

CITY OF BURLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT - 2018 APPLICATION

Application must be no more than 8 total pages with 12 point font.

Refer to NOFA for required information for each question.

Organization/Agency: **Turning Point Center of Chittenden County (TPCCC)**

Project Name: **A Place to Call Home**

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? *

We are purchasing a commercial building at 177-179 South Winooski Avenue, Burlington, VT. The purchase of this building is a wonderful step forward for the TPCCC. We have been renting various spaces since our beginning in 2005. Currently we pay \$3,750 in rent to occupy our current location. By owning a property we can begin to build equity, have a more secure situation than our current month to month leasing arrangement, and provide our guests the space to begin and grow their recovery from alcohol and/or drug addiction. The requested funds would pay for a portion of renovating the top floor of the building which would house the TPCCC. Currently the space is comprised of small office space and a few larger meeting rooms. We need a more open space for all sorts of activities for our guests. The funds would help pay for creating a more open and inviting space for our guest population.

We have between 2,500 and 3,000 guest visits per month in the TPCCC. Over 60% of our guests are in their first year of recovery. It is our mission to support them so they can stay in recovery. Issues of housing, jobs and dealing with trauma are common for people in this new phase of their lives after years actively using drugs.

As per the CDBG National Objectives of supporting people who are of low and moderate income our guests have lost just about everything but the clothes on their backs when they start their recovery. We also work hard to find jobs for our guests which meets another CDBG National Objective: economic opportunity. We strongly believe that all people need love and meaningful work. We can offer warm support within the TPCCC and if we can also help our guests find meaningful work we have helped them greatly on their road in recovery. Lastly, the TPCCC is part of the solution for this terrible opiate epidemic that we are currently experiencing. The CDBG National Objective of Meeting an Urgent Need fits perfectly for what we are trying to do in helping move people into recovery from alcohol and/or drug addiction. On top of all the overdose deaths that Burlington experienced in 2017 traffic deaths in VT rose this past year and 50% of those deaths can be attributed to someone driving while drunk or high on drugs. We can do better.

II. Program/Project Design

1. Give us a short summary (2 sentences) that describe the program/project.

The requested funds would help pay for renovations of the top floor of the building we are purchasing. The space will go from a myriad of offices to a more open space with ample meeting rooms for various TPCCC activities.

2. Explain why the program activities are the right strategies to use to achieve the intended outcomes. Why is the program designed the way it is? (cite evidence, best practices, or community input)*

We found that providing an open space with tables and chairs encourages our guests to connect with each other. We are a peer run recovery center thus all staff, volunteers, peer support workers and guests are in recovery from just hours to years. Making connections with others in recovery is the magic of our Center. The power of peer support is amazing and is documented quite well on the SAMHSA.gov web site.

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

Supporting people new into recovery has many benefits that address the City's anti-poverty efforts. First of all, we spend a lot of time with all of our guests helping them prepare for work, and ultimately finding work. We have Recovery Peer Support Specialists who address issues of housing and work with our guests. Reconnecting people to the work world helps individuals stay in recovery and also helps them begin contributing back to their community. It is a big win-win.

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

As this question relates to our space renovation we have begun to solicit ideas from board members, staff, volunteers and guests in terms of what they would like the space to encompass. Ideas suggested include: an open café style space for people to socialize, a library, fitness room, art room, new moms in recovery room, office space for staff, sponsor/recovery coaching rooms and large and small meeting rooms.

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?

By renovating to create an open space and other designated areas for various activities we intend to make the TPCCC as inviting as possible. Our current location has the open space we want to recreate in our new Center. It does not have the office space and specialized meeting rooms that we need to keep our Center growing. For example, we have started a New Moms in Recovery program. We have hired a Recovery Peer Support Specialist and support groups have begun with many of the young women coming from the Lund Center. We currently do not have a safe and private room for the New Moms so they can breastfeed and their children can play. Our new space will have that built into the renovation design.

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

The new building's top floor, which we will occupy, is 5,500 square feet. Currently it is cut into small/medium size offices. We will need to open up the space to accommodate a large open area that will be used for our 9am to 5pm recovery support hours. Also a part of our space reconfiguration will be to have meeting rooms for 12 step meetings, a new mom's space, library, fitness room and plenty of sponsor meeting and recovery coaching rooms.

All of the renovations are designed to allow for a multifaceted recovery center where meetings, one on one support and the many alternative health offerings can take place simultaneously. In this

way, we can optimize our ability to support people in recovery knowing that everyone's path in recovery is unique to themselves.

