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	\$250,000	\$216,875	\$466,875
Acquisition			
Appraisals/Studies			
Design		75,375	\$75,375
Other:		20,250	\$20,250
Other:			
<b>TOTAL PROPOSED BUDGET</b>			<b>\$562,500</b>

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

Funding Source	Amount	Committed or Pending
Other Federal:		
State:	DHCD Formula Funding \$312,500	Committed
Local:		
Private:		
Total:		

Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support. The Arlington Housing Authority will also be seeking out sustainability funding through DHCD. These funds will cover the additional costs associated with utilizing materials that will reduce the AHA's carbon footprint and increase energy efficiency. The AHA is also looking to expand the project to include the replacement of the roof over the community room. The inclusion of this additional work will ensure continued use of this important communal space. It will also increase the budget, which makes this funding through CDBG even more important.

**D. Cost-Benefit Analysis:** Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program.  
Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.

TOTAL CDBG REQUEST AMOUNT: \$ 250,000 = \$ 1,068 PER BENEFICIARY  
TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 234

**E. Funding Availability:** If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.

A version of this project will still be able to be carried out, but the scope of the project could change depending on the funds that are available. We would like to include the community room roof, but if there is not sufficient funding we may not be able to complete that portion of the project.

### Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

#### A. NEED STATEMENT

The Hauser Building is one of the Arlington Housing Authority's State-Aided Senior Low Income Public Housing Developments and it is located at 37 Drake Road, Arlington, MA 02476. The replacement of this roof will help ensure the preservation of this important affordable housing site. The Hauser Building is the Arlington Housing Authority's single largest building housing 144 single bedroom units for low income seniors and individuals under the age of 60 years old that have a disability.

The Arlington Housing Authority is requesting funding for the Hauser Building Roof Replacement project. The roof was installed in 1986 with an estimated life span of 25 years. The replacement of this roof will address the infiltration of water into the building and resulting damage done to common areas and resident units as a result of roof related failures. The installation of a white roof will increase energy efficiency and decrease the AHA's carbon footprint.

#### B. GOAL

The replacement of the roof at the Hauser Building will meet Consolidated Plan Goal 1, by preserving this important source of affordable housing and making the building more energy efficient. Delays in roof repair would otherwise lead to additional damages to resident units and potentially result in units being brought off line, which would reduce the availability of affordable housing for Arlington residents. By updating the roof now, the AHA will meet its goal of providing safe, clean and affordable housing. Utilizing available energy efficiency options will help the AHA reduce its carbon footprint while also resulting in cost savings for the Authority.

#### C. INPUTS

This project will be planned, designed, procured and completed in accordance with all Massachusetts procurement laws, regulation and guidance. In addition to AHA staff oversight, there will be Department of Housing and Community Development (DHCD) staff members with construction, architecture and project management experience overseeing the project. DHCD will also assign a certified architecture firm, "house doctor," to design and oversee the project as well. Additionally, in accordance with MGL Ch. 149 the contractor will need to have the appropriate certifications. They will also receive a DCAMM contractor evaluation, which could impact their ability to complete future work for state and local agencies.

#### D. ACTIVITIES

The roof replacement project will provide an important update to the Hauser Building and ensure that this source of affordable housing, one of the largest in Arlington, is preserved for future generations.

Also, residents will not be relocated during this project. There will be minimal if any disruptions to residents throughout the course of this project.

#### E. OUTPUTS

The replacement of this roof will reduce the risk of unit damage due to roof leaks as well as result in increased energy efficiency, utility cost savings and maintenance cost savings for the AHA.

#### F1. SHORT-TERM OUTCOMES

Roof replacement reduces risk of unit damage due to roof leaks.

#### F2. LONG-TERM OUTCOMES

Roof replacement results in lowering carbon footprint, utility cost savings, and maintenance cost savings.



**Arlington**

HOUSING AUTHORITY  
MASSACHUSETTS

[www.arlingtonhousing.org](http://www.arlingtonhousing.org)

4 Winslow Street, Arlington, MA 02474 p: 781-646-3400 f: 781-646-0496

# Addendum 2

***Letters of Support from Hauser  
Building Residents***

12/9/21

I support the Housing  
Authority for getting a new  
roof at 33 Drake Rd.

I live on the seventh floor  
and have had leaks in my  
apartment in the past year.

Carol Harrington  
37 Drake Rd  
Apt 712  
Arlington, Mass.

Dec. 2, 2021

Dear Jack,

Regarding our conversation yesterday, I just want to follow up.

Last winter, I had a leak in my bedroom ceiling, which necessitated my placing a basin under it for 2-3 days. Chris cleaned off a drain on the roof, but it still kept dripping for another 2 days.

Additionally, the year before, there was a large leak in the ceiling right outside my apartment door, which necessitated maintenance's putting a trash barrel under it. Again, it took



Several days for the roofers  
to come and find the hole  
and patch it.

-I know that several  
other people up here on  
the 7th floor have also  
had ceiling leaks.

Sincerely,

Rachel Shen

37 Drake Rd. #716

**Mariann Donovan**

37 Drake Road, Apt. 413  
Arlington, MA 02476  
617-491-1075

December 10, 2021

Mallory Sullivan  
Community Development Block Grant  
730 Massachusetts Avenue  
Arlington, MA 02476

Dear Ms. Sullivan,

I'm writing in support of Jack Nagle's AHA application for CDBG funding to replace the roof of the Hauser Building. A structure with 144 units of low income housing, it is home to over 150 residents.

The roof is 35 years old, having been installed in 1986; its replacement is of the highest priority. Since I'm not a building inspector, I can't speak to the structural problems that can result from a roof in need of replacement. But as a tenant I can speak to the obvious public health issues should a mold infestation develop (not to mention the subsequent costs associated with mold remediation).

I have had the great good luck to live in the Hauser building for over 10 years. Despite its being nearly 50 years old — constructed in 1975 — it remains in excellent condition. Four years ago every window was replaced and a little over 12 years ago new elevators were installed. The Hauser building is a gem in Arlington's low income housing portfolio and it needs to be preserved.

Please join me in my support of this high priority application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mariann', with a large, stylized loop at the end.

Mariann Donovan

Trustee, Arlington Affordable Housing Trust Fund

## Jack Nagle

---

**From:** Graciela Correa <gracecs2009@verizon.net>  
**Sent:** Thursday, December 9, 2021 4:49 PM  
**To:** Jack Nagle  
**Subject:** letter to be correct

CDBG

To whom it may concern:

Dear Sir/dame:

I live here at Drake Village, my home is at the Hauser Building.

The reason of my letter is to support the "Roof replacement project at Hauser Building presented to CDBG by the AHA interim Director Jack Nagle".

The Hauser Building was built in 1961 through 30 years, this building has shown:

- 1- Severe weather damage.
- 2- Many signs of severe water damage.
- 3-Water stains.
- 4-Mold and mildew grow..
- 5-Effects of wind, rain,snow have been shortening the life of the roof.

In order to avoid a total roof collapse it is convenient to replace all the roof,but it can not be possible without the CDBG economic support.

As a Hauser Building resident I send you my appreciation for your help in order to achieve this great project

Sincerely

Graciela Correa  
gracecs2009@verizon.net



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Town of Arlington

Contact Name:

Wayne Chouinard

Title:

Town Engineer

Mailing Address:

51 Grove Street

Email Address:

wchouinard@town.arlington.ma.us

Phone:

781-316-3320

DUNS #: 073802126

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☐ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☒ Unit of Government

☐ Institution of Higher Education

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

Disability Commission

B. Project Information

Project Name:

Annual Curb Ramp Updates

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

July 1, 2022

Anticipated End Date:

June 30, 2023

Amount of Request:

\$125,000

Project Address(es):

various locations throughout town

C. Eligibility

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

Low/Moderate Income Benefit:

☒ **Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: Arlington Block Groups: 3563.00, 3567.02

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

☐ **Low/Moderate Housing (LMH):** the activity provides 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.

☐ **Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:

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

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

Urgent Need:

☐ **Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☐ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☒ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☒ Other (please specify): All that access the public right

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: \_\_\_\_\_

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i>  Installation of curb ramps improves the safety and accessibility for ALL users that choose to use sidewalks and access the public right of way. The Town of Arlington developed an Accessibility Analysis Map to prioritize areas utilized by under-served and vulnerable populations which tend to rely more on public amenities, including parks, open space, community buildings and public transit etc. The DPW; Engineering Division utilizes the Accessibility Analysis Map when planning the curb ramp project and selecting curb ramp locations. If funding is approved the project will include approximately 38 locations within Eligible Block Groups.
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i>  Proposed work was completed in the previous construction season, increasing accessibility in areas of work. Progress was similar to previous years.
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i>  The GIS Access Analysis Map is utilized as a tool for selecting project locations. This tool, used in conjunction with the Town's Road Rehabilitation Plans and other sidewalk improvements allows a coordinated approach for coordinated efficiency.
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><div><input checked="" type="checkbox"/> Town of Arlington Master Plan</div><div><input type="checkbox"/> Fair Housing Action Plan</div><div><input type="checkbox"/> Net Zero Plan</div></div> <div><div><input type="checkbox"/> Housing Plan</div><div><input type="checkbox"/> Open Space &amp; Recreation Plan</div><div><input type="checkbox"/> Other <u>ADA Transition Plan</u></div></div> <div><input checked="" type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div>
<i>Please explain which goals and/or strategies the proposed project advances:</i>  See above check boxes
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <div><div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</div><div><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</div><div><input checked="" type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</div><div><input type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</div></div>
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <div><div><input checked="" type="checkbox"/> Town wide</div><div><input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?</div></div> <div><div>Areas of work were selected using the GIS Accessibility Analysis Map in conjunction with DPW Road Rehabilitation Plans and knowledge of on-going and future work.</div><div></div></div>
<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <div><div><input checked="" type="checkbox"/> No, not available from other providers in the community</div><div><input type="checkbox"/> Yes, available from other providers in the community (please explain_____)</div></div>
<b>E. Attachments</b>
The following attachments must accompany this proposal: <div><div><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)</div><div><input type="checkbox"/> One (1) copy of agency’s most recent financial audit</div><div><input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div></div> The following attachments are optional and may be used to supplement your proposal: <div><div><input type="checkbox"/> Letters of Support</div><div><input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div></div>

## Part II. Project Budget

Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.

**A. Non-Construction Projects/Activities (Public Services, Economic Development)**

Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
<b>TOTAL PROPOSED BUDGET</b>			

**B. Construction Projects (Housing, Public Facilities)**
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	\$125,000.00	\$65,000.00	\$190,000.00
Acquisition			
Appraisals/Studies			
Design			
Other:			
Other:			
<b>TOTAL PROPOSED BUDGET</b>			

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

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:	DPW: Capital Funds	\$65,000.00	pending (Spring 2022 Town Meeting)
Private:			
Total:			

Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.

Yes. The Town contributes an additional \$65,000 per year to include with the Curb Ramp Project and for improved accessibility goals.

**D. Cost-Benefit Analysis:** Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.

TOTAL CDBG REQUEST AMOUNT:
TOTAL NUMBER OF PROPOSED BENEFICIARIES:

\$
#

NA
= \$
PER BENEFICIARY

**E. Funding Availability:** If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.

Project can still be accomplished, but the number of curb ramps completed would be reduced.



Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>Lack of curb cuts and non-compliant curbs present a physical barrier to many, including those with low vision and mobility impairments, the elderly and those who utilize public transit. Installation of and improvements to curb ramps to ADA compliance will increase the use of and accessibility to sidewalks through this project. Additionally, improvements will add the ease of general use for all pedestrians including those utilizing mobility devices and strollers.</p>	
B. GOAL	
<p>Adding accessibility opportunities where there are none and improving accessibility on existing infrastructure in compliance with ADA goals will provide a safer accessibility for all residents and users.</p>	
C. INPUTS	
<p>The Engineering Division in conjunction with the DEI &amp; ADA Coordinator and the CDBG Coordinator will ensure that the communication and administrative requirements for the grant are adhered to and construction/reconstruction will meet ADA and MA AAB requirements.</p>	
D. ACTIVITIES	
<p>Work includes improvements to curb ramps, sidewalks and bus stops if in the proximate area of the curb ramp work. The average cost of curb ramp installation is between \$2,500 and \$4,500. Prices typically vary depending on topography and specific road conditions, but at all times the project planning and implementation takes into consideration the main goal of increasing accessibility and mobility. Any COVID19 Requirements of the Town will apply to Contractors.</p>	
E. OUTPUTS	
<p>There were approximately 61 curb ramps updated in the previous year. The current plan for this CDBG Season includes 50 Curb Ramp locations. Costs may vary depending on site variabilities including abutting properties, slope and topography, and conditions of existing infrastructure. If additional curb ramps locations are possible with available funds, locations from the next years project plan may be utilized.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>Increased safety and accessibility for users and ease of use for those with physical and mobility impairments.</p>	<p>Increased safety and accessibility for users and ease of use for those with physical and mobility impairments.</p>



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Food Link, Inc

Contact Name:

Rachel Albert

Title:

Executive Director

Mailing Address:

108 Summer Street, Arlington, MA 02476

Email Address:

ralbert@foodlinkma.org

Phone:

781-819-4225

DUNS #: 07-975-8062

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☒ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☐ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

Decrease Energy Dependence and Green House Gas Emissions via Solar Panel Installation

Is this project new to your organization?

☒ Yes

☐ No

Anticipated Start Date:

September 2022

Anticipated End Date:

December 2022

Amount of Request:

\$72,828

Project Address(es):

108 Summer Street, Arlington, MA 02474

C. Eligibility

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

Low/Moderate Income Benefit:

☐ Low/Moderate Income Area Benefit (LMA): the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_

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

☐ Low/Moderate Housing (LMH): the activity provides 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.

