

City of Burlington / 2015 CDBG Application Form

Project Name: Ethan Allen Residence Expansion

Project Location / Address: 1200 North Ave., Burlington, VT 05408

Applicant Organization / Agency: Awakening Sanctuary, Inc dba Living Well Group

Mailing Address: SAME

Physical Address: SAME

Contact: Dee DeLuca Title: Executive Director Phone #: 802.453.2627

Web Address: www.livingwellcarehome.org Fax #: _____ E-mail: ddeluca@livingwellgroup.org

EIN #: 03-0358421 DUNS #: 010693351

CDBG Funding Request: \$ <u>30,000</u>	
Check <u>ONE</u> :	<u>X</u> 1 year (Equal Access, Health, Development Projects)
	_____ 2 years (Childcare, Early Childhood, Youth)

1. Type of Organization

- Local Government
- Non-Profit Organization (please provide copy of your IRS 501(c)(3) tax exemption letter)
- For-Profit Organization
- Institution of Higher Education
- Faith-Based Organization

2. Conflict of Interest: X Please complete and sign attached form.

3. List of Board of Directors: X Please attach.

Certification

To the best of my knowledge and belief, data in this proposal are true and correct.

I have been duly authorized to apply for this funding on behalf of this agency.

I understand that this grant funding is conditioned upon compliance with federal CDBG regulations.

I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator. In addition, this project is ready to proceed as of July 1, 2015.

Paul K. Kervick
Signature of Authorized Official

PAUL K. KERVICK
Name of Authorized Official

President
Title

1-11-15
Date

I. Demonstrated Need

1. What is the need/opportunity being addressed by this program/project and how does that contribute to CDBG's national objectives?

Living Well is a residential community care home addressing health disparities in our greater community through innovative approaches and programs that help break the cycle of chronic illnesses often faced by low- to moderate-income elderly Vermonters. Living Well's Ethan Allen Residence in Burlington, Vermont, currently serves 36 elders: 18 are low-income, Medicaid clients and the remaining 18 are moderate-income seniors. This project will increase Living Well's Medicaid-eligible services at Ethan Allen to 47 residents; 25 very-low to low-income; and 22 moderate-income residents; including 1 very-low-income; 1 low-income; and 2 moderate-income current Burlington residents. The limited number of beds for low- and moderate-income elderly Burlington residents creates a very strong demand and a high level of unmet needs, especially for Alzheimer/memory challenged residents. Living Well's goal is to create a community that addresses the needs of all of its residents including those with limited resources and memory challenges.

According to the *U.S. Census Bureau, Population Division, Interim State Population Projections by Selected Age Groups: April 1, 2000 to July 1, 2030*, by 2016 the number of seniors with disabilities will increase 19% and the number of seniors living in the community with disabilities will increase 45%. The 2010 US Census reports that of Burlington's residents 65 or older 8.8% live below the federal poverty level.

As described in HUD's Guide to National Objectives and Eligible Activities for State CDBG Programs, Section 101(c) of the authorizing statute sets forth the primary objective of the program as the development of viable communities by the provision of decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low- and moderate- income. This project meets the CDBG objectives of Benefiting Low- and Moderate-Income Persons; and Meeting Urgent Needs by providing low-income residents Level III care in a residential environment. In addition to safe housing, Living Well provides core programs including: Living Arts Program including art, movement and gardening; Integrative Medicine Program: Coordinating naturopathic medicine with primary care physician/specialists; Whole Foods/Nutrition Program: Promoting wellness through quality nutrition and supporting local growers and food-based nonprofits; Education, Community Outreach and Fund-Raising Programs: State-of-the-art social networking and partnering with UVM Medical School to pursue Community Based Participatory Research programs; Care for Veterans: Maintaining current and emerging VA regulations and population-based care issues; Licensed Nursing Assistant Program: Provides local accessibility for licensing to employees and local community members.

II. Program/Project Design

1. Describe the program/project activities. [UWCC]

The project is to renovate Ethan Allen Residence, a Level III Residential Care Community, in Burlington's New North End. Living Well is working to increase the number of residents in the community to 47 with approximately 25 beds committed to low-income residents.

To accomplish this renovation with minimum disruption, the project will have to be accomplished in three phases. Phase I, the lower level of the building, will be renovated to create rooms to house the residents living in the upper level of the building. Phase I includes the installation of an elevator to service all three floors. Phase II includes renovating the second floor, creating the second new neighborhood and a community space. Phase III includes renovating the first floor into the third and fourth neighborhoods.

