



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: Job Training and Development
2. Full Legal Name of Applicant Organization: Vocational Visions
3. Application Contact Person: Joe Orsak, Development Director
4. Phone: 949-837-7280 Fax: 949-859-9962
5. Mailing Address: 26041 Pala, Mission Viejo, CA 92691
6. E-Mail: jorsak@vocationalvisions.org
7. Location Where Services Will Be Provided: 26041 Pala, Mission Viejo and throughout local south county communities
8. Official Authorized to Sign Contract: Joan McKinney, Executive Director
9. Federal Tax I.D. #: 95-2972669 DUNS Number: 07-953-9797
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.)
To assist our clients make the transition to community integrated employment we are adding classroom instruction sessions related to job readiness and job preparation
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	\$9,880.00	Job training and development
2016-17	\$8,940.00	Job training and development
2015-16	\$13,775.00	Job training and development
2014-15	\$13,675.00	Job training and development
2013-14	\$14,390.00	Job training and development

Previous Non-MV Funding Information (last 3 years)

Year	Agency	Program Name	Grant Amount
2017-18	City of Lake Forest	Job training and development	\$5,210.00
2017-18	City of Rancho Santa Margarita	Job training and development	\$3,465.00
2015-16	City of Laguna Niguel	Job training and development	\$5,999.00

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

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

- | | |
|--|---|
| <input type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input checked="" 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>\$15,500</u>
Total Program budget:	<u>\$3,597,284</u>
Total Agency budget:	<u>\$8,327,224</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**: 263
- Of the number listed above in "a", what is the total number of unduplicated **Mission Viejo clients** to be served? 92
- Of the total Mission Viejo residents to be served listed above in "b", how **many will be assisted with CDBG funds**? 92

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. Adults with intellectual and other developmental disabilities (I/DD) face many obstacles to employment: architectural, communication, transportation and attitudinal. The California Department of Developmental Services reported that only 13% of individuals with I/DD were employed. California has initiated an employment first philosophy for the adults we serve meaning the our first program option should be community integrated employment. Funding from Center for Medicaid Services (CMS) now requires integrated employment as the preferred program option for adults with I/DD. So far 28 of the Mission Viejo residents we serve have been placed into such programs for employment.

 - 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 expected outcome is for our clients to achieve community integrated employment and then to retain their jobs. We provide our clients with job seeking and preparation training to include resume writing, interviewing skills, completing job applications and instructions that address unique barriers fo their employment. Once employed we provide on the job suportvia a job coach to teach them soft skills needed at work, building relationships with co-workers and how to seek help when ther is a problem at work. Our job coaches also maintain relationships with our clients' employers to advocate for higher wages, career advancement and to provide strategies for our clients to perform their jobs to the best of their ability and as independent as possible. It takes on average six (6) to nine (9) months for our clients to find employment. Job coaching continues as long as the client is employed and fades as they become more independent at their jobs.

 - 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. Vocational Visions enhances our community by developing the talents of adults with developmental and intellectual disabilities. We create pathways to employment, life long learning and social inclusions. We are helping to make our community whole. Our employment and day programs are accredited by CARF International, our day programs are licensed by Community Care Licensing and we receive referrals from both the Regional Center and the Department of Rehabilitation. We provide services from our two Mission Viejo locations. and throughout Orange county.

 - d) Describe the organization's capacity to implement the program and meet projected service goals, and experience administering CDBG funds. Vocational Visions has since 1974 provided quality licensed services to adults with I/DD. Our job developers work closely with the business community to match our clients to the labor needs of local employers to find the best matches.

 - 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. Funds will be used to support the

job developer position(s) in our employment programs. Our management costs are 6% and our fund development costs are 3% of our overall budget. 91% of every dollars goes directly to serve our clients.

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: Joan McKinney

Title: Executive Director

Signature: ORIGINAL SIGNATURE ON FILE Date: 12/15/2017

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

Proposed Budget

Organization: Vocational Visions

Program: Job Training and Development

EXPENDITURES

CATEGORY	MISSION VIEJO CDBG FUNDS	OTHER SOURCES (Specify Amount)	TOTAL BUDGET
Administration Salaries & Benefits			
Program Salaries & Benefits	\$15,500.00	\$2,963,413.00	\$2,978,913.00
Program Supplies		\$20,265.00	\$20,265.00
Facilities (Specify)		\$122,040.00	\$122,040.00
Communications		\$14,370.00	\$14,370.00
Insurance		\$34,983.00	\$34,983.00
Utilities		\$236,359.00	\$236,359.00
Professional Services (Specify)			
Other (Please specify) Vehicles		\$90,495.00	\$90,495.00
Other (Please specify) Amortization		\$94,859.00	\$94,859.00
Other (Please specify)			
TOTAL	\$15,500.00	\$3,576,784.00	\$3,592,284.00

REVENUES

Source (Specify)	OTHER SOURCES (Specify Amount)	Is Source Secured via Contract?
Source: State	\$3,402,308.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Source: Employer	\$370,447.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL		

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
Community Employment Manager	\$46,756.00	\$3,7400.00	\$50,496.00	\$15,500.00	2.0%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

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