☐ Low/Moderate Jobs (LMJ): the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:

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

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

Urgent Need:

☐ Urgent Need: the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☐ All beneficiaries are Arlington residents

☒ 8 - 10 % of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☒ Elderly persons (age 62 and older)

☐ Battered spouses

☒ Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☒ Other (please specify): Food Insecure all

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 6,000

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>									
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i>  In 2021 Food Link opened the Hub at 108 Summer Street after completing the renovation of a blighted building (formerly Napa Auto Parts). One of the core principles of Food Link's mission is environmental sustainability, and the Hub was designed with energy efficiency as one of its primary goals. Food Link is currently seeking funding for the installation of rooftop solar panels in its ongoing commitment to model environmental sustainability throughout its operations Hub. Rooftop solar generation will provide Food Link with the ability to generate clean local energy and reduce greenhouse gas emissions. As Food Link continues its work to reduce food waste to alleviate hunger and contribute to environmental sustainability, installing rooftop solar will support its environmental goals by producing clean, renewable energy. This will further support the community mission of a greener, more sustainable Arlington.									
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i>  Food Link opened the operations Hub at 108 Summer Street in March 2021. The purchase of the former Napa Auto Parts facility and the related renovation project were made possible in large part through funding from the Town of Arlington Community Development Block Grants. The new Hub features 300 square feet of cold storage, a loading dock, and indoor spaces for food sorting. These components greatly enhance Food Link’s ability to provide fresh, nutritious rescued food to Arlington and Eastern Massachusetts residents living with food insecurity.  In June 2021, Food Link was awarded \$46,667 in CDBG funding to support a generator and complementary air filtration system for the operations Hub. The installation of the generator is currently underway, with delays in installation due to supply chain issues. Once complete, the system will support the community in the event of a weather or infrastructure-related power outage. (The HVAC system installed during renovation satisfied all the building's air filtration needs, and additional components were not required.) While the Hubs is already functioning with a high level of service to the community and environmental efficiency, Food Link continues to explore ways to make the building even more energy-efficient. The installation of solar panels is a critical component of the organization's vision for full sustainability.									
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i>  Food Link’s consultant Larry Slotnick will work with Executive Director Rachel Albert to create a bidding process for the project. Once a bidder is selected Larry Slotnick will oversee the project to ensure that installation is completed on schedule. Food Link will evaluate the success of the project both on the size of the array installed (25 kWDC ) based on the realization of electricity output at the production rate of 26,877 kWh/year as estimated in the attached proposal (subject to weather conditions). The project will be evaluated based on its availability (time that the system is not down due to maintenance or repairs).									
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <table><tr><td><input type="checkbox"/> Town of Arlington Master Plan</td><td><input type="checkbox"/> Fair Housing Action Plan</td><td><input checked="" type="checkbox"/> Net Zero Plan</td></tr><tr><td><input type="checkbox"/> Housing Plan</td><td><input type="checkbox"/> Open Space &amp; Recreation Plan</td><td><input checked="" type="checkbox"/> Other <u>Health and Wellness</u></td></tr><tr><td colspan="3"><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</td></tr></table> <i>Please explain which goals and/or strategies the proposed project advances:</i>  See attached PDF Town Goals	<input type="checkbox"/> Town of Arlington Master Plan	<input type="checkbox"/> Fair Housing Action Plan	<input checked="" type="checkbox"/> Net Zero Plan	<input type="checkbox"/> Housing Plan	<input type="checkbox"/> Open Space & Recreation Plan	<input checked="" type="checkbox"/> Other <u>Health and Wellness</u>	<input type="checkbox"/> Connect Arlington Sustainable Transportation Plan		
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<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <table><tr><td><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</td></tr><tr><td><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</td></tr><tr><td><input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</td></tr><tr><td><input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</td></tr></table>	<input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing	<input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities	<input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments	<input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments					
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<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <table><tr><td><input checked="" type="checkbox"/> Town wide</td></tr><tr><td><input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?  _____</td></tr></table>	<input checked="" type="checkbox"/> Town wide	<input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?  _____							
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<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <table><tr><td><input checked="" type="checkbox"/> No, not available from other providers in the community</td></tr><tr><td><input type="checkbox"/> Yes, available from other providers in the community (please explain _____)</td></tr></table>	<input checked="" type="checkbox"/> No, not available from other providers in the community	<input type="checkbox"/> Yes, available from other providers in the community (please explain _____)							
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<b>E. Attachments</b>									
The following attachments must accompany this proposal: <table><tr><td><input checked="" type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)</td></tr><tr><td><input checked="" type="checkbox"/> One (1) copy of agency’s most recent financial audit</td></tr><tr><td><input checked="" type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</td></tr></table> The following attachments are optional and may be used to supplement your proposal: <table><tr><td><input type="checkbox"/> Letters of Support</td></tr><tr><td><input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</td></tr></table>	<input checked="" type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)	<input checked="" type="checkbox"/> One (1) copy of agency’s most recent financial audit	<input checked="" type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing	<input type="checkbox"/> Letters of Support	<input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials				
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<input type="checkbox"/> Letters of Support									
<input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials									

Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
Installation of Rooftop solar panels	\$72,828		\$72,828
TOTAL PROPOSED BUDGET	\$72,828		\$72,828
B. Construction Projects (Housing, Public Facilities) 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	72,828		72,828
Acquisition			
Appraisals/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET	72,828		72,828
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Total:			
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 72,828 = \$ 12.14 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 6,000</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
If the CDBG funding is less than the total cost of \$72,828, Food Link will seek private funding from individual donors or through additional grant funding from private and family foundations. Food Link can utilize other avenues for funding to ensure the completion of the project. However, the ideal scenario is to fully fund this project through the Town of Arlington’s CDBG funds. Support from the CDBG will allow Food Link to utilize other financial resources for the direct program costs of rescuing and distributing much needed fresh food to the low-income residents of Arlington and surrounding communities.			

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>One of the needs identified by the Town of Arlington is to reduce greenhouse gas emissions.</p> <p>This project will address this need by</p> <ul style="list-style-type: none"><li>1) reducing the community’s overall net energy consumption,</li><li>2) assigning the environmental attributes of the project’s output to the town so the town can claim the greenhouse gas emission reductions.</li></ul> <p>A project of this size and configuration will typically produce 25,000 kWh annually of clean, renewable energy.</p>	
B. GOAL	
<p>The installation of solar panels will reduce Food Link’s electricity costs, allowing the organization to dedicate more of its resources to sourcing and distributing fresh food to the low to low-moderate income households in Arlington and surrounding communities.</p> <p>In addition contributing to a greener more sustainable community will benefit the health and wellbeing of all residents.</p>	
C. INPUTS	
<p>Procurement, design, construction and operation of the project.</p> <p>Staff, consultant, and volunteer oversight of the project</p> <p>Rachel Albert – Executive Director</p> <p>Larry Slotnick – Project Manager</p> <p>Tom Michelman – Volunteer, Renewable Energy Policy Consultant</p>	
D. ACTIVITIES	
<p>This project is directly related to cost saving measures and environmental impact.</p> <p>The activities will be internally focused.</p>	
E. OUTPUTS	
<p>1) Electricity will be consumed by Food Link on site, thereby decreasing its utility-supplied electricity consumption</p> <p>2) Production of Massachusetts Class I Renewable Energy Certificates (RECs) which are imbued with all the environmental attributes of the solar projects energy production. Note: Food Link plans to Not Enroll in the SMART Program and therefore retain the RECs for voluntary retirement.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>Food link will work with the Town of Arlington to voluntarily retire the project’s renewable energy certificates (RECs) to contribute to Arlington’s Net Zero Carbon Emissions Goals</p>	<p>The retirement of the projects RECs has both short-term and long-term outcomes as the projects expected life is 25 years.</p>

**Town of Arlington Goal:**

*Please explain which goals and/or strategies the proposed project advances:*

Food Link contributes to the health and wellness of the community and increases access to health and social service activities by rescuing and distributing nutritious fresh food – produce, meat, dairy, and bread. Food Link distributes the rescued food to recipient agencies within and around the Town of Arlington, providing access to fresh, nutritious food for residents (mostly low-income residents) living with food insecurity. For the past ten years, through its partnerships, Food Link has provided fresh food to Arlington EATS, the Arlington Boys and Girls Club, Wayside Youth and Family Services, and to housing facilities for low income, senior, disabled, and residents transitioning from homelessness through Cusack Terrace, Chestnut Manor, Menotomy Manor, and Caritas Communities.

Food Link provides rescued food for 6,000 Arlington residents, 8% of the 75,000 residents served throughout Eastern Massachusetts. Food Link collects 20-25% of the rescued food from the Town of Arlington and distributes 10% of that rescued food back to the community.

By rescuing healthy food and ensuring that it does not end up in landfills, Food Link further supports the health of its communities through its contributions to environmental sustainability. In the Town of Arlington, Food Link collects food that would otherwise be wasted from Stop and Shop, Whole Foods Market, Trader Joe's, Breadboard and Butternut Bakeries, and Magic Bites. While food rescue is the most impactful element of Food Link's sustainability plan, the organization seeks to model best practices in energy efficiency and waste reduction throughout all components of its operations.





FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Town of Arlington

Contact Name:

James Feeney

Title:

Deputy Town Manager

Mailing Address:

730 Massachusetts Ave.

Email Address:

jfeeney@town.arlington.ma.us

Phone:

(781) 858-8632

DUNS #: 073 802126

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☒ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

Robbins Memorial Flagstaff Plaza at Town Hall

Is this project new to your organization?

☒ Yes

☐ No

Anticipated Start Date:

7/1/2022

Anticipated End Date:

6/30/2023

Amount of Request:

\$150,000.00

Project Address(es):

730 Massachusetts Avenue

C. Eligibility

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

Low/Moderate Income Benefit:

☒ Low/Moderate Income Area Benefit (LMA): the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: Tract: 356601; Block: 7

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

☐ Low/Moderate Housing (LMH): the activity provides 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.

☐ Low/Moderate Jobs (LMJ): the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:

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

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

Urgent Need:

☐ Urgent Need: the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☒ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☒ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify): \_\_\_\_\_

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 4000

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>	
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**Brief Project Description:** *Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.*

This project intends to restore the Plaza surrounding the historic Robbins Memorial Flagstaff sculpted by Cyrus Dallin. As a result of heavy use, deferred maintenance and severe winter conditions, the plaza has entered a state of disrepair, worsening each year. At present, many surfaces are heaved and irregular, presenting myriad accessibility challenges for visitors to Arlington's civic center. Through thoughtful repair and reconstruction, this project intends to restore this feature for safe use, enjoyment and appreciation by this and future generations.

**Returning Applicants:** *Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.*

**Performance Evaluation Plan:** Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?

The materials, methods and construction work performed will be reviewed and approved by the necessary Registered Design Professionals licensed to practice in the Commonwealth of Massachusetts.

**Town of Arlington Goals:** *Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.*

- ☒ Town of Arlington Master Plan
 ☐ Fair Housing Action Plan
 ☐ Net Zero Plan
- ☐ Housing Plan
 ☐ Open Space & Recreation Plan
 ☒ Other ADA Self-evaluation
- ☐ Connect Arlington Sustainable Transportation Plan

*Please explain which goals and/or strategies the proposed project advances:*

Improve program access and enhance usability of our historic Town Hall, grounds and monuments

Consolidated Plan Goals and Objectives	
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Which Consolidated Plan Goal does your project align with? (select one)

- ☐ Improve the Condition of Existing Housing: Provide decent, affordable housing
- ☐ Increase Economic Development Opportunities: Create economic opportunities
- ☒ Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments
- ☐ Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments

**Geographic Distribution of Activities:** (Town wide or Census Tract)

If the geographic distribution is in a specific area, please note below.

- ☐ Town wide
- ☒ Specific Area – Which block group(s)/census tract(s) is/are the project located in?

Block 7 of Tract 356702; however, it is clear the Town Hall serves all residents Town-wide, as well as visitors from all over.

Community Availability:
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Is the proposed project available from any other providers in the community?

- ☒ No, not available from other providers in the community  
☐ Yes, available from other providers in the community (please explain \_\_\_\_\_)

E. Attachments	
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The following attachments must accompany this proposal:

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

The following attachments are optional and may be used to supplement your proposal:

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

Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
TOTAL PROPOSED BUDGET			
B. Construction Projects (Housing, Public Facilities) 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	\$133,000		
Acquisition			
Appraisals/Studies			
Design	\$17,000		
Other:			
Other:			
TOTAL PROPOSED BUDGET	\$150,000		
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Total:			
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support. If additional funding is needed to cover unforeseen project expenses, it will be sought from the Town of Arlington's capital or operating budgets.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 150,000 = \$ 37.50 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 4,000</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
Reducing the scope of the project to a certain extent could be considered.			

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>Town Hall is a multi-purpose civic center located in the heart of the community. It houses a number of municipal departments that generate significant foot traffic. Beyond that, the facility functions almost around the clock, serving as a meeting site for a number of municipal boards and a rental venue for myriad private events. The heavy usage of this deteriorating infrastructure located so prominently in the center of Town warrants immediate investment to correct deficiencies and provide safe access routes to the building, as well as the nationally recognized Flagstaff sculpture memorializing Arlington's early cultural history.</p>	
B. GOAL	
<p>This project furthers the objective of enhancing the Town's Public Facilities. Specifically, this restoration intends to remove barriers as well as conditions presenting potential accident hazards created by the built environment, especially for those living with a disability and those over the age of 65. Safe access to and circulation around the facility and its grounds will benefit the Town's more than 45,000 residents and employees that conduct business at this location as well as visitors enjoying Arlington's historically significant and protected grounds.</p>	
C. INPUTS	
<p>The Town of Arlington will undertake this project with staff and resources from the Town Manager's Office with assistance from both the Facilities Department and Department of Public works. The Town will also seek engineering and landscape architectural services from Weston &amp; Sampson.</p> <p>A recent self-evaluation conducted by the Institute for Human Centered Design identified various opportunities to improve program access and enhanced usability via the exterior access routes to the Town Hall facility, which have not been maintained in an operable, working condition over time. This comprehensive self-evaluation process has fostered robust planning for and development of the Town's ADA Transition Plan.</p>	
D. ACTIVITIES	
<p>This will be a design/build construction project primarily aimed at restoring the horizontal hardscape surfaces, including brick and bluestone pavers, as well as restoration of the surrounding site plantings and furnishings to restore the aesthetic qualities of the space.</p> <p>It should be noted the stone and bronze sculptures have recently been restored, and the flagpole has been repaired and painted. This work would provide the ability for mobility-impaired folks to access the monument for enjoyment.</p>	
E. OUTPUTS	
<p>This project will provide stable, firm surfaces and routes that meet accepted flatness and cross-slope standards per the Americans with Disabilities Act. In 2019, there were 4,031 persons in Arlington living with a disability, 69% of whom were 65 years of age or older and commonly had mobility impairments. These residents in particular will benefit from expanded access to barrier-free public facilities.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>This project would provide the opportunity for mobility-impaired residents and visitors to safely access and enjoy the newly restored stone and bronze sculptures, as well as the recently repaired and painted majestic flagpole. Moreover, this project will provide an additional ADA-compliant route through the grounds to Town Hall as an extension of the updated main entrance plaza, used as an assembly space for community gatherings.</p>	<p>This project will provide an additional ADA-compliant route through the grounds to Town Hall as an extension of the previously CDBG-funded update of the main entrance plaza, which is often used as an assembly space for community gatherings.</p>





FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

## Part I. Agency & Project Summary Information

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

**Agency/Organization:**

Arlington Boys & Girls Club

**Contact Name:**

Derek Curran

**Title:**

Executive Director

**Mailing Address:**

60 Pond Lane

**Email Address:**

dcurran@abgclub.org

**Phone:**

781-648-1617

**DUNS #:** 084653286

All entities receiving federal assistance must have a DUNS #.