Within each neighborhood Ethan Allen will include 3-4 residents with memory challenges. Unlike most communities with memory impaired residents, Ethan Allen will not isolate them from the other residents. By integrating these residents with the general population, we increase the quality of their life and that of the other residents. By designing the community with small residential neighborhoods, Ethan Allen will be able to create a more comfortable, home-like environment with familiar cues to help orient the residents. By keeping the social groups small it will be easier for all residents to participate in the daily activities of their home and the facility at large.

2. Why is the program/project designed the way it is? Explain why the program activities are the right strategies to use to achieve the intended outcomes. [UWCC]

Providing affordable housing for vulnerable seniors in need of residential care is one of Living Well's primary goals. The subsidies provided by Medicaid do not cover the full cost of residential care, and the financial constraints of the Federal and State governments suggest that these subsidies will be level funded going forward, and certainly will not grow with the cost of living. Medicaid does not provide any subsidy to cover the cost of extra services for those with memory impairment (Alzheimer's, etc.). To cover the gap between cost and subsidized rents, Living Well has designed this facility to combine housing for very-low, low-, and moderate-income residents. Joining a large family group provides critical support for seniors' social and emotional needs. The neighborhood design allows Ethan Allen Residence to compete successfully for private pay residents, which then helps supplement the Medicaid-eligible residential structure.

The primary organizing principle of the expansion/renovation is to create four residential neighborhoods, which allow the programs for the residents to be organized around 4 small groups of 10 to 12 residents. The organization of the community into neighborhoods creates a small group living environment that allows the residents to relate to each other more like a family. Each neighborhood will have its own living room/dining room/kitchen and laundry. The small group structure encourages each resident to engage in the active life of the community. The staff relate with the residents more consistently and with more one-on-one focus in the small group setting. Everyone within the neighborhood – staff and residents – becomes engaged in creating and responsible for the quality of life.

Critical to the quality of our Memory Care Program is integrating the memory care residents into the small group living environment. Relating to the small group is easier for a resident experiencing memory loss. Residents without memory loss are more supportive and caring in a small group. Isolating residents with memory care in locked units is very disorienting, especially to those in the earlier stages of memory loss. In many communities, where they are not in locked down units, the programs are organized around the needs of the residents who do not suffer from memory loss. So while not physically isolated they become socially isolated. By providing a more supportive memory care program and trained staff integrated into the small group neighborhood, Ethan Allen Residence is able to support the memory care program for residents in need of special care.

3. How will this program/project contribute to the City's anti-poverty strategy?

Living Well's Ethan Allen Expansion Project will contribute to the City's anti-poverty strategy in several ways: As stated in the City's 2013 Consolidated Plan Strategic Plan, this project meets the goals of DH 2.1 *Produce new affordable rental units* and DH 1.2 *Protect the Vulnerable New Permanent Supportive Housing*. Living Well is defining its development plans based on input from neighborhood committees, residents, families, and city and state officials. This development also meets the basic needs and stabilizing living situations, including access to and retention of affordable housing and to income supports; increasing and protecting asset accumulation and resident net worth; decreasing social isolation and increasing social capital, especially for marginalized populations.

In Vermont, including the City of Burlington, most low-income seniors in need of long-term care end up being admitted into nursing homes, where their choices and opportunities are more limited. This is due in part to the federal Medicaid waiver rules and regulations, but also because the number of beds available in residential care settings is limited. Providing safe, enriching, and community-centered residential care for low-income seniors will provide an affordable and holistic continuum of care while affording these seniors more choices and autonomy in their economic security. Living Well has proven that holistic, integrative, enriching care is possible within the parameters of Medicaid, and we are now poised to expand this effective care model. This project also meets the criteria of *Retain and Increase Number of Jobs* in the City through expanding the need for additional staff, nurses, and aids in the future.

4. How do you use community and/or participant input in planning the program design and activities? [UWCC]

Living Well has been meeting with representatives from the City, Wards 4 and 7, neighborhood groups, and Vermont's Congressional delegation to describe the project, explain the need, and get input on its design and function. (The original plan consisted of six neighborhoods and a three-story addition. Due to constraints on funding, neighborhood input, and the City's zoning and planning requirements, Living Well

has rescaled the project to be built in four phases to construct four neighborhoods within the existing footprint, reduced from the original six neighborhood design.)

