



City of Mission Viejo

Community Development Block Grant (CDBG)

Program Year 2018-2019

Public Service Grant Application

A. GENERAL INFORMATION

1. Name of Proposed Program: Case Management/In-Home Support Services
2. Full Legal Name of Applicant Organization: Age Well Senior Services, Inc.
3. Application Contact Person: Linda D. Pecore, M.S.
4. Phone: (949) 855-8033 Fax: (949) 855-8025
5. Mailing Address: 24461 Ridge Route Dr., Ste. 220, Laguna Hills, CA 92653
6. E-Mail: lpecore@myagewell.org
7. Location Where Services Will Be Provided: Within the City of Mission Viejo boundaries
8. Official Authorized to Sign Contract: Steven Moyer, Acting CEO
9. Federal Tax I.D. #: 93-1163563 DUNS Number: 792315459
10. Provide a CD-ROM or USB drive with a copy of the following documents:
 - Proof of Tax Exempt status
 - Articles of Incorporation & By-Laws
 - Most recent 990 tax return filed with the IRS
 - Most recent audit or A-133 Single Audit if applicable (remove password protection)
 - Existing or proposed program applicant/participant registration or intake form

**E-MAIL MS-WORD VERSION OF THIS FORM TO MLINARES@CITYOFMISSIONVIEJO.ORG &
MAIL PAPER COPY OF COMPLETE APPLICATION & CD-ROM/USB TO:**

CITY OF MISSION VIEJO
COMMUNITY DEVELOPMENT DEPT.
200 CIVIC CENTER
MISSION VIEJO, CA 92691
Attention: Mike Linares

APPLICATION IS DUE 3 PM DECEMBER 19, 2017

B. PROGRAM INFORMATION

1. This request is for a New or Existing program. **If it is an existing program**, how will services be expanded in the City? (Be as specific; attach additional pages if necessary.)

The requested funds would allow Age Well to maintain the case management program, coordinate in-home supportive services and provide housing assistance, with emphasis on the residents of Casta Del Sol.

2. Have you previously received funding from the City of Mission Viejo CDBG Program? Yes No . If yes, identify the year(s), amount(s), and program(s) funded. In the 2nd table below, provide the year(s), name of agencies, program name and amount of CDBG funding received from communities other than Mission Viejo.

Previous MV Funding Information (last 5 years)

Year	MV CDBG Amount	Program Name
2017-18	\$6,090.00	Case Management
2016-17	\$6,440.00	Case Management
2015-16	\$5,225.00	Case Management
2014-15	\$5,450.00	Case Management
2013-14	\$5,210.00	Case Management

Previous Non-MV Funding Information (last 3 years)

Year	Agency	Program Name	Grant Amount
15-18	City of Lake Forest	Case Management	\$22,094.00
15-18	City of RSM	Case Management	\$15,755.00
15-17	City of San Clemente	Case Management	\$11,400.00

3. Is your agency based in the City of Mission Viejo? Yes No

5. Funding is requested under which category? **(Limit one)**

- | | |
|---|---|
| <input checked="" type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Adults | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> HIV/AIDS Services | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Mental Illness Services | <input type="checkbox"/> Childcare Services |
| <input type="checkbox"/> Other Low/Mod Services (Specify) _____ | <input type="checkbox"/> Health Services |

6. Provide the following proposed program budget information:

FY 2018-2019 CDBG funds requested from Mission Viejo:	<u>\$6,250</u>
Total Program budget:	<u>\$209,478</u>
Total Agency budget:	<u>\$6,173,942</u>

7. Provide the following information regarding the number of **unduplicated** clients to be served by the proposed program between July 1, 2018 & June 30, 2019:

- Total number of unduplicated clients to be served by the proposed program **regardless of city of residence**: 215
- Of the number listed above in "a", what is the total number of unduplicated **Mission Viejo clients** to be served? 29
- Of the total Mission Viejo residents to be served listed above in "b", how **many will be assisted with CDBG funds**? 29

8. Can you provide documentation verifying the following:

- Program applicant/client household income? Yes No
- Program applicant/client race and ethnicity? Yes No

9. All CDBG-funded activities must meet a HUD Objective and Outcome.

Objectives: Select **one** HUD objective that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit community, families, or individuals by addressing issues in their living environment.
- Decent Housing – The activity is designed to cover a wide range of housing opportunities that meet an individual family or community need.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization, or job creation.