**Registered on SAM.gov?**

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☒ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☐ Unit of Government

☐ Institution of Higher Education

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

### B. Project Information

**Project Name:**

Scholarship Program

**Is this project new to your organization?**

☐ Yes

☒ No

**Anticipated Start Date:**

July 1st 2022

**Anticipated End Date:**

June 30th 2023

**Amount of Request:**

20,000

**Project Address(es):**

60 Pond Lane

### C. Eligibility

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

**Low/Moderate Income Benefit:**

☐ **Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_

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

☐ **Low/Moderate Housing (LMH):** the activity provides 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.

☐ **Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

**Slum/Blight:**

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

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

**Urgent Need:**

☐ **Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

### Beneficiaries:

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

☐ All beneficiaries are Arlington residents

☒ 75% of beneficiaries are Arlington residents

**Does your project benefit any of the following demographics?**

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify): \_\_\_\_\_

**Nationally Reportable Outputs:** Please indicate the number of outputs expected for one or more categories.

Persons Served: 54

Households Assisted: 35

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>									
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i> <p>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.</p> <p>The Club prides itself on having programs that help enhance the lives of children and help shape their future.</p> <p>The Club offers a broad range of programs in the following five core National Boys &amp; Girls Club program areas; Character and Leadership Development, Education and Career Development, Health and Life Skills, the Arts, and Sports, Fitness, and Recreation.</p> <p>All programs are designed to work towards positive outcomes for youth and reinforce necessary life skills.</p> <p>When children are at the Club, parents know that their children are in a safe place receiving positive direction from a caring and dedicated staff.</p>									
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> <p>We were able to use all of our funds to support many families that needed financial support. We take great pride in not turning away families due to financial constraints. By supporting those who need us most, children are getting valuable time participating in activities that enrich their lives.</p>									
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i> <p>There will be a designated staff member assigned to admin the Scholarship program. This person will be responsible for collecting the necessary information from families seeking financial assistance and will ensure that all income criteria is met. This person will also be responsible for ensuring that the children/families receiving CDBG funds are having a positive experience here at the Arlington Boys &amp; Girls Club.</p>									
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <table><tr><td><input checked="" type="checkbox"/> Town of Arlington Master Plan</td><td><input type="checkbox"/> Fair Housing Action Plan</td><td><input type="checkbox"/> Net Zero Plan</td></tr><tr><td><input type="checkbox"/> Housing Plan</td><td><input type="checkbox"/> Open Space &amp; Recreation Plan</td><td><input type="checkbox"/> Other _____</td></tr><tr><td colspan="3"><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</td></tr></table> <p><i>Please explain which goals and/or strategies the proposed project advances:</i></p>	<input checked="" type="checkbox"/> Town of Arlington Master Plan	<input type="checkbox"/> Fair Housing Action Plan	<input type="checkbox"/> Net Zero Plan	<input type="checkbox"/> Housing Plan	<input type="checkbox"/> Open Space & Recreation Plan	<input type="checkbox"/> Other _____	<input type="checkbox"/> Connect Arlington Sustainable Transportation Plan		
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<input type="checkbox"/> Connect Arlington Sustainable Transportation Plan									
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<b>E. Attachments</b>									
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Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
Scholarships for families	\$20,000		
TOTAL PROPOSED BUDGET	\$20,000		\$20,000
B. Construction Projects (Housing, Public Facilities) 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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:	Club supporters	\$5,000	\$5,000
Total:		\$5,000	\$5,000
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 20,000 = \$ 400 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 50</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
Yes, our program can be funded at a lower amount if needed.			

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>In Arlington many households consist of single parent families or families in which both parents work. As a result children often times may be at home unsupervised during out of school time. This puts children at risk for sedentary screen time, poor food choices, and high-risk social behavior. Being able to provide quality programs for children who may otherwise be at home truly exemplifies what our mission is which is to enable all children, especially those who need us most, to realize their full potential as caring and responsible citizens.</p>	
B. GOAL	
<p>The Club aims to provide a safe place for children where they can have fun and enjoy a positive experience surrounded by their friends and a caring staff. While at the Club children can take part in a wide range of activities that focus on leadership, character development, education, health and life skills, sports, fitness, and recreation.</p>	
C. INPUTS	
<p>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 &amp; Girls Club. Scholarships are granted on a first come first serve basis. Scholarship recipients use funds immediately for programs, usually during summer months.</p> <p>The Club will reach target population by working with other youth agencies, schools, Arlington Youth Consultation Center, and Department of Children and Families. Other avenues that Club will take to reach target population will include Facebook, Arlington Patch, and the Arlington Advocate. Flyer's regarding Club programming will also be placed in and around Arlington.</p> <p>100% of the allotted CDBG funds will go directly to our scholarship eligible families. The Club will take on all administrative costs associated with CDBG funds.</p>	
D. ACTIVITIES	
<p>Affordable childcare would be the major activity to be conducted with the use of CDBG scholarship funds. These funds are primarily used during the summer, with the exception being the last two years due to the pandemic. As a result of the pandemic, CDBG funds have been used for summer programs, as well as during the school year with our ABC Preschool Program, Afterschool Program, and other activities here at the Club.</p> <p>We fully anticipate using the funds, should we receive them this year, for our Summer programs. We are expecting our enrollment to be at or near full capacity, which in turn will result in a far greater need for financial assistance for many families who need care throughout the day during the summer months.</p> <p>Our summer programs are offered for children ages 3 to 17. They are:</p> <p>Creative Explorer program for children ages 2.9 to 5. This is a half day program.</p> <p>Kids Zone program for children ages 5 to 9. This is a full dayprogram.</p> <p>Boating Exploration for children ages 8 to 12. This is a half day program offered in the morning and afternoon.</p> <p>Club Kids Program. This is a drop-in program for children ages 6 to 17. This program is offered 9:00am to 4:45pm for members who want to "drop-in" and participate in Club activities such as the games room, gym, pooletc...</p>	
E. OUTPUTS	
<p>We anticipate providing financial assistance to over fifty children from approximately thirty to thirty-five families.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>Parents and children learn that the Club is a safe place for their child.</p> <p>Childrens self-help skills are developed and enhanced through daily participation in Club activities.</p> <p>Children learn how to cooperate with each other in a group setting.</p> <p>Children are introduced to Club programs and activities.</p>	<p>Children and parents have a positive experience at the Arlington Boys &amp; Girls Club and return for more Club programming.</p>



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

## Part I. Agency & Project Summary Information

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

**Agency/Organization:**

Arlington Boys & Girls Club

**Contact Name:**

Derek Curran

**Title:**

Executive Director

**Mailing Address:**

60 Pond Lane

**Email Address:**

dcurran@abgclub.org

**Phone:**

781-648-1617

**DUNS #:** 084653286

All entities receiving federal assistance must have a DUNS #.

**Registered on SAM.gov?**

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☒ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☐ Unit of Government

☐ Institution of Higher Education

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

### B. Project Information

**Project Name:**

Swim Safety

**Is this project new to your organization?**

☒ Yes

☐ No

**Anticipated Start Date:**

July 1st 2022

**Anticipated End Date:**

June 30th 2023

**Amount of Request:**

5,000

**Project Address(es):**

Swim Safety

### C. Eligibility

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

**Low/Moderate Income Benefit:**

☐ **Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_

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

☐ **Low/Moderate Housing (LMH):** the activity provides 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.

☐ **Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

**Slum/Blight:**

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

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

**Urgent Need:**

☐ **Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

### Beneficiaries:

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

☐ All beneficiaries are Arlington residents

☒ 75% of beneficiaries are Arlington residents

**Does your project benefit any of the following demographics?**

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify): \_\_\_\_\_

**Nationally Reportable Outputs:** Please indicate the number of outputs expected for one or more categories.

Persons Served: 100

Households Assisted: 50

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i>  This swim safety program is being offered to children and families to increase awareness of the importance of being safe when in and around the water. Classes will cover general water safety, home pool water safety, and sun safety with emphasis placed on swimming safely in pools, lakes, rivers and streams as well as rip tides. To quote the American Red Cross, "it only takes a moment. A child or weak swimmer can drown in the time it takes to reply to a text, check a fishing line or apply sunscreen." Having the only recreational indoor swimming pool in Arlington and residing right on Spy Pond, we feel it is of the utmost importance that children and families are aware of swim safety measures that can save lives when around bodies of water.
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> This is a new initiative for the CDBG application process.
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i>  Our Aquatics Director will lead this initiative and be assisted by certified swim instructors who will provide instruction to children and families. Administrative staff will be tasked with tracking enrollment of those from low to moderate income households. Children and families will receive a certificate of completion which will provide a safety checklist consisting of important swim safety skills to remember.
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><input checked="" type="checkbox"/> Town of Arlington Master Plan      <input type="checkbox"/> Fair Housing Action Plan      <input type="checkbox"/> Net Zero Plan <input type="checkbox"/> Housing Plan      <input type="checkbox"/> Open Space &amp; Recreation Plan      <input type="checkbox"/> Other _____ <input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div> <i>Please explain which goals and/or strategies the proposed project advances:</i>
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing <input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities <input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments <input type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</div>
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <div><input checked="" type="checkbox"/> Town wide <input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?  _____</div>
<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <div><input checked="" type="checkbox"/> No, not available from other providers in the community <input type="checkbox"/> Yes, available from other providers in the community (please explain _____)</div>
<b>E. Attachments</b>
The following attachments must accompany this proposal: <div><input checked="" type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS) <input checked="" type="checkbox"/> One (1) copy of agency’s most recent financial audit <input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div> The following attachments are optional and may be used to supplement your proposal: <div><input type="checkbox"/> Letters of Support <input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div>

Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
	\$5,000		\$5,000
TOTAL PROPOSED BUDGET	\$5,000		\$5,000
B. Construction Projects (Housing, Public Facilities) 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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Total:			
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 5,000 = \$ 50 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 100</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
Yes, we will will still be able to provide the swim safety program.			

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>As stated previously, the Club has the only indoor swimming pool in town for recreational use and being located right on Spy Pond, with that carries a responsibility to ensure that as many children as possible learn about the importance of being safe in and around water.</p> <p>According to the Centers for Disease Control, drowning is a leading cause of death for children. For children ages 1 to 14, the CDC states that "drowning is the second leading cause of unintentional injury death after motor vehicle crashes".</p> <p>Knowing how to swim and being safe around water are life skills that stay with you forever.</p>	
B. GOAL	
<p>Our goal is to enroll 100 children, parents, caregivers into this swim safety program.</p> <p>Our American Red Cross Certified Instructors will share their knowledge and training to make sure participants will know how to be safe while being in and around water.</p>	
C. INPUTS	
<p>The Aquatics Director will be assigned the responsibility of overseeing the Swim Safety Program. She is an American Red Cross Instructor and Instructor Trainer. She will designate lifeguards to be in charge of designated stations where they will follow a lesson plans demonstrating proper ways to execute safety techniques and skills. Participants will be monitored to ensure proper execution.</p> <p>The Club will reach it's target population by working with other youth agencies, schools, Arlington Youth Consultation Center, and Department of Children and Families. Other avenues we will take to reach our target population include contacting the Arlington Housing Authority to see how we can connect with families and make them aware of this swim safety program. Other targets will include Facebook, Arlington Patch, the Arlington Advocate as well as other community marketing platforms.</p> <p>In regards to the swim safety program curriculum, materials from American Red Cross will be used. Equipment such as rescue tubes, life-jackets, inflatable rafts, CPR "manikins", laminated skill sheets, and WHALE tales stickers. Whale tale stickers are stickers that help children and families remember safety teaching cues that are taught throughout the swim safety session.</p>	
D. ACTIVITIES	
<p>The swim safety program will consist of 3 class lessons; General Water Safety, Home Pool Safety, and Sun Safety. These lessons will teach children and families the importance of knowing how to safely play in and around water. Each lesson will offer a range of teaching topics.</p> <p>For General Water Safety lesson, topics that will be covered include; importance of learning how to swim and water safety education, watching children in around the water, and water safety activities.</p> <p>For Home Pool Water Safety, topics that will be covered include; reaching, throwing or wading assists, calling for emergency help; Circle of drowning prevention;</p> <p>For Sun Safety lessons, topics to be covered include: Skin damage by the sun, importance of sunscreen, steps to reduce exposure to UV rays, eye damage by the sun.</p> <p>Examples of activities that will take place in the water include:</p> <p>"Reach or Throw don't go" - participants will use a rescue tube to extend out to help an active drowning victim.</p> <p>"Think so you don't sink" - tools and techniques to use when a swimmer finds them-self getting tired in deep water.</p> <p>"Recognizing distressed swimmer" - swimmer that can no longer make any forward motion.</p> <p>Participants will be spaced out in the pool area. Colored cones will be used to maintain distance from others. Participants will also be provided their own equipment.</p>	
E. OUTPUTS	
<p>We anticipate being able to offer this swim safety program to 100 participants.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>Recognize the importance of water safety training.</p> <p>Identify steps to take to remain safe in, on and around water.</p> <p>Identify steps to take to keep their family and guests safe at a home pool.</p> <p>Be able to perform reaching, throwing or wading assists.</p> <p>Understand how sunscreen prevents sunburn and helps prevent skin cancer.</p> <p>Recognize the importance of being sun safe.</p>	<p>Children and families feel more confident around the water and in the sun.</p> <p>An understanding that being aware of your surroundings when around any body of water is extremely important.</p> <p>Confident to share safety information and skills with others.</p>





FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Arlington Public Schools

Contact Name:

Carla Bruzzese

Title:

Director of English Language Learning

Mailing Address:

869 Massachusetts Ave, Arlington, MA 02476

Email Address:

cbruzzese@arlington.k12.ma.us

Phone:

781-316-3523

DUNS #: 073802126

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☒ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

APS Family Welcome and Information Center

Is this project new to your organization?