Living Well staff, board, residents, and family members are all involved in the planning and design through the use of the Dynamic Governance system, where the consent principle governs decision-making. There are multiple overlapping circles; a Circle is a group of persons who are functionally related. Each Circle has its own aim and has the authority and responsibility to execute, measure, and control its own activities consistent with these Bylaws and other Governing Documents, and the limitations set by the next higher Circle. There are staff circles, family circles, resident circles, and so on. Each circle overlaps with another circle and each circle has a representative from an overlapping circle.

III. Proposed Outcomes

1. What are the intended outcomes for this project/program? How are people meant to be better off as a result of participating? [UWCC]

Intended outcomes include 25 beds for low-income seniors; 22 beds for moderate-income residents some with physical and/or memory challenges; a new state-of-the-art facility that will enhance the community and provide opportunities for collaboration, education, and activities not currently found in residential community care homes; a working model of care that provides high-quality, integrative services to residents regardless of their ability to pay that may serve as a model to other residential care homes.

Additional intended outcomes include an expanded community residential care home that serves the needs of a wide array of its residents through meaningful connections with their care providers and extended family, with each other, and with members of the broader community where they reside. Family input and engagement also offer opportunities to design personal health plans and activities. Exercise, strength training and healthful diets are all part of daily life that honors individual needs and preferences. The healthful benefits of local, natural foods, holistic medication management, and abundant opportunities for physical and social activity complete the circle of wellness, connection and engagement.

2. List your goals/objectives, activities to implement and expected outcomes (# of units, # of individuals, etc.)

<p>Provide safe, holistic housing and residential care for very-low, low- and moderate-income seniors.</p>	<p>Obtain funding and secure all permits required to begin Phase I; Complete design development; begin planning and costing with general contractor; Complete working drawings and put the construction work out to bid. Negotiate construction contracts and start construction. Install elevator to service all three floors; and replace HVAC system for the entire building. Renovate the building into four neighborhoods, including in each a central living room, kitchen, dining room.</p>	<p>Renovate 33 units of housing to provide a community of care for 47 vulnerable elders.</p>
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IV. Impact / Evaluation

1. How do you assess whether/how program participants are better off? Describe how you assess project/program outcomes; your description should include: what type of data, the method/tool for collecting the data, from whom you collect data, and when it is collected. [UWCC]

Currently, Living Well has baseline health data for all residents (13 residents at the Bristol location and 36 residents at the Burlington location) based on their annual resident assessments. Thus far, residents and family members have expressed satisfaction to staff and administrators with the services provided. Nurses complete an annual resident assessment on all Living Well residents. This assessment was developed by the state of Vermont and quantifies caregiving needs [activities of daily living (ADLs), instrumental activities

of daily living (IADLs), and medications used on a regular basis]. Additional holistic health status measures that will be added using nationally recognized evidence-based tools include: sleep, pain, fall risk, spirituality, depression, self-esteem, and cognition.

Living Well staff will also document outcomes achieved from the relationship levels to assess caregiver burden in both the custodial caregivers employed by Living Well and the family caregiver who is the primary contact person for the resident. We prioritize purchasing supplies and services from local providers, particularly with regard to food. We also collaborate with local universities to provide service learning opportunities for medical, nursing, and nutrition students.

- 2. How successful has the project/program been during the most recent reporting year for your CDBG project? Report the number of beneficiaries you intended to serve with which activities (as noted in your last Attachment A) and your final outcomes (as noted on your Attachment C) from June 2014 (or June 2013). For non-CDBG participants – just report on your achievements from the previous year.**

Living Well received a \$36,000 CDBG grant in 2014 for this expansion project. Over the past year, we have been assessing our initial development plans, and making adjustments as new information became available. The original development plan included six neighborhoods and a new, three-story addition. Due to funding challenges, feedback from neighborhood community members, and the City's zoning and planning requirements, Living Well has rescaled the project to be built in phases with four ultimate neighborhoods within the existing building envelope.

The other development that occurred this year was learning that in order to install the elevator to service all three floors (the entire renovation project rests on the installation of the elevator) and make this expansion possible, current engineering and architectural designs now require that the existing stairwell (which encloses an undersized shaft) will have to be completely reconfigured to provide for both an elevator and stairwell. (Note: The elevator has to be large enough to handle a gurney given the age of our population and the City of Burlington elevator code requirements.) The result is the cost of the elevator installation has increased from approximately \$180,000 to approximately \$350,000.