Outcomes: Select **one** HUD outcome that best applies to the proposed program:

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low and moderate-income persons, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low and moderate-income persons, including creation or maintenance of affordable housing, basic infrastructure hook-ups, or services.
- Sustainability (promoting livable & viable communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low and moderate-income persons, or by removing/eliminating slums/blighted areas.

10. In any of the past three years has your agency expended more than \$750,000 in cumulative federal funds during one fiscal year? Yes No

If yes, did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If yes, provide a copy of most recently completed Single Audit. If no, explain why a Single Audit was not prepared. _____

11. Please complete the budget proposal provided as **Attachment A** of this application.

12. **Narratives:** Please provide the following information. (**NOTE:** Your responses are limited to 1,000 characters per question. Narratives beyond this limit may be deleted during final production of your application for presentation to commissions and the City Council):
 - a) Identify the nature and extent of the community need to be addressed by the proposed program/service. Provide data that supports the unmet demand for the proposed service in Mission Viejo. According to the 2010 US Census Bureau for July 1, 2016, there are 16,297 seniors age of 62+ living in Mission Viejo. Thirty-one (31) of these residents have requested case management, coordination of needed services in the home. The following characteristics are the make-up of the current 31 case management participants as of November 30, 2017: Gender: 10 males and 21 females; Income: 25 with incomes <\$36,550: 10, Disabled; 20, High Nutritional Risk; 15, Female Head-of-Household; 20, Live Alone; 16, Instrumental Activities of Daily Living > or equal to 5; Ethnicity: 27 non-minority (white) and 4 Hispanic-White: Age Ranges: 6, 65-74; 7, 75-84; and 18, age 85+.

 - b) Describe the proposed program/service. Include information on how the program/service will address the specific community need. Specify activities to be undertaken, the average amount or length of service will be provided, and the expected outcome of the program/service: The case management (CM) program offers integrated services by coordinating resources within the community, face-to-face encounters at the senior center in their homes, or n the phone. Based on an individual's need, the CM can: 1) assess, develop, and implement care plans; 2) evaluate and coordinate viable options; or 3) make referrals to minimal or no cost services for the senior, such as hearing-impaired, portable phone; in-home supportive services; home-delivered meals; emergency response systems; durable medical equipment (DME) providers, etc. The CM may suggest and assist Mission Viejo residents complete applications: Medi-Cal for Supplemental Security Income (SSI); Change-a-Life Foundation (CALF) one-time-only grants for medical needs. MV residents are also eligible for other grants and resources to assist them to doctor visits, picking up medications, or helping with grocery shopping. Most MV participants remain in the CM program for 12-36 months.

 - c) Describe your organization detailing professional qualifications to carry out the proposed program. List all appropriate credentials (if applicable) and related experience. Also discuss organization resources (e.g., facilities, materials, etc.) that are available to provide services. Age Well is a 501 (c) (3) Public Benefit Corporation and is the designated contractor for Title IIIC Nutritional Services and Title IIIB Social Services in south Orange County. The mission is to provide resources for older adults to promote their vitality and support their independence. The Acting CEO, CFO, and COO have 50+ years of combined experience with Age Well. The case management program (CM) is the thread that weaves through Age Well's core programs enabling seniors age 62+ to remain independent within their own home. Lauren Frean, MSW, CMC is the onsite Case Manager with 7 years of experience at the Norman P. Murray Community/Senior Center and is available on Mondays and Thursdays (6 hours each day), to answer questions, assist in resolving concerns/issues, and/or give resources for walk-ins. Lauren responds to phone calls and provides in-home comprehensive assessments, enrolling Mission Viejo residents in the CM and CBG programs Monday-Fridays.