☒ Yes

☐ No

Anticipated Start Date:

9/1/22

Anticipated End Date:

6/30/23

Amount of Request:

Project Address(es):

869 Massachusetts Ave, Arlington, MA

C. Eligibility

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

Low/Moderate Income Benefit:



**Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: MSA-State-County-Tract: 15764-25-017-3567.02



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



**Low/Moderate Housing (LMH):** the activity provides 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.



**Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:



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



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

Urgent Need:



**Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☐ All beneficiaries are Arlington residents

☒ 99.0 % of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☒ Homeless persons

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

☒ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify): \_\_\_\_\_

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: \_\_\_\_\_

Households Assisted: 200 \_\_\_\_\_

Jobs Created: 1 \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_



<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i>  Arlington Public Schools plans to establish a new Family Welcome and Information Center in 2022. The goal is to advance educational access and increase equity by improving access to information, especially for families who would benefit from a personal connection. The Center will provide a single, centralized location for newcomer and marginalized families to easily access school and community information. They will receive assistance with the student registration process, navigating the technology platforms, and locating community resources. The Center will provide ongoing access to resources and programs and establish stronger family connections with currently marginalized families.
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i>  The district received CDBG funding in FY21 and FY22. However, the funding was to support a K-12 tutoring program for students whose families needed assistance in providing academic supports in addition to the school day in a time when Covid was affecting students and the schools.
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i>  The Center will regularly record the number of visits and the reason for visiting the Family Information Center. Staff at the center will conduct a brief survey of all visitors upon entry and exit of the center. Survey information collected will include reasons for visiting the Center, grade level of students, and other pertinent demographic information. Staff will also follow up with visitors to gather feedback on suggestions for additional services.  A quarterly review of services provided will be conducted to ensure that goals are being met as well as to consider additions/changes to services as the needs of the community evolve.
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><input checked="" type="checkbox"/> Town of Arlington Master Plan      <input type="checkbox"/> Fair Housing Action Plan      <input type="checkbox"/> Net Zero Plan <input type="checkbox"/> Housing Plan      <input type="checkbox"/> Open Space &amp; Recreation Plan      <input type="checkbox"/> Other _____ <input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div> <i>Please explain which goals and/or strategies the proposed project advances:</i>  The project supports Arlington Town Goals of Diversity, Education, and Communication. The Famil
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing <input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities <input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments <input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</div>
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <div><input type="checkbox"/> Town wide <input checked="" type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?  The Family Welcome and Information Center will be located in Arlington High School. _____</div>
<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <div><input checked="" type="checkbox"/> No, not available from other providers in the community <input type="checkbox"/> Yes, available from other providers in the community (please explain _____)</div>
<b>E. Attachments</b>
The following attachments must accompany this proposal: <div><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS) <input type="checkbox"/> One (1) copy of agency’s most recent financial audit <input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div> The following attachments are optional and may be used to supplement your proposal: <div><input checked="" type="checkbox"/> Letters of Support <input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div>

Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
Family Info. Center Coordinator	16,000	10,000	26,000
Info. Center Assistant Stipends	3,000	-0-	3,000
Office supplies, including Chromebook	1,000	1,600	2,600
TOTAL PROPOSED BUDGET	20,000	11,600	31,600
B. Construction Projects (Housing, Public Facilities) 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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:	FY22 Title III Grant	11,600	Pending amendment
State:			
Local:			
Private:			
Total:			
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support. The District has funding already available for this project in the form of the awarded FY22 Title III grant. The District will only need to propose an amendment to the current FY22 Title III grant budget, to reallocate \$10,000 from stipends to salary. This should not present a problem as the use of funds is allocable to the Title III grant, and the use of funds is still for staffing. The FY22 Title III grant is available for two years. This funding is available as the district used less Title III funding than planned during the pandemic as it was unable to run a summer ELL program.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 20,000 = \$ 100 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 200</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
Yes, the information center would just be open to families fewer hours each week.			
Please note, the total number of proposed beneficiaries is based on those who are expected to be the heaviest users of the Center. There will be more families who access the service for a limited need.			

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>Families in the Arlington Public School system do not have equitable access to school programs and information. Approximately 12% of students are low-income. Approximately 5% of students in Arlington are English Language learners - and this figure does not include the number of parents/guardians who do not speak English. These families cannot understand the barrage of school information disseminated all year and are likely to have limited or no regular access to technology. This lack of access and understanding could be alleviated if there was a single, physical location for families to gather information and assistance. Currently, families simply do not know who to ask for assistance and school employees do not know where to refer them. The language barriers and limited access to technology render a significant number of families unable to access educational programs and information in Arlington.</p> <p>A Family Information Center will provide a simple and effective means of breaking down these barriers to information. It will improve equity across the district by providing a single, centralized location for families to gather information and general assistance with navigating the school system - including the numerous technology platforms required to register students, check grades, select classes and electives, and more.</p> <p>Currently, many teachers try to support families with their questions and concerns, but this support is provided in an inconsistent and non-systemic manner.</p>	
B. GOAL	
<p>Establish a centrally-located Family Welcome and Information Center for APS families to connect with school and community resources and services necessary to support their children's development.</p> <p>In particular, the Center will provide equitable access to school information and assist marginalized families with navigating the school system.</p> <p>About 490 new families register annually for Kindergarten at the APS, joining those who are already enrolled. Each year, approximately 200 families with students Preschool-Grade 12 require repeated personal assistance accessing community and school services. All families will be referred to the Center as part of the registration process.</p>	
C. INPUTS	
<p>Family Information Center Coordinator - A part-time salary, to be the equivalent of at least 1.5 days a week including extended evening hours, will be provided for an APS staff member to provide individualized support to APS families. The Coordinator will have experience working with low-income and non-English speaking families, good organizational management and interpersonal skills.</p> <p>Information Center Assistant(s) - to answer phone calls and emails, schedule appointments, provide information and referrals, and general office duties. Available during business hours and certain evenings. These assistants will also be familiar with district services, staff, and will have the ability to provide in-person services as needed, by appointment.</p> <p>Office supplies, including computing devices.</p>	
D. ACTIVITIES	
<p>Planned activities include:</p> <ol style="list-style-type: none"><li>1. Newcomer family orientation</li><li>2. Internet access</li><li>3. Technology support (student registration, PowerSchool, Naviance, Google Classroom, etc.)</li><li>4. Resource center for information about town resources (food pantry, mental health services, tutoring, extracurricular activities)</li><li>5. Free parent/guardian workshops (ie. Registration, PowerSchool, Naviance, Google Classroom, applying to college, )</li><li>6. Family connection/networking events (coffee socials, affinity groups)</li><li>7. ELPAC (English Learner Parent Advisory Council) meeting space</li><li>8. Student assessments when needed</li></ol> <p>The Center will have a dedicated phone line for all inquiries including newcomer families and regular hours for drop-in services (technology assistance, translation, information about town resources).</p>	
E. OUTPUTS	
<p>1. The district will provide individualized support to families who are not able to easily understand and navigate online enrollment and information services in English. Approximately 200 families fall into this category at this time. This number is based on a) the number of families with English Learner students, and b) families whose first language is not English. Families whose first language is not English may try to rely on English-speaking children to navigate adult-oriented systems which puts a severe burden on these families.</p> <p>In addition, all newly registered families will be referred to the Center. Each year the district enrolls about 490 Kindergartners, as well as students arriving for a variety of grades during the school year. The number of additional arrivals is difficult to estimate, but enrollments are active throughout the year.</p> <p>2. Outreach to all 11 public schools Preschool - grade 12 to ensure APS staff are aware of resources offered for their students' families and are encouraged to refer families.</p> <p>3. All English Learner Education families (currently 262) will receive an invitation to open houses offered upon inception of the center.</p> <p>4. A single location for accessing all resources removes the barrier to services faced by families who do not know where to go to gather information/gain assistance navigating school systems.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>1. Address the unmet need for newcomer families - a single location to receive an orientation to the APS system, eliminate confusion about where to go, who to talk to, what to do - provide step by step instructions of the process</p> <p>2. Address the unmet need of existing families regarding ongoing access to information &amp; school technologies</p>	<p>1. Families will gain increased access to information and in turn, will be empowered to engage in their student's education and form stronger community connections.</p> <p>2. District staff (teachers/administrators) will have a trusted resource to refer families to where they will receive comprehensive information about the school district - as opposed to the current inequitable and inconsistent climate where some teachers are able to help families with some information at some schools.</p>

January 13, 2022

To the Community Development Block Grant Subcommittee,

I am aware of the application for a CDBG grant to fund a Family Welcome and Information Center in the Arlington Public Schools (APS). I am fully committed to supporting this APS initiative. Establishing a Family Welcome and Information Center in Arlington supports two important APS goals: access to consistent and equitable instruction and improved communications and outreach to families.

A welcoming location for families to gain access to information and to connect with community resources also aligns perfectly with the town's goals of Community and Citizen Service, Diversity, and Education. Arlington's Diversity goal specifically states: "We will be known for the warm welcome and respect we extend to all."

This project addresses an important unmet need in our community and supports our commitment to provide an education that allows all students to achieve their full potential. Thank you for your consideration.

Sincerely,



Elizabeth C. Homan, Ph.D.  
Superintendent, Arlington Public Schools



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Arlington High School

Contact Name:

John Bowler

Title:

Athletic Director

Mailing Address:

869 Massachusetts Avenue 02476

Email Address:

jbowler@arlington.k12.ma.us

Phone:

781-316-3551

DUNS #:

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☐ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☐ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

Arlington Athletics

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

8/15/2022

Anticipated End Date:

6/20/2023

Amount of Request:

\$8000

Project Address(es):

869 Massachusetts Avenue 02476

C. Eligibility

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

Low/Moderate Income Benefit:



**Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_



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



**Low/Moderate Housing (LMH):** the activity provides 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.



**Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:



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



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

Urgent Need:



**Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☐ All beneficiaries are Arlington residents

☒ 96 % of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☒ Other (please specify): \_\_\_\_\_ High School Students

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 50

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_



<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i> The CDGB grant will provide financial support to Arlington High School students in need and who want to participate in our athletic programs. We have three seasons of sports at Arlington High School fall, winter, and spring and over 30 different activities to chose from. The fees for these activities range from \$100-\$700 based on the activity. Each sport meet 5-6 days a week with peers and coaches and mentors developing confidence, work ethic, communication skills, reinforcement on the priority of healthy-life decisions and acedemic success. We believe that extra-curricular sports are an extension of the classroom and participating in sports will allow students to be educated to the fullest capacity.
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> Last year Arlington High School for a majority of the students was fully remote from September 2020 to May 2021. Athletics allowed our student to meet in person and provide some type of normality to their school year. We had four seasons last year instead of our usual three seasons. In the fall we had 453 students, fall two season 250 students winter 168 students, and spring 432 students. Athletics was more an important then ever this past year because we were able to get students safely out of their homes and help with their mental and physical health.
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i> We will evaluate the progress by comparing the numbers of students we have in our programs from the previous years to see if it increased. We will also look to see if increases students participating in multiple season during the year.
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><input type="checkbox"/> Town of Arlington Master Plan      <input type="checkbox"/> Fair Housing Action Plan      <input type="checkbox"/> Net Zero Plan <input type="checkbox"/> Housing Plan      <input type="checkbox"/> Open Space &amp; Recreation Plan      <input type="checkbox"/> Other _____ <input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div> <i>Please explain which goals and/or strategies the proposed project advances:</i>
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing <input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities <input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments <input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <input checked="" type="checkbox"/> Town wide <input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?  _____
<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <input checked="" type="checkbox"/> No, not available from other providers in the community <input type="checkbox"/> Yes, available from other providers in the community (please explain _____)
<b>E. Attachments</b>
The following attachments must accompany this proposal: <input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS) <input type="checkbox"/> One (1) copy of agency’s most recent financial audit <input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing  The following attachments are optional and may be used to supplement your proposal: <input type="checkbox"/> Letters of Support <input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials

Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
TOTAL PROPOSED BUDGET	\$8,000	0	\$8,000
B. Construction Projects (Housing, Public Facilities) 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/Studies			
Design			
Other:	Student Scholarships		
Other:	\$8,000	0	\$8,000
TOTAL PROPOSED BUDGET	\$8,000	0	\$8,000
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Total:			
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 8,000 = \$ 200 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 40</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
Yes the project would still work. We would just lower the amount given to each beneficiary.			



Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
There are diverse economic levels throughout the community. However, no students should be excluded from an opportunity to develop themselves and to represent their school due to this. We believe that access to the benefits of educational athletics should not be restricted to a certain income level. By offering support, all of our students in the community are able to take part in building relationships, maintaining physical fitness, developing life skills, and having a role in the community.	
B. GOAL	
The goal is to increase the participation in the athletic programs by offering more support to students in financial need.	
C. INPUTS	
100% of the funds we are asking for will go to student's scholarships. Which covers supervision, transportation, uniforms, and equipment.	
D. ACTIVITIES	
The program will allow students that need financial assistance the same opportunity to participate in athletics as other student in different financial positions.	
E. OUTPUTS	
This funding will allow students to be part of High School Interscholastic Sports programming.	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
Allows students to participate in athletic programming, alleviating the financial burden, fostering a culture of equality and unity.	Developing skills such as communication, work ethic, accountability, and commitment while developing relationships.



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

## Part I. Agency & Project Summary Information

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

Agency/Organization: **Operation Success Learning Center**

Contact Name: **Janet Maguire**

Title: **Co-Founder**

Mailing Address: **2 Fremont Court, Menotomy Manor**

Email Address: **jmaguire924@hotmail.com**

Phone: **781-710-5309**

DUNS #:

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☐ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☐ Unit of Government

☐ Institution of Higher Education

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

## B. Project Information

Project Name: **Operation Success Learning Center**

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

**10/01/2022**

Anticipated End Date:

**06/20/23**

Amount of Request: **\$6000**

Project Address(es): **2 Fremont Court, Menotomy Manor**

## C. Eligibility

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

**Low/Moderate Income Benefit:**



**Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_



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



**Low/Moderate Housing (LMH):** the activity provides 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.



**Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

**Slum/Blight:**



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



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

**Urgent Need:**



**Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

**Beneficiaries:**

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

☐ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

**Does your project benefit any of the following demographics?**

☐ Abused children

☐ Elderly persons (age 62 and older)

☒ Battered spouses

☐ Homeless persons

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

☒ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐

Other (please specify): \_\_\_\_\_

Middle/ high school children

**Nationally Reportable Outputs:** Please indicate the number of outputs expected for one or more categories.

Persons Served: **16**

Households Assisted: **16**

Jobs Created: \_\_\_\_\_

Businesses \_\_\_\_\_

Assisted: \_\_\_\_\_

<b>D. Project Summary</b>
<p><b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i></p> <p>Established in 1999 by Janet Maguire and Peggy Regan. Operation Success offers an academic program Monday-Thursday nights from 7:00-8:30 pm for middle and high school residents of Menotomy Manor. It is supervised nightly by 2-3 volunteers. The volunteers are educators within the town as well as citizens of Arlington. Operation Success is an environment where students can bring their homework to receive extra tutoring.</p>
<p><b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i></p> <p><i>Last year COVID-19 was present. It was very hard to evaluate the successes or weaknesses of program due to mandates put in place.</i></p>
<p><b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used? Our plan for evaluating the progress of Operation Success. Is two-fold:</i></p> <div><div>1. The number of participants</div><div>2. School grades</div><div>3. Emotional well-being</div></div>
<p><b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i></p> <div><div><input type="checkbox"/> Town of Arlington Master Plan</div><div><input type="checkbox"/> Fair Housing Action Plan</div><div><input type="checkbox"/> Net Zero Plan</div><div><input type="checkbox"/> Housing Plan</div><div><input type="checkbox"/> Open Space &amp; Recreation Plan</div><div><input type="checkbox"/> Other : <u>Housing/education</u></div><div><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div></div> <p><i>Please explain which goals and/or strategies the proposed project advances:</i></p> <p><b><i>To provide educational opportunities to the residents of low income housing.</i></b></p>
<p><b>Consolidated Plan Goals and Objectives</b></p> <p>Which Consolidated Plan Goal does your project align with? (select one)</p> <div><div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</div><div><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</div><div><input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</div><div><input type="checkbox"/> <b>Increase Access to Jobs, Education, Transportation,</b> and Other Services: Create suitable living environments</div></div>
<p><b>Geographic Distribution of Activities:</b> (Town wide or Census Tract)</p> <p>If the geographic distribution is in a specific area, please note below.</p> <div><div><input type="checkbox"/> Town wide</div><div><input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in? <u>Arlington Housing Development, Menotomy Manor</u></div></div>
<p><b>Community Availability:</b></p> <p>Is the proposed project available from any other providers in the community?</p> <div><div><input type="checkbox"/> <b>No, not available from other providers in the community</b></div><div><input type="checkbox"/> Yes, available from other providers in the community (please explain_____)</div></div>
<b>E. Attachments</b>
<p>The following attachments must accompany this proposal:</p> <div><div><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)</div><div><input type="checkbox"/> One (1) copy of agency’s most recent financial audit</div><div><input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div></div> <p>The following attachments are optional and may be used to supplement your proposal:</p> <div><div><input type="checkbox"/> Letters of Support</div><div><input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div></div>

Part II. Project Budget

Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.