- 3. How does this data reflect beneficial outcomes of this project/program? Has this impacted your program planning at all? [UWCC]**

This expansion is proceeding as working capital becomes available, and as the timeline of estimated construction progress changes, we are adapting our timeline as well. We are now in the process of firming up the plans and schedules and expect to begin renovation work this spring, and we expect to be able to order the elevator before June 2015. The 2014 CDBG grant will be utilized to help purchase the elevator (cost of \$119,000) and will be fully spent down by June 2015.

V. Experience / Organizational Capacity

- 1. What is your agency's mission, and how do the proposed activities fit with your mission?**

Incorporated as a nonprofit entity in 2004, Living Well is licensed by the State of Vermont as a Level III residential care home addressing health disparities in our greater community through innovative approaches and outreach programs that help break the cycle of chronic illnesses often faced by low- to moderate-income elders and disabled Vermonters. Living Well's mission is resident-focused caring for elders that promotes wellbeing within a wide range of community connections.

As innovators in residential elder care, Living Well is currently poised to more broadly influence systemic change in providing quality, equitable health care for elders. Living Well is committed to replicating the financial, as well as social profitability, of its model. Living Well received the Governor's Excellence Award as the state's Program Champion, recognized as an "extraordinary role model for healthy aging." Living Well has also received the Vermont Health Care Association's Licensed Nursing Assistant of the Year (2008) and Administrator of the Year (2009) awards, as well as the 2010 Employer of the Year Award from Vermont's Department of Vocational Rehabilitation, and 2014 Vermont Health Care Association Annual Award for Chef/Alchemist Culinary Team.

2. Please describe any indications of program quality, such as staff qualifications and/or training, adherence to best practices or standards, feedback from other programs or organizations you partner with, etc.

During the past year, we have made significant changes to the management team, staff, and professionalism of all staff. The management team includes: Dr. Donna Powell, N.D, Jeanette O'Conor PhD, Susan Sweetser, M.B.A, J.D, Martha Loving, M.F.A, Dee DeLuca, M.Ed. The management team is implementing new systems and protocols for all documentation and best practices for all facets of the facility. We are developing new trainings for staff and families working with Alzheimer patients, and have implemented new tracking and assessment protocols.

3. What steps has your organization/board taken in the past year to become more culturally competent?

Living Well has begun a board recruitment initiative to develop a more socially and racially diverse board. Living Well's staff is comprised of people from Bosnia, India, Pakistan, and other people of color, so the organization is reaching out to the Vermont Refugee Resettlement Program to improve its workplace for New American's and is continuing to train new staff on working across cultural and language differences. Living Well is an Equal Opportunity Employer and is committed to a policy of providing equal employment opportunities to all.

4. Have you received Federal or State grant funds in the past three years? Yes No
5. Were the activities funded by these sources successfully completed? Yes No N/A
If No, please explain:

Please see section IV, questions #2 and #3. (We received a BHTF and CDBG grant in 2014.)

VI. Proposed Low & Moderate Income Beneficiaries / Commitment to Diversity

1. Will the program target a specific (solely) group of people? If so, check ONE below:

Abused Children Elderly (62 years +) People with AIDS
 Battered Spouses Homeless Persons Illiterate Adults
 People with Severe Disabilities

2. For your proposed project, please estimate how the Burlington residents will break out into the following income categories during the total grant period. Use the Income Table at <http://www.burlingtonvt.gov/CEDO/2014-HUD-Income-Limits>

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Renovate and/or build 33 units. Increase Ethan Allen's residents to 47. (All Ethan Allen residents are Burlington residents.)	47	12	13	22	

3. a. Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community/location or other characteristic of the people this program is intended to serve. [UWCC]

Living Well's constituency is low- to moderate-income, ages 40 and older, Vermonters and residents of our Level III community care homes. Many residents suffer from chronic illnesses or some form of disability and

some are veterans with associated mental health challenges. Living Well Bristol serves 13 elders and Living Well Ethan Allen serves 36 residents. Of the 49 elders currently served, there are 3 persons of color, 10 veterans, 15 males, and 34 females. Twenty-four of the 49 residents meet the nursing home level of care, which means their care is supervised by a physician and administered by a Registered Nurse or Licensed Practical Nurse. The Ethan Allen expansion will increase numbers served by Living Well to 60.

b. How do you select and reach your target population?

Living Well has a variety of means to reach intended target population. In addition to word-of-mouth, the organization has undertaken a media campaign in local print media, our website offers a comprehensive description of the organization and its services, in addition, board members are implementing a community-based education and outreach campaign to describe Living Well's goals and mission.