 - d) Describe the organization's capacity to implement the program and meet projected service goals, and experience administering CDBG funds. Age Well has continued as the provider for the Title III programs in south Orange County for 40 years and has built or participated in the development/construction of seven senior centers in this region Age Well has an excellent track record of proven

administrative policies and procedures and finance and accounting practices. Additionally, ongoing formal and informal partnerships have been established to promote healthy aging and empower seniors to improve their quality of life. Age Well has 55 FTE and 23 PTE professional staff and over 700 volunteers. Administrative staff: Acting CEO; CFO; COO; Director of Programs; Human Resources Director, and other support staff. Field staff: R.N. and MSW Certified Case Managers; Registered Dietitian; Site Managers, and Meals-on-Wheels Managers at 10 locations. These individuals have certificates in Gerontology, a comparable degree and/or have years of experience in the Gerontology field.

- e) Provide specific information on how CDBG funds awarded to the program will be spent (e.g., program staff, office supplies, food costs)? Also include information regarding the percentage of agency resources utilized for fundraising and agency management. Total funding required for the project for FY 2018-2019 is \$209,478. To supplement funding for the case manager position and in-home support services, we anticipate leveraging funding of \$131,845 from the County of Orange Office on Aging Title IIIB and fundraising/grants of \$38,283. The program will average 28-30 residents; \$6,250 from the City of Mission Viejo would enable us to assist 29 elderly residents in need at a critical time in their lives and would be used for direct services with administrative and fundraising costs being absorbed would be used for direct services with administrative and fundraising costs being absorbed through use of existing resources. Age Well receives donations from participants and families, fundraising campaigns, and donations from private citizens and community leaders. Age well will continue to request grants and awards from corporations and foundations. Percentage of agency resources: Fundraising: 6.3%, Administrative: 5.5%.

C. CERTIFICATION

1. I hereby certify that, if funds are granted from the City of Mission Viejo to our organization, they will be used to only benefit lower income residents of Mission Viejo. We understand that funding is provided on a reimbursable basis only, that proof of liability insurance will be required, and that our formal agreement with the City will define other reporting and programmatic requirements.
2. No federal appropriated funds have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
3. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

Name: Steven Moyer

Title: Acting CEO

Signature: ORIGINAL SIGNATURE ON FILE Date: 12/01/2017

**CDBG PUBLIC SERVICES AND GRANTS APPLICATION
ATTACHMENT A**

Proposed Budget

Organization: Age Well Senior Services, Inc.

Program: Case Management/In-Home Support Services

EXPENDITURES

CATEGORY	MISSION VIEJO CDBG FUNDS	OTHER SOURCES (Specify Amount)	TOTAL BUDGET
Administration Salaries & Benefits			
Program Salaries & Benefits	\$6,250.00	\$138,141.00	\$144,391.00
Program Supplies		\$1,273.00	\$1,273.00
Facilities (Specify)			
Communications			
Insurance			
Utilities		\$1,062.00	\$1,062.00
Professional Services (Specify) Contracted		\$55,796.00	\$55,796.00
Other (Please specify) Travel & Meals		\$1,099.00	\$1,099.00
Other (Please specify) Conferences/Meetings		\$592.00	\$592.00
Other (Please specify) Audit/Payroll Processing		\$5,265.00	\$5,265.00
TOTAL	\$6,250.00	\$203,228.00	\$209,478.00

REVENUES

Source (Specify)	OTHER SOURCES (Specify Amount)	Is Source Secured via Contract?
Source: Cities of Lake Forest & RSM	\$12,600.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Source: City of Dana Point	\$15,000.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Source: City of San Clemente	\$5,500.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Source: Title IIIB Case Management	\$131,845.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Source: Fundraising/Grants	\$38,283.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TOTAL	\$203,228.00	

CDBG Funded Personnel - **ONLY** list personnel that will be paid with CDBG funds requested as part of the 2018-2019 Program Budget.

Not applicable

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO MV CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO MV CDBG ACTIVITY
Case Manager	\$45,240.00	\$	\$45,240.00	\$6,250.00	14%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO MV CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%