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

Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
Supplies;( Access to Computers, etc )	5,000.00	-----	5,000.00
Compensation to coordinator of program	1,000		1,000
TOTAL PROPOSED BUDGET	6,000.00		6,000.00

B. Construction Projects (Housing, Public Facilities)

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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding:

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

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

Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.

D. Cost-Benefit Analysis:

Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.

TOTAL CDBG REQUEST AMOUNT:

\$ 6,000

= \$

PER 100-150.00

BENEFICIARY TOTAL NUMBER OF PROPOSED BENEFICIARIES:

# 16-30

E. Funding Availability:

If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.

Not really because the center operates on the number of participants in the program.

CDBG Application, Town of Arlington, Program Year 48

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Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT: The community need

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

B.  
All the participants are residents of Menotomy Manor.

C. GOAL  
To continue to provide an educational environment to support the middle and highschool residents meet their educational requirements in school.

- D. INPUTS:
- The supervisor/coordinator retrieves resident status and age for the Arlington Housing Authority to see who qualifies.
  - There are two to three supervisors present each night to provide the individual tutoring

E. ACTIVITIES:

Activities include:

1. Monday-Thursday evening tutorials from 7:-8:30 following the academic school year
2. Emotional –health nights: one per academic year/girls and one for boys
3. Annual cook-out

F. OUTPUTS

The last two years the participation has fluctuated due to COVID-19 mandates and protocols. The overall average before COVID has been 10-15 participants a night.

F1. SHORT-TERM OUTCOMES

Operation Success is open Monday-Thursday Nights

F2. LONG-TERM OUTCOMES

1. Students attend the whole year





FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Town of Arlington/ Arlington Youth Counseling Center

Contact Name:

Colleen Leger

Title:

Executive Director

Mailing Address:

670R Massachusetts Avenue; Arlington, MA 02476

Email Address:

cleger@town.arlington.ma.us

Phone:

781-326-3259

DUNS #: 07-380-2126

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☒ Unit of Government

☐ Institution of Higher Education

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

N/A

B. Project Information

Project Name:

Free and reduced-fee mental health services for youth and families

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

July 1, 2022

Anticipated End Date:

June 30, 2023

Amount of Request:

\$15,000

Project Address(es):

AYCC; 670R Massachusetts Avenue, Arlington, MA 02476

C. Eligibility

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

Low/Moderate Income Benefit:

☐ Low/Moderate Income Area Benefit (LMA): the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_

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

☐ Low/Moderate Housing (LMH): the activity provides 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.

☐ Low/Moderate Jobs (LMJ): the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:

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

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

Urgent Need:

☐ Urgent Need: the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☐ All beneficiaries are Arlington residents

☒ 100% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☒ Abused children

☐ Elderly persons (age 62 and older)

☒ Battered spouses

☐ Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify): \_\_\_\_\_

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 10-20

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i> <p>Arlington Youth Counseling Center (AYCC) is a community-based mental health clinic serving Arlington youth (ages 3-21) and their families. AYCC is the leading provider of 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 committed to ensuring that all community youth and families have access to culturally sensitive and high quality care. To this end, AYCC strives to identify and address systemic inequities that create barriers to care, including financial barriers. AYCC is one of the only providers in the area that accepts youth with public health insurance and 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. AYCC utilizes CDBG funding to provide free and reduced-fee care to low/moderate income families in need of financial assistance.</p>
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> <p>In 2021, despite the challenges of the pandemic, AYCC conducted nearly 8,000 counseling and psychiatry sessions to 310 community youth and their caregivers. More than 5,000 of these sessions were conducted via telehealth, to ensure continuity of care among youth and families who could not access in-person services. While the total number of sessions conducted increased over the previous year, AYCC saw fewer clients overall. We attribute this decrease to greater need and increased engagement among existing clients. An ongoing challenge AYCC faces is a shortage of providers to meet the increased demand for services. AYCC is actively recruiting new clinicians with the hope that we can reduce the wait time for youth and families in need of care.</p> <p>To date in FY22, AYCC has successfully utilized CDBG funding to offer free and reduced-fee mental health counseling and psychiatry to 10 families (8 youth and three adults), providing 131 counseling sessions and 8 psychiatry sessions in total. Without CDBG funds, these families may have declined necessary mental health services due to financial barriers. Likewise, with funding from CDBG, AYCC's Community Resource Specialist was able to support 63 community members in identifying and addressing unmet basic needs by facilitating access to local resources and assistance programs. AYCC's Domestic Violence Specialist was able to resume weekly Domestic Violence Support groups, with attendance ranging from 3-6 women each week. For FY23, AYCC has secured ARPA funds to support the Community Resource and Domestic Violence Specialists positions. For that reason, for FY23, AYCC will request CDBG funds exclusively for free and reduced-fee mental health services for youth and families.</p>
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i> <p>AYCC will utilize its electronic health records (EHR) and billing system to document and track the need for, and distribution of grant funding among AYCC clients throughout the year. Financial barriers among prospective clients will be identified and documented at intake, and reassessed throughout treatment by the Billing Manager and AYCC clinicians. AYCC will also conduct biannual client satisfaction surveys and clinical review of treatment goals and objectives to assess satisfaction with and efficacy of treatment.</p>
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><div><input checked="" type="checkbox"/> Town of Arlington Master Plan</div><div><input type="checkbox"/> Fair Housing Action Plan</div><div><input type="checkbox"/> Net Zero Plan</div><div><input type="checkbox"/> Housing Plan</div><div><input type="checkbox"/> Open Space &amp; Recreation Plan</div><div><input type="checkbox"/> Other _____</div><div><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div></div> <p><i>Please explain which goals and/or strategies the proposed project advances:</i></p> <p>Town of Arlington Master Plan Goal- To coordinate and efficiently deliver town services</p>
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</div> <div><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</div> <div><input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</div> <div><input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</div>
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <div><input checked="" type="checkbox"/> Town wide</div> <div><input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in? <div>AYCC provides outpatient and school-based mental health services to youth (and their families) who live or attend school in Arlington. <div></div></div></div>

Part II. Project Budget

Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.

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

Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies		\$4,000	
EHR software		\$40,000	
Personnel	\$20,000	\$1,147,240	
Other		\$6,500	
TOTAL PROPOSED BUDGET	\$19,000	\$1,198,740	1,217,740

B. Construction Projects (Housing, Public Facilities)

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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding:

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

Funding Source		Amount	Committed or Pending
Other Federal:	ARPA	\$100K	Committed
State:	Department of Mental Health	\$175K	Pending
Local:	Town Subsidy, Fund Balance, School Contract	\$120K-Town; \$68K- Fund Balance; \$40K-Schools	Pending
Private:	Insurance/Client Payments	\$695,740	Pending
Total:		\$1,198,740	

Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.  
Department of Mental Health: Pending submission/approval by State Legislature and Governor  
Town Subsidy and Fund Balance: Pending approval by Town Meeting  
School Contract: Pending approval by Superintendent  
Insurance & Client Payments: anticipated revenue for FY23

D. Cost-Benefit Analysis:

Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.

TOTAL CDBG REQUEST AMOUNT:

\$ 19,000

= \$ 950-1900

PER BENEFICIARY

TOTAL NUMBER OF PROPOSED BENEFICIARIES:

# 10-20

E. Funding Availability:

If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.

Yes, it is AYCC's mission to make high quality mental health services accessible and affordable to all youth and families in the community, regardless of their ability to pay. Historically, CDBG has been a critical and reliable source of funding to support this goal. Should this year's project be funded at a lower amount through CDBG, AYCC would seek out other sources of funding to ensure that no family would be denied services due to financial constraints.

CDBG Application, Town of Arlington, Program Year 48

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Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>One in every five children, ages 3-17, suffers from a mental health disorder in a given year. Untreated, these disorders can have debilitating effects, causing significant functional impairments at home, in school, and socially with peers. Early detection and effective mental health interventions can help to minimize these effects, increase stability, and restore wellbeing in the lives of young people and their families. In Arlington, demand for youth mental health services has increased dramatically over the past five years, as more children and teens express feelings of anxiety and depression. This trend has been further exacerbated by the pandemic, as young people experienced major disruptions in their lives, including school closures, social isolation, economic hardship, and the loss of loved ones. Over the past year alone, AYCC's waitlist has nearly doubled. Despite every effort to meet the growing need, there are currently 154 youth and adult caregivers in the community who are waiting to access mental health services at AYCC. The shortage of available mental health providers has contributed dramatically to delayed access to services at AYCC and elsewhere throughout the mental health field. Fortunately, because of AYCC's free and reduced-fee services (supported by CDBG), Arlington youth and families do not face additional, financial barriers to care at AYCC.</p>	
B. GOAL	
<p>It is AYCC's overarching goal to provide equitable access to mental health services by offering funding support to clients when gaps in coverage, or other financial constraints exist.</p>	
C. INPUTS	
<p>AYCC's Executive Director and Billing Manager will be responsible for overseeing the financial assistance application process for clients, and will manage the allocation of CDBG funding to eligible families.</p> <p>AYCC's intake coordinator will assess for financial need among prospective clients, and will invite prospective clients to complete grant funding applications, as indicated.</p> <p>AYCC clinicians will provide mental health counseling and medication treatment to AYCC clients. Clinicians will also assess and refer clients for financial assistance, as needed, throughout the course of treatment.</p>	
D. ACTIVITIES	
<p>The Executive Director and Billing Manager will update CDBG eligibility criteria in grant documents, and distribute grant applications to families with identified financial need. The intake coordinator will also assess for financial need and distribute grant applications to prospective clients.</p> <p>The Executive Director and Billing Manager will review applications and supporting documentation to determine eligibility for CDBG assistance.</p> <p>The Billing Manager will credit CDBG funding to approved client accounts for outstanding session copayments, insurance deductibles, or other client balances.</p> <p>AYCC clinicians and psychiatrist will provide mental health counseling, psychiatric evaluation, and medication treatment to youth and families of all income levels, regardless of ability to pay.</p>	
E. OUTPUTS	
<p>Income-eligible youth and families who are approved for (CDBG) financial assistance will receive mental health services though AYCC, at no cost to them.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>Youth and families from low/moderate income-earning households will receive mental health services to address their presenting mental health concerns.</p> <p>Fewer admissions to the ER and inpatient hospitalizations for children and teens in the community.</p>	<p>Improved social, emotional, and behavioral functioning among youth- at home, in school, and in the community, as a result of therapeutic counseling and medication treatment.</p> <p>Improved health and wellbeing among Arlington families.</p>





FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Arlington Council on Aging

Contact Name:

Kristine Shah

Title:

Executive Director

Mailing Address:

27 Maple Street

Email Address:

kshah@town.arlington.ma.us

Phone:

781-316-3401

DUNS #: 073802126

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☒ Unit of Government

☐ Institution of Higher Education

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

Cooperative Elder Services, Inc.