4. Describe the steps you take to make the project/program accessible, inclusive and culturally appropriate for the target population. [UWCC]

Living Well has developed a process of reaching out and educating individuals, organizations, and officials within our community to engage the community with Living Well and our residents, and our residents and staff with their communities. Activities include: Community potluck dinners, outreach to local schools including at risk high school students, local farming communities for our Farm to Care whole foods program, and local religious organizations and social service organizations. Currently, Living Well (LW) has 30 committed volunteers, and is a site placement for Americorps*VISTA volunteers at both Burlington and Bristol to increase the number and scope of our community volunteers. We recognize the need to establish a vibrant group of volunteers to provide a more active and socially connected experience for our residents.

VII. Budget / Financial Feasibility

1. Budget Narrative: Provide a clear description of what you will do with CDBG's investment in the program. How will you spend the money? Give specific details. [UWCC]

The CDBG grant will support the costs for the Phase I basement renovation including handicap accessible/ADA compliant improvements, elevator installation, HVAC, and mechanicals.

2. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project/Program Design. N/A

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Phase I: Basement Renovation: Including elevator shaft, elevator installation, 7 new rooms, kitchen, living room, ADA improvements, HVAC, Energy efficiency improvements, soft costs, developer's fees, other fees.	\$30,000	\$1,889,000.	\$1,919,000.

4. Funding Sources

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$36,000	\$30,000	\$36,000	\$30,000
State (specify)				
VHCB	\$10,000	0	\$10,000	0
BHTF Grant	\$20,000	\$20,000	\$20,000	\$20,000

Federal (specify)	0	0	0	0
United Way	0	0	0	0
Private (specify) Foundation Grants		\$255,000	\$36,500	\$275,000
Program Income: (Including private and public insurance, VT Medicaid Remittances)		\$57,000	\$2,696,210	\$3,558,010
Other (specify) Merchant's Bank		\$841,000		\$841,000
VCLF		\$600,000		\$600,000
Private Investor	\$50,000		\$450,000	
Total	\$116,000	\$1,803,000	\$3,248,710	\$5,324,010

5. Of the total project cost, what percentage will be financed with CDBG?

$$\frac{\$ \underline{30,000}}{\text{CDBG Funding}} \div \frac{\$ \underline{1,919,000}}{\text{Total Program/Project Costs}} = \underline{1.56} \% \text{ Percentage}$$

6. Of the total project cost, what would be the total cost per person?

\$1,919,000 ÷ 47 = \$40,830* this isn't per person but for the life of each resident and all future residents

7. Why should CDBG resources, as opposed to other sources of funding, be used for this project?

This project meets HUD's and the City's goals for use of CDBG funds and will benefit the City, the New North End, and surrounding neighborhoods through compassionate, professional services that honor the individual, and are innovative, accessible, inclusive and engaged in our communities for decades to come.

8. Describe your use of community resources, including volunteers. Include any resources not listed in your budget. Will CDBG be used to leverage other resources?

Living Well's ability to secure loans, including a USDA secured loan, private foundation grants and private investor funds are greatly improved by the City's commitment to the project via a CDBG grant award.

9. If your organization has experienced any significant changes in funding levels during the past year, please explain.

During the past year, we have increased our number of residents at Ethan Allen from 30 to 39 with minimal investment and increased our percentage of Medicaid residents from 33% to 50%. Both of Living Well's facilities are at capacity with waiting lists. We have stabilized the staffing and implemented cost saving measures while increasing access to holistic wellness programs, local foods, art therapies, activities, and increased topics for and number of staff trainings.

10. What cost-cutting measures has your organization implemented?

The "neighborhood" design will result in more efficient of systems for caregiving services, housekeeping, and food service, more efficient delivery of services and increase resident's engagement and quality of life in their community. There are myriad ways that an integrative/holistic approach reduces costs and increases quality of life: two residents have COPD and were being prescribed steroid-based inhalers and medicines at a very high cost. This treatment was not delivering the desired results, and so in conjunction with the patient's doctors, Living Well's naturopathic doctor is running a parallel protocol using a liquid tincture to treat their disease. The prescriptions costs \$500/month versus \$5/month for the tincture, helping these residents breathe better and function more actively with fewer side effects.

