



# City of Mission Viejo

## Community Development Block Grant (CDBG)

### Program Year 2018-2019

### Public Service Grant Application

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#### A. GENERAL INFORMATION

1. Name of Proposed Program: Adult Day Services
2. Full Legal Name of Applicant Organization: Alzheimer's Orange County
3. Application Contact Person: Jackie Mark
4. Phone: 949-757-3763 Fax: 949-757-3700
5. Mailing Address: 2515 McCabe Way, Irvine, CA 92614
6. E-Mail: Jackie.Mark@alzoc.org
7. Location Where Services Will Be Provided: South County Adult Day Services, 24260 El Toro Rd., Laguna Woods, CA 92637
8. Official Authorized to Sign Contract: Jim McAleer, CEO
9. Federal Tax I.D. #: 95-3702013 DUNS Number: 186023672
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](mailto: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.)

SCADS enables seniors to remain living as independently as possible, for as long as possible, through the provision of medical and supportive services, as well as the provision of respite and support for their caregivers. The cost of SCADS to provide its Adult Day Health Care Services is approximately \$95 per day per participant and for its Adult Day Program, the cost is approximately \$72 per day per participant. Although some participants have insurance to cover this expense, many are under-insured or uninsured. Therefore, support from the community is essential to enable SCADS to provide this critical services for Lake Forest residents and their older family members impacted by AD, related dementias developmental disabilities or physical disabilities.

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 2<sup>nd</sup> 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

Previous Non-MV Funding Information (last 3 years)

Year	Agency	Program Name	Grant Amount

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>\$5,000</u>
Total Program budget:	<u>\$1,890,920</u>
Total Agency budget:	<u>\$9,177,380</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**: 150
- Of the number listed above in "a", what is the total number of unduplicated **Mission Viejo clients** to be served? 25
- Of the total Mission Viejo residents to be served listed above in "b", how **many will be assisted with CDBG funds**? All

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. Older adults are the fastest growing age group in Orange County, and are projected to increase by 142% by 2060 (OC Community Indicators Report, 2014). This increase will result in an increase in the demand for healthcare and other support services, as well as an increased burden on family members to support them. South County Adult Day Services (SCADS) provides a solution for family members and caregivers who work during the day, and helps to increase the quality of life for their older adult loved one. SCADS' target participants are older adults and persons with disabilities, including those with Alzheimer's disease (AD) and related dementias. Support from the community is needed to ensure that this underserved population receives compassionate care and has the ability to remain at home for as long as possible.
  
  - 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: Consistent with its mission, SCADS provides a secure and supportive environment for adults who need daily supervision and/or medical assistance. During the day, when family members are working, family caregivers are able to bring their frail loved ones to SCADS where participants receive nursing supervision, physical and occupational therapies, healthy meals, personal care assistance, health education and exercise programs, medication management, therapeutic activities and case management. CDBG support will ensure that 25 Mission Viejo residents have access to SCADS' adult day program services, enabling them to live independently or with family members longer, rather than going into institutionalized care, and remain in the City of Mission Viejo as key contributors to the community. This also provides family members respite from their caregiver role. Additionally, the social work staff will provide case management for participants and caregivers, connecting them to community resources.
  
  - 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. SCADS was started by Age Well Senior Services over twenty years ago and has been one of the few licensed adult day health care centers providing much needed services to those in South Orange County. In June 2016, Alzheimer's Orange County took over operations of the program. Under the new management, SCADS has flourished and moved into a brand new, remodeled facility. SCADS has a professional staff of 24 along with 80 volunteers. Staff includes: Executive Director, Program Director, LCSW Supervisor and social work staff, an RN Supervisor, RN's and an LVN, Certified Nurse Aides and Health Aides, an Activities Supervisor, Food Service staff member, and Program Aides. Consultants include: Staff Physician, Physical Therapist, Speech Therapist, Occupational Therapist, Registered Dietitian, Pharmacist and Licensed Clinical Social Worker. SCADS is licensed by the California Department of Public Health and monitored by the California Department of Aging.
  
  - d) Describe the organization's capacity to implement the program and meet projected service goals, and experience administering CDBG funds. During the intake/enrollment process, participants are included in the Child and Adult Care Food program. As part of this process, participants are asked to identify,

in general terms, their income level (this is optional) as a process of determining the amount SCADS will be reimbursed for providing the meal and snack program. This information provides SCADS with the overall income data for participants enrolled in the program. The Annual HUD Income Guidelines are used to determine each person's income eligibility. As part of the enrollment process, staff members utilize a person-centered care approach in interviewing participants and their caregivers/family to determine what their goals and desired outcomes are in participating in the program. From these interviews, a plan of care is developed by the professional staff team. The program will be monitored by Mallory Vega, Vice President of Direct Care Services, who has several years experience administering CDBG funds.

- 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. City of Mission Viejo CDBG funds will support approximately 25 Mission Viejo senior participants and will be applied to facility rental (\$2,000), program supplies (\$1,000) and utility expenses (\$2,000). As a result of the aforementioned merger with AOC, SCADS has increased its fundraising and program sustainability capacity. AOC has a diversified fundraising and sustainability strategy in place that ensures its programs and services continue, including SCADS' Adult Day Health Care and Adult Day Program, which are considered core services. AOC's fund development plan offers a balanced and diversified approach to long-term sustainability and overall program growth, and includes foundation grants and corporate giving, fundraising events, individual contributions and major gifts, government contracts, in-kind donations, and fees for services. In addition, AOC has an operating reserve which provides it with the ability to take advantage of strategic opportunities.

**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: Jim McAleer

Title: CEO

Signature: ORIGINAL SIGNATURE ON FILE Date: 12/1/2017

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

**Proposed Budget**

Organization: Alzheimer's Orange County

Program: South County Adult Day Services

**EXPENDITURES**

<b>CATEGORY</b>	<b>MISSION VIEJO CDBG FUNDS</b>	<b>OTHER SOURCES (Specify Amount)</b>	<b>TOTAL BUDGET</b>
Administration Salaries & Benefits		\$210,594.00	\$210,594.00
Program Salaries & Benefits		\$842,376.00	\$842,376.00
Program Supplies	\$1,000.00	\$117,110.00	\$118,110.00
Facilities (Specify)	\$2,000.00	\$250,000.00	\$252,000.00
Communications			
Insurance			
Utilities	\$2,000.00	\$96,880.00	\$98,880.00
Professional Services (Specify) Contractual Services		\$173,360.00	\$173,360.00
Other (Please specify) Transportation		\$99,000.00	\$99,000.00
Other (Please specify) Dues, Fees, Licenses		\$15,000.00	\$15,000.00
Other (Please specify) Depreciation, Amortization		\$81,600.00	\$81,600.00
<b>TOTAL</b>	<b>\$5,000.00</b>	<b>\$1,885,920.00</b>	<b>\$1,890,920.00</b>

**REVENUES**

<b>Source (Specify)</b>	<b>OTHER SOURCES (Specify Amount)</b>	<b>Is Source Secured via Contract?</b>
Source: Title 3B	\$40,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Source: Donations	\$100,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Source: Foundation Grants	\$200,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>	<b>\$340,000.00</b>	

**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
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROPOSED PROGRAM CONTRACT STAFF**

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