B. Project Information

Project Name:

Council on Aging Adult Day Health Scholarships

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

July 1, 2022

Anticipated End Date:

June 30, 2023

Amount of Request:

\$20,000

Project Address(es):

Arlington, MA

C. Eligibility

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

Low/Moderate Income Benefit:

☐

**Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_

☒

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

☐

**Low/Moderate Housing (LMH):** the activity provides 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.

☐

**Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:

☐

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

☐

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

Urgent Need:

☐

**Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☒ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☒ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify): \_\_\_\_\_

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 20

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>									
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i> The Arlington Council on Aging and Cooperative Elder Services collaborate to identify older adults and families that can benefit from day programs. Due to the pandemic and isolation, there is a larger need than ever for Adult Day programs. Caregivers need respite and older adults need socialization in a safe and structured environment. Council on Aging social workers have noted that Adult Day programming is a huge benefit to many, but is cost prohibitive to most of the clients we serve. This grant would provide \$1,000 scholarships/subsidy (equivalent to 12 days of programming) to 20 Arlington Residents so that they can use Adult Day programming at Cooperative Elder Servies, Inc. This partner provides nursing and health care services, meals and other social programs for individuals with medical or cognitive challenges. The services provided at Adult Day Health go above and beyond the services the COA or volunteer groups can provide at the Arlington Senior/Community Center.									
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> The Arlington Council on Aging was able to strengthen our relationship with Cooperative Elder Services this fiscal year. We visited the locaion and met with the full team of caregivers and leaders, discussing their services and updated programming that they provide. We have re-educated our COA social workers about Cooperative Elder Services and they have since been able to make referrals to them of clients that imperitively need the services. We also committed to more community outreach and education around Adult Day programs. For example, we dedicated one episode of our local cable show, Arlington 60+ Connection, to Cooperative Elder Services and the programs that they can provide. What became clear as we focused on this program was that the \$300 scholarship/stipend was not enough to allow people most in need to access Cooperative Elder Services. We discussed and find \$1000 per new client much more impactful, which would allow them 12 days of service (could be split up to once a month for a year, twice a month for 6 months, or weekly for 3 months).									
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i> Quarterly, we discuss outcomes and upcoming goals for Cooperative Elder Services and their adult day health programming. We do this as a team of COA staff, including social workers, and Cooperative Elder Services employees and leadership. We will evaluate sucess based on the number of new Arlington residents that use Cooperative Elder Services programming because of the stipend/scholarship afforded by this grant.									
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <table><tr><td><input checked="" type="checkbox"/> Town of Arlington Master Plan</td><td><input type="checkbox"/> Fair Housing Action Plan</td><td><input type="checkbox"/> Net Zero Plan</td></tr><tr><td><input type="checkbox"/> Housing Plan</td><td><input type="checkbox"/> Open Space &amp; Recreation Plan</td><td><input checked="" type="checkbox"/> Other <u>Age Friendly Action Plan</u></td></tr><tr><td colspan="3"><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</td></tr></table> <i>Please explain which goals and/or strategies the proposed project advances:</i>  Improving awareness and accessibility to community supports and health services for older adults.	<input checked="" type="checkbox"/> Town of Arlington Master Plan	<input type="checkbox"/> Fair Housing Action Plan	<input type="checkbox"/> Net Zero Plan	<input type="checkbox"/> Housing Plan	<input type="checkbox"/> Open Space & Recreation Plan	<input checked="" type="checkbox"/> Other <u>Age Friendly Action Plan</u>	<input type="checkbox"/> Connect Arlington Sustainable Transportation Plan		
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<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <table><tr><td><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</td></tr><tr><td><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</td></tr><tr><td><input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</td></tr><tr><td><input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</td></tr></table>	<input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing	<input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities	<input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments	<input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments					
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<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <table><tr><td><input checked="" type="checkbox"/> Town wide</td></tr><tr><td><input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?</td></tr></table> _____	<input checked="" type="checkbox"/> Town wide	<input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?							
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<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <table><tr><td><input checked="" type="checkbox"/> No, not available from other providers in the community</td></tr><tr><td><input type="checkbox"/> Yes, available from other providers in the community (please explain_____)</td></tr></table>	<input checked="" type="checkbox"/> No, not available from other providers in the community	<input type="checkbox"/> Yes, available from other providers in the community (please explain_____)							
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<b>E. Attachments</b>									
The following attachments must accompany this proposal: <table><tr><td><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)</td></tr><tr><td><input type="checkbox"/> One (1) copy of agency’s most recent financial audit</td></tr><tr><td><input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</td></tr></table> The following attachments are optional and may be used to supplement your proposal: <table><tr><td><input type="checkbox"/> Letters of Support</td></tr><tr><td><input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</td></tr></table>	<input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)	<input type="checkbox"/> One (1) copy of agency’s most recent financial audit	<input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing	<input type="checkbox"/> Letters of Support	<input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials				
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<input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing									
<input type="checkbox"/> Letters of Support									
<input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials									

Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
TOTAL PROPOSED BUDGET	\$20,000	\$0	\$20,000
B. Construction Projects (Housing, Public Facilities) 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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Total:			
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 20,000 = \$ 1,000 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 20</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
Yes. We can adjust the stipend accordingly for any amount awarded.			



Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
Nearly 65% of caregivers in Arlington experience the financial impact of providing quality care for a loved one. This number is likely much higher than reported due to the isolation during the COVID pandemic. In some instances, caregivers are forced to leave their jobs, resulting in significant financial loss to care for a family member. Connecting older adults in need to Adult Day Health services is important because they are services that we can not provide through the Council on Aging and they are crucial.	
B. GOAL	
To reduce the impact of aging and chronic conditions on older adults and their families. To incentivize new families to use the services at Cooperative Elder Services and have a healthier balance of caring for their loved one and caring for themselves.	
C. INPUTS	
Continue outreach to older adults in Arlington about Cooperative Elder Services, the programs they provide, and the stipend that this grant makes available. Continue to educate COA social workers and staff so that they refer necessary families to the services at Cooperative Elder Services.	
D. ACTIVITIES	
Interview past families who have been awarded scholarship so that we can include quotes and motivating content on outreach materials. Organize tours of Cooperative Elder Services for COA Board members and other community stake holders so they can be aware of the services that exist right here in Arlington.	
E. OUTPUTS	
Provide more community enducation and outreach on ACMi and in our printed newsletter to older residents in Arlington about the benefits of Adult Day Health programming.	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
Provide 20, \$1,000 stipends/scholarships for Arlington Residents to use toward Cooperative Elder Services programming.	Arlington families will be more aware of the benefits of Adult Day Health programs and view Cooperative Elder Services as a resource when they need it. They will know to contact the Council on Aging to make this referral and be able to access the most up to date resources and assistance that they are entitled to.



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Arlington Council on Aging

Contact Name:

Kristine Shah

Title:

Executive Director

Mailing Address:

27 Maple Street Arlington, MA 02476

Email Address:

kshah@town.arlington.ma.us

Phone:

781-316-3401

DUNS #: 073802126

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☒ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

Council on Aging Transportation Services

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

July 1, 2022

Anticipated End Date:

June 30, 2023

Amount of Request:

\$31,540

Project Address(es):

Arlington, MA

C. Eligibility

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

Low/Moderate Income Benefit:

☐ Low/Moderate Income Area Benefit (LMA): the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_

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

☐ Low/Moderate Housing (LMH): the activity provides 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.

☐ Low/Moderate Jobs (LMJ): the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:

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

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

Urgent Need:

☐ Urgent Need: the activity alleviates emergency conditions. Please not: use of Urgent Need national objective is rare.

Beneficiaries:

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

☒ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☒ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify): \_\_\_\_\_

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 556

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>									
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i> The Council on Aging Transportation program is one of the most utilized and relied-upon programs run by the department. Thus far, FY22 has proven to be our busiest transportation year to date with over 6,500 rides projected between July 1 and June 30.  The COA operates 2 accessible passenger vans 5 days a week and has a team of 5 part-time drivers. These vans provide rides around town to medical appointments, grocery shopping (both in-town and outside of Arlington for low cost alternatives at Market Basket), personal hygiene appointments, social visits and rides to and from senior programming. Rides help people get to meet with their social workers, the COA Nurse, socialize with their peers or attend an exercise programs or enrichment activity. Older adults who utilize rides for these services are able to be more independent and not isolated in their homes. The transportation program also includes a subsidized taxi service called Dial a Ride, a volunteer led medical escort driving program for appointments outside of Arlington and Uber rides to medical appointments. Recently added in FY22 are partnerships with two new transportation companies, to help us meet the demand and need of medical ride requests outside of Arlington. The COA Transportation department also provides referrals and assistance when partner organizations such as MBTA or MassDot can be helpful to an Arlington resident. We host an annual MBTA CharlieCard registration event and information on the MBTA Ride service frequently.  With the newly renovated center reopening in 2022, residents will be eager to join in the programs offered at the new center which will also create a busy schedule for COA transportation services.									
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> In FY22, we have hired a 5th part-time van driver in order to meet the need of our van ride requests. We have also recognized the need to expand beyond the local taxi service for out of town medical appointments and have added on two new partners to help us meet these needs. Uber is also a focus for us and we continue to educate seniors on the value of ride sharing and the independence that comes with choosing this form of transportation. We have continually evolved the program through out the year to meet the safety concerns of the pandemic while remaining fully running to fulfill crucial transportation requests. This year, we were also awarded a grant by MassDOT to replace the older of our two vans in Spring 2022.									
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i> We evaluate success of this program through tracking data using our My Senior Center database. Each ride is logged in this database and we can pull reports of the types of rides, numbers of rides and details on our riders. This allows us to determine if we are increasing our services year after year and mark any improvement on the number of riders served.									
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <table><tr><td><input checked="" type="checkbox"/> Town of Arlington Master Plan</td><td><input type="checkbox"/> Fair Housing Action Plan</td><td><input type="checkbox"/> Net Zero Plan</td></tr><tr><td><input type="checkbox"/> Housing Plan</td><td><input type="checkbox"/> Open Space &amp; Recreation Plan</td><td><input checked="" type="checkbox"/> Other <u>Age Friendly Action Plan</u></td></tr><tr><td colspan="3"><input checked="" type="checkbox"/> Connect Arlington Sustainable Transportation Plan</td></tr></table> <i>Please explain which goals and/or strategies the proposed project advances:</i>  Providing accessible alternatives and access to transportation for older adults in Arlington.	<input checked="" type="checkbox"/> Town of Arlington Master Plan	<input type="checkbox"/> Fair Housing Action Plan	<input type="checkbox"/> Net Zero Plan	<input type="checkbox"/> Housing Plan	<input type="checkbox"/> Open Space & Recreation Plan	<input checked="" type="checkbox"/> Other <u>Age Friendly Action Plan</u>	<input checked="" type="checkbox"/> Connect Arlington Sustainable Transportation Plan		
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<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <table><tr><td><input checked="" type="checkbox"/> Town wide</td></tr><tr><td><input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?</td></tr></table> _____	<input checked="" type="checkbox"/> Town wide	<input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?							
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<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <table><tr><td><input checked="" type="checkbox"/> No, not available from other providers in the community</td></tr><tr><td><input type="checkbox"/> Yes, available from other providers in the community (please explain_____)</td></tr></table>	<input checked="" type="checkbox"/> No, not available from other providers in the community	<input type="checkbox"/> Yes, available from other providers in the community (please explain_____)							
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Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
Lahey Transportation Grant		\$11,800	
Symmes Grant		\$7,500	
Municipal/Reserve/Rider Fees		\$77,600	
CDBG Transportation Program Grant	\$31,540		
TOTAL PROPOSED BUDGET	\$31,540	\$96,900	\$128,440
B. Construction Projects (Housing, Public Facilities) 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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:	Municipal/Reserve/Rider Fees	\$77,600	Pending
Local:	Symmes Hospital Foundation	\$7,500	Pending
Private:	Lahey Hospital Transportation Grant	\$11,800	Pending
Total:		\$96,900	
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support. The Town of Arlington (Municipal) Transportation Enterprise Fund is offset by rider fees			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 31,540</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 556</div> <div>= \$ 56.73 PER BENEFICIARY</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
We rely deeply on CDBG funds in order for our transportation programs to meet the needs of older adults in Arlington.			

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
Transportation is a crucial need of older adults as they age. Transportation is an obstacle that has impact on disparities in health care and access to socialization and other services. As the age 60+ population becomes larger than any other age group in town (projected to be at 40% of the Arlington population within the next 5 years), the Council on Aging has developed and maintains a comprehensive menu of affordable transportation options for older adults in Arlington.	
B. GOAL	
The COA will run a transportation program that will fill the gaps of transportation needs of older adults in Arlington and keep up with demand as it grows.	
C. INPUTS	
Secure funding for transportation costs, educate and train staff and drivers, promote and market transportaion options, assess ever changing needs and new ideas that are developed in the transportation industry, partner with regional and local transportation companies/organizations, provide scholarships for older adults who can not afford COA rider fees.	
D. ACTIVITIES	
Continue promoting and find new ways to educate older adults in Arlington about COA transportation options. Highlight COA transportation stories, drivers, programs and suceses in local media. Continue to expand transportation options in order to keep residents engaged and excited (example: adding on weekly rides to Target plaza in Burlington). Continue to reach out to and secure new transportation partners in order to meet growing needs. Continue to grow relationships with local hospitals and medical providers so they can promote our transportation programs to their patients who live in Arlington.	
E. OUTPUTS	
New riders in Arlington will learn of COA transportation options and utilize them.	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
Two COA Vans continue to run 5 days a week to accomidate current in-town ride needs, even after the renovated center opens. Our list of partner organizations continues to grow and is able to fulfill out of town transportation needs.	The COA transportation program continues to meet the needs of older adults in Arlington and grows to accomidate the growing population and needs.





FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Arlington Council on Aging

Contact Name:

Kristine Shah

Title:

Executive Director

Mailing Address:

27 Maple Street Arlington, MA 02476

Email Address:

kshah@town.arlington.ma.us

Phone:

781-316-3401

DUNS #: 073802126

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☒ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

Council on Aging Volunteer Coordinator Position

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

July 1, 2022

Anticipated End Date:

June 30, 2023

Amount of Request:

\$52,922

Project Address(es):

Arlington, MA

C. Eligibility

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

Low/Moderate Income Benefit:



**Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_



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



**Low/Moderate Housing (LMH):** the activity provides 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.



**Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:



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



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

Urgent Need:



**Urgent Need:** the activity alleviates emergency conditions. Please not: use of Urgent Need national objective is rare.

Beneficiaries:

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

☒ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☒ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify): \_\_\_\_\_

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 350

Households Assisted: \_\_\_\_\_

Jobs Created: 1

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i> In 1990, the Selectboard 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 programs and is essential to the Council on Aging's mission to engage older residents in community participation. This position currently oversees over 300+ volunteers annually who participate in a variety of projects, programs and activities.
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> Our Volunteer Coordinator managed and worked with over 300 volunteers this year. In order to meet needs of Covid related activities such as vaccine clinic support, testing support and homebound vaccinations, an additional 50 volunteers were recruited to complete all of these time sensitive public health volunteer jobs. In addition to these new roles, all of our pre-pandemic projects took place including: 20 volunteers that are part of the tax work off abatement program and 5 volunteers that are a part of the Harry Barber volunteer program, 11 medical escort drivers, 10 volunteer nurses, 10 friendly visitors/callers, 50 Thanksgiving meal delivery volunteers, 40 Warm Wishes holiday gift bag volunteers, 10 Farmers Market Delivery volunteers, 50 middle and high school students assisting with snow removal for older residents, and dozens of program and activity volunteers.
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i> We evaluate sucess in regards to the Volunteer Coordinator position by the number of volunteer projects completed and the number of volunteers recruited each year. Since this funding supports one job at the Council on Aging, the employee has goals and objectives to be evaluated on annually.
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><input checked="" type="checkbox"/> Town of Arlington Master Plan<input type="checkbox"/> Fair Housing Action Plan<input type="checkbox"/> Net Zero Plan</div> <div><input type="checkbox"/> Housing Plan<input type="checkbox"/> Open Space &amp; Recreation Plan<input checked="" type="checkbox"/> Other <u>Age Friendly Action Plan</u></div> <div><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div> <p><i>Please explain which goals and/or strategies the proposed project advances:</i></p> <p>Engagement of older adults and intergenerational opportunities for Arlington residents.</p>
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</div> <div><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</div> <div><input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</div> <div><input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</div>
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <div><input checked="" type="checkbox"/> Town wide</div> <div><input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in? <div></div></div>
<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <div><input type="checkbox"/> No, not available from other providers in the community</div> <div><input checked="" type="checkbox"/> Yes, available from other providers in the community (please explain <div>Other organizations in Arlington have volunteer opportunities</div>)</div>
<b>E. Attachments</b>
The following attachments must accompany this proposal: <div><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)</div> <div><input type="checkbox"/> One (1) copy of agency’s most recent financial audit</div> <div><input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div> The following attachments are optional and may be used to supplement your proposal: <div><input type="checkbox"/> Letters of Support</div> <div><input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div>



Part II. Project Budget

Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.