VIII. Collaboration/Efficiency

- 1. Share specific examples of how your agency collaborates with other programs or agencies to address the needs of the people you serve. Do not just list organizations with whom you collaborate. [UWCC]**

Living Well collaborates with numerous partners and organizations, including: UVM Center on Aging Community Council member; UVM Community-based Research Placement Site for graduate student projects; UVM Integrative Medicine Course Student internship placements; Member Vermont Elder Resource Group Organization serving Vermont senior population; Member Vermont Healthcare Association Organization advocating on behalf Vermont's nursing, residential care, and assisted living homes and communities. Past recipient Administrator of the Year award; Schwartz Center for Compassionate Health Care 2013 nominee for the compassionate caregiver award from national nonprofit dedicated to strengthening the relationship between patients and their clinical caregivers; High School Partners match computer lab students to teach Living Well residents computer skills; Vermont Health Care Association Annual Conference; Northern Organic Farmers Association Annual Conference; 50+ EXPO Annual Conference; Vermont Elder Resource Group meetings; UVM Gerontology Symposium; Green Mountain Care Board Annual Conference presenter, annual sponsor for Vermont Blueprint for Health Conference.

- 2. Describe your agency's efforts at becoming more efficient in achieving your outcomes or managing your project/program.**

Living Well has implemented new internal systems to operate the residence at an efficiency level that decreased operating expenses and will carry over to the expansion, these include: new methods of care giving, redesigning procurement systems, staff satisfaction and increased training, offering local, healthy foods, and researching and implementing best practices in residential care settings.

- 3. What other agencies provide similar services or programs? [UWCC]**

The greater Burlington area has four Level III residential care facilities, Ethan Allen Residence, Lakeview Community Care Home; St. Joseph Residential Care Home; and Converse Home. Living Well's Ethan Allen Residence is the only residential care home to offer holistic care to low-income residents. There are no other Level III residential facilities planning an expansion for Medicaid-eligible Burlington seniors.

IX. Sustainability

- 1. How will this project have a long-term benefit to the City of Burlington? If this project ends, will that benefit continue?**

Living Well's Ethan Allen expansion will have a long-term benefit to Burlington by: creating 25 Medicaid-eligible units in a sustainable and holistic residential care home setting; providing 22 market-rate units to elders, people with disabilities, and veterans; providing art, music, movement therapies to residents; developing a sense-of-place for residents with both other residents and community members through the design of the facility, programming, and outings; providing nutritious local meals and nutrition education so residents eat well and maintain their health; offering residents and their families input in the day-to-day activities as well as the long-term programs and goals; becoming an integral part of the new north end neighborhood and collaborating with other service providers and agencies. These benefits will all continue as Living Well will be developing and maintaining this expansion as part of their business plan and mission.

- 2. If CDBG funding ends, will the project be able to continue?**

Yes, the revenue from the newly renovated units and increasing the number of residents will increase sources of income, including: Resident Room & Board (including private and public insurances); VT Medicaid Remittances; and grant funding.

**Awakening Sactuary, dba Living Well Group
2015 Board of Directors**

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AWAKENING SANCTUARY INC
PO BOX 44
MONKTON, VT 05469

Employer Identification Number:
03-0358421
DLN:
17053088771073
Contact Person:
JANINE L ESTES ID# 31126
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated February 2, 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

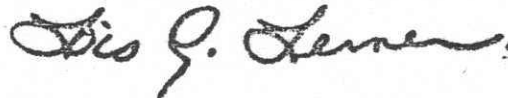
Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

**2015 CDBG Application
Conflict of Interest Statement**

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who is or has been, within one year of the date of this questionnaire, (a) a CEDO employee or consultant, (b) a part of the Mayor's Office, (c) a City Councilor, or (d) a member of the CDBG Advisory Board?

Yes No

If yes, please list the name(s) and information requested below:

Name of person:

Job Title of person:

Indicate: CEDO employee or consultant; Mayor's Office; City Councilor; Advisory Board member

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has been, within one year of the date of this questionnaire, (a) a CEDO employee or consultant, (b) part of the Mayor's Office, (c) a City Councilor, or (d) a member of the CDBG Advisory Board?

Yes No

If yes, please list the name(s) and information requested below:

Name of person:

Job Title of person:

Indicate: CEDO employee or consultant; Mayor's Office; City Councilor; Advisory Board member

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of: (a) a CEDO employee or consultant, (b) part of the Mayor's Office, (c) a City Councilor person, or (d) a member of the CDBG Advisory Board?

Yes No

If yes, please list the names(s) and information requested below:

Name of member:

Indicate: CEDO employee or consultant, Mayor's Office, City Councilor; Advisory Board member

Indicate type of tie: Family or Business

If family, indicate relationship:

Authorized Signature:

Paul K. K...
Signature of Applicant's Representative

1-11-15
Date

President
Title

Awakening Sme...
Agency