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

Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
TOTAL PROPOSED BUDGET	\$52,922		\$52,922

B. Construction Projects (Housing, Public Facilities)

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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding:

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

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

Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support. This funding directly pays the salary of the COA Volunteer Coordinator, through our town payroll system.

D. Cost-Benefit Analysis:

Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.

TOTAL CDBG REQUEST AMOUNT:

\$ 52,922

= \$ 151/vol

PER BENEFICIARY

TOTAL NUMBER OF PROPOSED BENEFICIARIES:

# 350 vols

E. Funding Availability:

If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.

This grant amount is needed to fully fund the Volunteer Coordinator Position at the Council on Aging.

CDBG Application, Town of Arlington, Program Year 48

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Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
The Volunteer Coordinator position allows a structured framework for engagement of interested older adults and other volunteer engagement in Arlington. Volunteering within the COA allows residents to provide crucial services and programs to the residents we serve and allows excellent services to take place at a lower cost.	
B. GOAL	
Goals include engaging residents of Arlington in civic engagement opportunities and meeting the needs of older residents when staff resources are low. Needs are fluid and ever changing, our goal is to be able to leverage volunteers when necessary to meet a need in the community.	
C. INPUTS	
Current volunteers and staff retained are in place to support this Volunteer Coordinator position. A focus on keeping Arlington "Age Friendly" allows the Volunteer Coordinator position to thrive and grow their impact.	
D. ACTIVITIES	
This role manages 300+ volunteers who contribute to the 100+ programs and events hosted by the Council on Aging. Additionally, this role coordinates the Senior Tax Work Off and Harry Barber volunteer programs.	
E. OUTPUTS	
Volunteer opportunities allow for older adults to engage in their community, reduces isolation, frailty and depression. Volunteering also provides visibility and access for residents and increases awareness of food insecurity programs and other services and benefits. The programs and activities that these volunteers engage in reach over 5,000 participants per year.	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
Maintain the integrity of the COA Volunteer program while sustaining and cultivating current volunteers with-in the program. Continue to steward meaningful relationships with volunteers who are flexible and able to meet changing volunteer needs.	The COA will have a reliable and stable "army" of COA volunteers that are trained and ready to step in when any needs arise. Volunteers will be fulfilled in their experience with the COA and have lasting impact on older adults in Arlington.



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

## Part I. Agency & Project Summary Information

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

**Agency/Organization:**

Fidelity House

**Contact Name:**

Lisa Urben

**Title:**

Youth Program Director

**Mailing Address:**

25 Medford St, Arlington, MA 02474

**Email Address:**

fidelityhouseordir@hotmail.com

**Phone:**

781-648-2005

**DUNS #:** 159486745

All entities receiving federal assistance must have a DUNS #.

**Registered on SAM.gov?**

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☒ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☐ Unit of Government

☐ Institution of Higher Education

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

The Arlington Boys & Girls Club participate in the Jobs, Jobs, Jobs program and each agency submits their own application

### B. Project Information

**Project Name:**

Jobs Jobs Jobs Program

**Is this project new to your organization?**

☐ Yes

☒ No

**Anticipated Start Date:**

July, 2022

**Anticipated End Date:**

June 2022

**Amount of Request:**

\$5,000

**Project Address(es):**

Fidelity House, Fidelity House Day Camp

### C. Eligibility

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

**Low/Moderate Income Benefit:**

☐ **Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_

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

☐ **Low/Moderate Housing (LMH):** the activity provides 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.

☐ **Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

**Slum/Blight:**

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

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

**Urgent Need:**

☐ **Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

### Beneficiaries:

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

☒ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

**Does your project benefit any of the following demographics?**

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☒ Other (please specify): \_\_\_\_\_

**Nationally Reportable Outputs:** Please indicate the number of outputs expected for one or more categories.

Persons Served: 5

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i> Fidelity House offers child care job training and employment for teens from low to moderate family income levels. The youth develop skills that will help pave the way for future employment, life choices and developing an understanding of the benefits of employment.
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> Fidelity House had a great group of teens last year despite the impact of Covid-19 on people's choices to work or not. The youth in this program were dependable, hard working, willing to work during this pandemic era and were vital to our programs. It always takes a little more effort to reach out to youth who can benefit from this opportunity, but increasing the visibility is something we want to work on this year.
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i> All statistical data is recorded and available for yearly comparisons. Criteria for success will be based on the number of teens and the length of time employed.
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><input checked="" type="checkbox"/> Town of Arlington Master Plan      <input type="checkbox"/> Fair Housing Action Plan      <input type="checkbox"/> Net Zero Plan <input type="checkbox"/> Housing Plan      <input type="checkbox"/> Open Space &amp; Recreation Plan      <input type="checkbox"/> Other _____ <input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div> <i>Please explain which goals and/or strategies the proposed project advances:</i>  This programs advances the values listed in articles 1 & 2 in the Master plan, We value an active a
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing <input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities <input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments <input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</div>
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <div><input checked="" type="checkbox"/> Town wide <input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?  _____</div>
<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <div><input type="checkbox"/> No, not available from other providers in the community <input checked="" type="checkbox"/> Yes, available from other providers in the community (please explain <small>The Arlington Boys &amp; Girls Club also offers youth the chance to work locally at Fidelity House and the Arlington</small> _____)</div>
<b>E. Attachments</b>
The following attachments must accompany this proposal: <div><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS) <input type="checkbox"/> One (1) copy of agency’s most recent financial audit <input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div> The following attachments are optional and may be used to supplement your proposal: <div><input type="checkbox"/> Letters of Support <input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div>

Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
Salaries	\$5,000		\$5,000
TOTAL PROPOSED BUDGET	\$5,000		\$5,000
B. Construction Projects (Housing, Public Facilities) 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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Total:			
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 5,000 = \$ 1,000 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 5</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
The full amount goes directly to the youth. A lower amount will either reduce the number of teens we are able to hire, reduce the time they work per week but can still be offered.			

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>This Jobs, Jobs, Jobs program addresses the identified Arlington Service Need and plan: Increase Access to Jobs, Education, Transportation, and Other Services, specifically, to increase access to jobs. 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 and neighbors, their future families and could lead to a rewarding career path.</p>	
B. GOAL	
<p>Insure there are positions available for youth program employment for teens from low to moderate income families.</p> <p>Increase communication about summer employment opportunities and encourage teens from low to moderate income families to apply.</p>	
C. INPUTS	
<p>Training, child care jobs at Fidelity House &amp; Fidelity House Day Camp and Program Director staff will be overseeing their progress.</p>	
D. ACTIVITIES	
<p>The Program Directors will provide required training for teens to work with children, provide weekly employment and supervision and follow up with on the job feedback to enhance performance. Additional training to address new public health or safety protocols or equipment needs will be provided if necessary.</p>	
E. OUTPUTS	
<p>5 Youth benefit from the training and experience of college age and professional staff.</p> <p>80% of the teens continue to work throughout the school year</p> <p>This program served 100% of teens whose family household income levels are determined to be Very Low or Low by the Federal Department of Housing and Urban Development.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>Low to moderate income youth will receive economic gain they can use immediately or towards future endeavors.</p> <p>Low to moderate income youth will learn employable job skills and gain experience for future employment.</p>	<p>The youth will positively contribute to their communities as employees, family members and good citizens.</p>





FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Fidelity House

Contact Name:

Lisa Urben

Title:

Youth Program Director

Mailing Address:

25 Medford St, Arlington, MA 02474

Email Address:

fidelityhouseordir@hotmail.com

Phone:

781-648-2005

DUNS #: 159486745

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☒ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☐ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

Menotomy Manor Outreach Program

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

July, 2022

Anticipated End Date:

June, 2023

Amount of Request:

\$20,000

Project Address(es):

Fidelity House Day Camp & Menotomy Manor 356300

C. Eligibility

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

Low/Moderate Income Benefit:

☒ Low/Moderate Income Area Benefit (LMA): the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: 3563.00

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

☐ Low/Moderate Housing (LMH): the activity provides 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.

☐ Low/Moderate Jobs (LMJ): the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:

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

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

Urgent Need:

☐ Urgent Need: the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☒ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☒ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☒ Other (please specify): \_\_\_\_\_

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 100

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_



<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i> Fidelity House's Menotomy Manor Outreach Program directly serves the youth who reside at Menotomy Manor, Arlington's low income family housing. It is designed to offer opportunities, reduce the barriers that prevent participation (including transportation and financial) and assimilate the youth into community wide programming. It provides camperships and transportation to/from Menotomy Manor to attend our Summer Day Camp and gives free memberships, scholarships for school year youth programming. Onsite programming and transportation to Fidelity House during the school year are part of the outreach as community health guidelines dictate. It is a unique program that is able to offer stability, short term and long term benefits for the youth/families that reside at Menotomy Manor and ultimately benefits the entire Arlington community.
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> Fidelity House has remained committed to the families, making sure opportunities and face to face contact/communication remain strong despite the constant Pandemic challenges. Covid-19 community health remains a dictating factor in how we are able to offer the Outreach Program. During this year, we were able to increase Summer Day Camp participation for all ages, but had to delay our onsite programming until January and modify our school year transportation because our youth center's weekday open recreation program has been on hold. Moving forward, if the same parameters persist, we plan on increasing our onsite programming and provide transportation to Fidelity House on weekends and for specific programs.
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i> All statistical data is recorded and available for seasonal comparisons for all facets of the Outreach programming. Criteria for success will be based on the number of youth/community attending our programs and the length of time services provided . Program evaluations are made seasonally, comparing past and potential use and impacting direct communication methods.
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><input checked="" type="checkbox"/> Town of Arlington Master Plan      <input type="checkbox"/> Fair Housing Action Plan      <input type="checkbox"/> Net Zero Plan <input type="checkbox"/> Housing Plan      <input type="checkbox"/> Open Space &amp; Recreation Plan      <input type="checkbox"/> Other _____ <input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div> <i>Please explain which goals and/or strategies the proposed project advances:</i>  This Program advances the values listed in articles 1,2 & 5 in the Master plan, specifically; We valu
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing <input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities <input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments <input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</div>
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <div><input type="checkbox"/> Town wide <input checked="" type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in? 3563.00</div>
<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <div><input checked="" type="checkbox"/> No, not available from other providers in the community <input type="checkbox"/> Yes, available from other providers in the community (please explain_____)</div>
<b>E. Attachments</b>
The following attachments must accompany this proposal: <div><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS) <input type="checkbox"/> One (1) copy of agency’s most recent financial audit <input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div> The following attachments are optional and may be used to supplement your proposal: <div><input type="checkbox"/> Letters of Support <input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div>

Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
Office, mailings		\$500	\$500
Travel		\$4600	\$4600
Salaries, admin 10%		\$16,910	\$16,910
Day Camp Camperships	\$20,000		\$20,000
Program Activity Scholarships		\$12,000	\$12,000
TOTAL PROPOSED BUDGET	\$20,000	\$34,010	\$54,010
B. Construction Projects (Housing, Public Facilities) 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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:		\$24,010	
Private:		\$10,000	
Total:		\$34,010	
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 20,000 = \$ 571.43 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 35</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
A lower amount will either reduce the number of youth we are able to send to Day Camp and/or reduce the time they are able to attend per child.			

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
<p>The Menotomy Manor Program addresses the identified Arlington Service Need and plan: Increase Access to Jobs, Education, Transportation, and Other Services, specifically, to increase access to education (preschool) , health and wellness, recreation, and health and social services activities.</p> <p>The need to develop a firm foundation, increase developmental skills and further the social, physical and emotional growth of youth in the community are universal. This program serves youth in our community who are at risk of not receiving the same opportunities because of financial and transportation considerations. 82% of our 2021 Day Campers family incomes were considered from very low income households as determined by the Federal Department of Housing and Urban Development while 18 % were considered Low income households. This translates to 100% of those families at risk of not receiving the same opportunities.</p>	
B. GOAL	
<p>Our program goals ultimately Increase Access to Education (preschool age), Transportation (removing a barrier to participation) and Other Services (recreation activities that promote development of physical, social &amp; emotional growth of the individual and develop citizenship)</p> <p>Increase both the opportunities and participation of youth that reside at Menotomy Manor.</p> <p>Decrease barriers to participation by providing transportation and financial assistance year round.</p> <p>Provide a consistent presence during their developmental years that also provides prevention/intervention programming and assimilates youth into a larger community.</p>	
C. INPUTS	
<p>Staff: Youth program Director, Outreach Coordinator plus adjunct transport/college/high school personnel.</p> <p>Bus: transportation</p> <p>Facilities: Day Camp location, Fidelity House and onsite building use.</p> <p>Scholarships: year round</p>	
D. ACTIVITIES	
<p>The facilities, staff and transportation combine to expand youth opportunities and experiences that will ultimately increase the physical, social &amp; emotional growth of the individuals.</p> <p>In the Summer, scholarships are offered for 2+ weeks of Day Camp (including daily swimming lessons) and transportation from Menotomy Manor to camp and back is provided.</p> <p>During the school year, scholarships to programs, preschool age through high school age, are provided. As public health and safety protocols allow, free memberships and transport to and from Fidelity House weekly are offered.</p> <p>Onsite programming is offered one time a week.</p> <p>During very limited access due to Covid restrictions, Fidelity House provides scholarships to youth for all child care programs that are able to operate.</p>	
E. OUTPUTS	
<p>This program served 100% of families/children whose family household income levels are determined to be Very Low or Low by the Federal Department of Housing and Urban Development.</p> <p>100% of the youth served receive transportation to/from Fidelity House to Menotomy Manor.</p> <p>Over 75% of the Day Camp youth attended a minimum of 2 weeks of Day Camp.</p>	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
<p>Youth will learn new skills</p> <p>Youth will widen their circle of friendships and community contacts</p> <p>Youth will gain new perspectives</p> <p>Youth will increase their physical, social and emotional growth</p>	<p>Youth remain active, healthy citizens and self reliant in adulthood.</p>



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Town of Arlington Recreation Department

Contact Name:

Joseph Connelly

Title:

Director of Recreation

Mailing Address:

422 Summer Street, Arlington, MA 02474

Email Address:

jconnelly@town.arlington.ma.us

Phone:

781-316-3889

DUNS #: 948757927

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☒ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☒ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

Arlington Recreation Scholarship Program

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

7-1-2022

Anticipated End Date:

6-30-2023

Amount of Request:

\$13,000

Project Address(es):

422 Summer Street, Arlington, MA 02474

C. Eligibility

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

Low/Moderate Income Benefit:



**Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_



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



**Low/Moderate Housing (LMH):** the activity provides 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.



**Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:



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



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

Urgent Need:



**Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☒ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☒ Other (please specify): \_\_\_\_\_ All who financially qualify

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: 50+

Households Assisted: 50+

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i>  The Arlington Recreation Scholarship fund is available to all residents who qualify using the standards provided to us by the CDBG program. Applicants can qualify for anywhere from 25%-100% reduction in the program fees. Residents are eligible for one program per season, per child in the family. We also provide a 10% reduction in our after school program fees for qualifying applicants. This equates to one month free tuition.
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i>  The program was a success last fiscal year with dozens of applicants taking advantage of financial assistance. Due to the pandemic and reduction of programs, requests were down in FY20. Currently in FY21 we have serviced eight families however most of our requests will be received after January for our summer programming.
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i>  We continually monitor our scholarship awards through our on-line registration system report and our goal is to use 100% of all funding for qualifying families.
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><div><input type="checkbox"/> Town of Arlington Master Plan</div><div><input type="checkbox"/> Fair Housing Action Plan</div><div><input type="checkbox"/> Net Zero Plan</div><div><input type="checkbox"/> Housing Plan</div><div><input type="checkbox"/> Open Space &amp; Recreation Plan</div><div><input checked="" type="checkbox"/> Other <u>Our department mission s</u></div><div><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div></div> <i>Please explain which goals and/or strategies the proposed project advances:</i>  Arlington Recreation’s goal is to never turn away a participant due to economic hardship. With your
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</div> <div><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</div> <div><input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</div> <div><input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</div>
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <div><input checked="" type="checkbox"/> Town wide</div> <div><input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in?  _____</div>
<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <div><input checked="" type="checkbox"/> No, not available from other providers in the community</div> <div><input type="checkbox"/> Yes, available from other providers in the community (please explain_____)</div>
<b>E. Attachments</b>
The following attachments must accompany this proposal: <div><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)</div> <div><input type="checkbox"/> One (1) copy of agency’s most recent financial audit</div> <div><input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div> The following attachments are optional and may be used to supplement your proposal: <div><input type="checkbox"/> Letters of Support</div> <div><input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div>



Part II. Project Budget			
Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project’s acceptance, the Town may request a detailed budget.			
A. Non-Construction Projects/Activities (Public Services, Economic Development)			
Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
FY2023 Scholarships	\$13,000	\$2,000	\$15,000
TOTAL PROPOSED BUDGET	\$13,000	\$2,000	\$15,000
B. Construction Projects (Housing, Public Facilities) 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/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			
C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)			
Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:	Donations	\$2,000	Pending
Total:		\$2,000	
Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.			
D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.			
<div>TOTAL CDBG REQUEST AMOUNT: \$ 13,000 = \$ 300 PER BENEFICIARY</div> <div>TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 50</div>			
E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.			
Yes, we are grateful for whatever funding is received and will grant financial assistance accordingly.			

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
There is continuous need in our community for financial assistance for recreational and family programming. Often applicants request summer and after school care programming for daycare reasons. This program assists parents/guardians in their daycare needs so that they are able to work knowing their children are being cared for in a safe and caring local environment.	
B. GOAL	
Arlington Recreation’s goal is to never turn away a participant due to economic hardship. With your help, we will be able to continue this practice.	
C. INPUTS	
Our input is the marketing of the availability of funding. We do this through our seasonal brochures, website, and in cooperation with various community partners.	
D. ACTIVITIES	
All programming activities are available for scholarship. The most common program requests are for summer camp opportunities, after school programming, and Arlington Reservoir beach family passes.	
E. OUTPUTS	
The number of residents and families we service each year varies depending on a variety of factors. With the typical award being \$13,000 and our average recreational summer program price being \$300, we anticipate a minimum of 50 residents and families being serviced.	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
The short term outcomes is to enable all residents the same opportunity for a local recreation experience without financial barriers.	The increased community bond that is experienced by a child/family by participating in local programming. Often our scholarship recipients end up attending our programs for several years and later become employees or volunteers for the department.





## TOWN OF ARLINGTON

MASSACHUSETTS 02476

781 - 316 - 3090

### DEPARTMENT OF PLANNING and COMMUNITY DEVELOPMENT

#### MEMORANDUM

**TO:** Select Board, CDBG Subcommittee  
**FROM:** Jennifer Raitt, Director of Planning and Community Development  
**DATE:** January 13, 2022  
**SUBJECT:** CDBG Program Year 48 – Request for Funds

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On behalf of the Department of Planning and Community Development, I am pleased to submit to you the following requests for Community Development Block Grant (CDBG) funds for Program Year 48 running from July 1, 2022 through June 30, 2023. These requests were developed to fall within the U.S. Department of Housing and Urban Development's mandated Planning and Administration cap of 20% of the annual CDBG award.

#### Planning

**Planners** – This is a request for **\$54,000** to fund a portion of the salary and fringe benefits of Department staff working on CDBG-related activities. Duties and responsibilities involve data gathering and analysis, survey creation and implementation, community engagement, land use planning and zoning activities, affordable housing studies and implementation.

**Housing Planning and Studies** – This request is for **\$66,000** to fund a range of planning activities to help in the creation and preservation of affordable housing and minimize displacement. These activities will include:

- studying the needs of extremely low-income and underhoused individuals and families to inform future funding applications and allocation of resources;
- identify resources to preserve homes that are on track to lose affordability due to expiring deed restrictions; and other activities which advance affordable housing planning;
- develop additional plans for the Arlington Affordable Housing Trust Fund, as needed;
- conduct planning analyses to advance recommendations in Connect Arlington, Net Zero Action Plan, and Housing Plan;
- begin development of Master Plan update process.

#### Administration

**CDBG Administrator** – This is a request for **\$81,226** to fund the salary and fringe benefits of the CDBG Administrator position. This staff person is responsible for the daily financial administration of the CDBG program and coordination of grant activities with program directors. The Administrator is also responsible for maintaining all records and completing the reporting requirements of the CDBG program as required by HUD.

**General Administration** – This is a request for **\$18,500** to fund administrative costs related to overall program development, management, coordination, monitoring, and evaluation. This line item also

includes funding legal advertising and training and travel costs for the Administrator and membership dues for consortia and associations.

**Total Request for Planning and Administration: \$219,726**



FUNDING APPLICATION FOR PROGRAM YEAR 48 (JULY 1, 2022 – JUNE 30, 2023)

PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.

Part I. Agency & Project Summary Information

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

Agency/Organization:

Envision Arlington

Contact Name:

Kelly Lynema

Title:

Assistant Director, DPCD

Mailing Address:

Dept of Planning and Community Development, 730 Mass Ave, Arlington, MA 02476

Email Address:

klynema@town.arlington.ma.us

Phone:

781-316-3096

DUNS #:

All entities receiving federal assistance must have a DUNS #.

Registered on SAM.gov?

☐ Yes

☐ No

All entities receiving federal assistance must be registered on SAM.gov

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

☐ 501(c)3

☐ For-profit authorized under 570.201(o)

☐ Faith-based Organization

☒ Unit of Government

☐ Institution of Higher Education

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

B. Project Information

Project Name:

2023 Annual Town Survey

Is this project new to your organization?

☐ Yes

☒ No

Anticipated Start Date:

September, 2022

Anticipated End Date:

May, 2023

Amount of Request:

2,000

Project Address(es):

Town of Arlington

C. Eligibility

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

Low/Moderate Income Benefit:

☒ **Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area, where at least 33.33% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeoMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: All eligible block groups in Arlington

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

☐ **Low/Moderate Housing (LMH):** the activity provides 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.

☐ **Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

Slum/Blight:

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

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

Urgent Need:

☐ **Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

Beneficiaries:

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

☒ All beneficiaries are Arlington residents

☐ \_\_\_\_\_% of beneficiaries are Arlington residents

Does your project benefit any of the following demographics?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered

☐ spouses Homeless persons

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

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☒ Other (please specify): \_\_\_\_\_

Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories.

Persons Served: \_\_\_\_\_

Households Assisted: 4500

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

<b>D. Project Summary</b>
<b>Brief Project Description:</b> <i>Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.</i> <p>The survey project contributes to the planning, policy-management, and capacity building for the community as described in detail under Title 24: Part 570 subpart C, Section 205. Envision Arlington prepares an insert to the Town Census making it possible for all residents to express opinions, share personal preferences and priorities for Town programs, and receive updates about important Town issues. This opportunity to educate the community on upcoming projects and facilitate direct communication between the residents to the Town contributes to civic engagement. The survey is administered annually, and is an opportunity for departments and committees across town can submit questions and receive data from a cross-section of residents, aiding in decision-making. Survey responses help identify important issues and guide the Select Board, Town Manager, Town and School departments, as well as other organizations who partner with government to develop and inform policy and improve local services.</p>
<b>Returning Applicants:</b> <i>Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.</i> <p>The 2021 Annual Town Survey received fewer responses than experienced in prior years. In part, this decrease in responses can be attributed to improved data cleaning -- the Committee spent more time reviewing responses to eliminate duplicate and partial responses (e.g., respondents who answered only two or three questions before abandoning the survey). The survey was also preceded by a large number of other town-wide surveys: more than a dozen surveys were administered in the months prior to the survey's release, and overall responses to surveys in general were declining due to survey fatigue. A strength of the 2021 survey was that this was the first year the Committee offered assistance with language translation and interpretation, using its network of volunteers to translate questions and working with local service providers to reach out those for whom English is not their primary language. Looking to 2022, the Committee is considering whether to implement the translation assistance program again. The Committee also intends to spend more time flyer the neighborhoods and locations where people congregate.</p>
<b>Performance Evaluation Plan:</b> <i>Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?</i> <p>The Envision Arlington Standing Committee reviews survey results annually, and aims to increase participation rates in the survey annually. Beyond simply gaining more responses, the Committee uses responses to the demographic questions on the survey to measure whether the full diversity of the town (racially, socioeconomically, age) is represented among survey respondents. During the two months the survey is open, the Committee works with volunteers to conduct targeted outreach to underrepresented groups. After the close of the survey and prior to the next year's survey, the Committee discusses and plans for strategies for increasing overall participation rates, and particularly how participation in underrepresented groups can be increased in the next year's survey.</p>
<b>Town of Arlington Goals:</b> <i>Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><div><input checked="" type="checkbox"/> Town of Arlington Master Plan</div><div><input type="checkbox"/> Fair Housing Action Plan</div><div><input type="checkbox"/> Net Zero Plan</div><div><input type="checkbox"/> Housing Plan</div><div><input type="checkbox"/> Open Space &amp; Recreation Plan</div><div><input type="checkbox"/> Other _____</div><div><input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div></div> <p><i>Please explain which goals and/or strategies the proposed project advances:</i></p>
<b>Consolidated Plan Goals and Objectives</b> Which Consolidated Plan Goal does your project align with? (select one) <div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing</div> <div><input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities</div> <div><input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments</div> <div><input checked="" type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments</div>
<b>Geographic Distribution of Activities:</b> (Town wide or Census Tract) If the geographic distribution is in a specific area, please note below. <div><input checked="" type="checkbox"/> Town wide</div> <div><input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in? <div></div></div>
<b>Community Availability:</b> Is the proposed project available from any other providers in the community? <div><input checked="" type="checkbox"/> No, not available from other providers in the community</div> <div><input type="checkbox"/> Yes, available from other providers in the community (please explain _____)</div>
<b>E. Attachments</b>
<p>The following attachments must accompany this proposal:</p> <div><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)</div> <div><input type="checkbox"/> One (1) copy of agency’s most recent financial audit</div> <div><input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div> <p>The following attachments are optional and may be used to supplement your proposal:</p> <div><input type="checkbox"/> Letters of Support</div> <div><input checked="" type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div>

## Part II. Project Budget

Please provide a budget for the proposed project, using Table A **OR** Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project's acceptance, the Town may request a detailed budget.

#### A. Non-Construction Projects/Activities (Public Services, Economic Development)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding	Total Proposed Budget
Annual census mailing insert	\$1,100		
SurveyMonkey subscription	\$300		
Print copies of survey	\$300		
Promotional materials / reporting	\$300		
<b>TOTAL PROPOSED BUDGET</b>	<b>\$2,000</b>		

**B. Construction Projects (Housing, Public Facilities)** 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/Studies			
Design			
Other:			
Other:			
<b>TOTAL PROPOSED BUDGET</b>	n/a		

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

Funding Source		Amount	Committed or Pending
Other Federal:		none	
State:		none	
Local:		none	
Private:		none	
Total:		none	

Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support. Volunteer hours enable the project, with volunteers donating approximately 200 hours during various phases of the survey project. Based on Independent Sector's estimate 2019 Massachusetts volunteer hourly rate of \$32.96, the \$6,592 "matching funds" value of Envision Arlington volunteer support exceeds the funding request.

**D. Cost-Benefit Analysis:** Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program.  
Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.

<div> <div> TOTAL CDBG REQUEST AMOUNT: \$ 2000 </div> <div> TOTAL NUMBER OF PROPOSED BENEFICIARIES: # 45,000 </div> </div>		<div> = \$ 0.04 PER BENEFICIARY </div>
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**E. Funding Availability:** If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.

No. The funds are spent on outreach so that all residents are informed of the opportunity to participate. By administering the survey online, Envision Arlington is able to save money on print costs, but concurrently needs to strengthen outreach efforts to reach a diverse range of households. CDBG funding enables us to make sure that every household in Arlington is informed of their opportunity to take the survey, and provides us with the money to deliver print surveys to individuals without access to a computer or the internet.

Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

A. NEED STATEMENT	
Envision Arlington seeks to engage all residents in developing common goals and to develop connections between residents and their government.	
B. GOAL	
The Annual Town Survey is a tool that allows broad participation without requiring physical presence at a specific meeting. The information gathered is a resource provided at no cost to Town boards, committees, and departments.	
C. INPUTS	
It is important to issue a mailing to each household to ensure equitable access to the survey. Printing is the largest project cost. Volunteer hours for design, outreach, publicity, and data analysis enable the project.	
D. ACTIVITIES	
Envision Arlington provides information about the needs and opinions of residents, aiding Town departments and committees with planning and decision-making data.	
E. OUTPUTS	
In addition to summarizing the answers to the survey questions, the survey allows for open comments that are tagged and filtered by topic. The comments range from suggestions for new programs to feedback on all areas of community life.	
F1. SHORT-TERM OUTCOMES	F2. LONG-TERM OUTCOMES
Short term benefit is data that enables thoughtful, community-guided plans based on broad participation.	Long term benefit is to increase civic engagement by reaching out to every household. Secondly, the survey serves as as a tool for educating residents about programs and services they may not know about that would benefit them.