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. ***

We use a number of evaluation tools to gauge program participants in how effective the Center is in their lives. The state Department of Health, Division of ADAP requires that 100 surveys are submitted by our guests that detail how the Center is impacting their lives. Also each year we are required to have a peer review that includes 10 surveys filled out by our guests and another 7 filled out by our agency partners. These provide a forum on how we are meeting the needs of our target population. To date we have been recognized by peers and our guests as an invaluable recovery center. We have passed the state required peer review with no exceptions listed.

Finally, we have an in-house survey that gathers information about our guests, what they like and what can be improved in our Center. It is this survey that revealed that 38% of our guests' drug of choice is Alcohol and 34% is heroin. Over 60% of our guests are in their first year of recovery. We also learned that of the 8 categories of wellness, the two that are lowest for our guests are financial wellness and occupational wellness. This information has prompted us to write grants and train our recovery peer support specialists to help support people prepare and gain employment!

- 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 2017 (or June 2016). For non-CDBG participants – report on your achievements from the previous year.**

2017 has been a most successful year at the TPCCC. We are the largest of 12 peer run recovery centers in the state. We have between 2,500 and 3,000 guest visits per month. Per guests interest we have expanded our offerings to include a number of alternative health activities for our guests. These activities include: Recovery Community Yoga, meditation, acupuncture, Karate, Reiki, open art and mask making workshops. We were recently featured in a cover story in Seven Days for our unique and powerful approaches to supporting people in recovery.

Also we launched in 2017 a capital campaign to purchase a property in downtown Burlington. To date, we have raised over \$385,000. It is this successful campaign that is allowing us to purchase the property at 177-179- South Winooski Avenue and thus this application to transform the space to make it work for the TPCCC.

V. Experience / Organizational Capacity

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

The TPCCC's mission is to provide a drug and alcohol free environment for peer to peer recovery activities, fellowship, events, wellness and recovery related programs, 12 step meetings, recovery coaching and one on one support. The TPCCC respects all paths to recovery. We are open 365 days a year to provide peer to peer recovery support, assistance and networking to individuals in

recovery and their families. The renovation work would allow us to expand our offerings given that we will have an additional 2,000 square feet in the new building once the space is opened up.

2. Explain how your agency has the capacity to carry out the proposed activity (i.e. staff qualifications, years of experience related to this type of activity, etc.)*

We will complete the renovation project by soliciting 3 bids from area contractors. Our executive director is well versed in contracting processes, having been a Branch Chief at the federal SAMHSA for 10 years. Also our buyer broker for securing this property has a vast background in knowing the construction field and overseeing other projects on a larger scale for clients of his.

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

Our executive director has an extensive background in leading cultural competence seminars both within the federal government and as a national consultant. During the past year we worked hard to create a culturally diverse workforce. During staff meeting, we spend time addressing issues of gender identity, and ethnic and racial awareness issues. The measure of success with this work has been a noticeable increase in African Americans making use of our center as well as a number of gender neutral people engaged with the TPCCC as staff and volunteers.

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:

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

1. a. 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 <https://www.burlingtonvt.gov/CEDO/2017-HUD-Income-Limits>

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Renovation of Space	3,000	1,500	1,000	500	

b. All CDBG grantees serving limited clientele will be required to use CEDO's *CDBG Beneficiary Self-Certification* form to collect beneficiary data including race, ethnicity, annual income, and family size. Is your organization willing and prepared to add this documentation to the intake process for your CDBG funded program by July 1, 2018?
 Yes NO Not Serving Limited Clientele (public facilities only)

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

Our recovery center is designed to serve anyone who is in recovery from alcohol and/or drug addiction. The average age of our guests is 32, 2/3 of our guests are male and 1/3 female. 76% to 100% of our guests are in the low/moderate range of income. We reach our clientele by marketing to our community partners and word of mouth from guests and volunteers. We have had a tremendous amount of positive press during the past year which has raised our visibility in the community. Also staff at the Center do a tremendous amount of outreach to the general public through presentations that further deepen our connections to the community.

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

We take great pains to make sure that what we do is generated by the guests of the TPCCC. Our building will be ADA compliant. We started our in-house survey to make sure we understood who our guests were and what they wanted for programming. We had a guest, for example, who was a Yoga instructor, and she wanted to know if she could start a yoga class. "Of course" was the executive director's response! Today, we offer yoga 4 times a week and each class has a loyal following. All instructors are in recovery themselves. In fact, over 95% of our offerings are led by people in recovery. It makes for such a deep connection between guest and instructor.

We address inclusiveness and culturally appropriate offerings by making sure our staff and team of recovery support specialists are themselves a diverse group of people.

VII. Budget / Financial Feasibility

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

All CDBG funds will be used to renovate and open up the top floor of the 177-179 South Winooski Avenue property. Currently the space is carved up into many small to medium size offices. We will retain a few office spaces but will open up the floor for a café style area for our guests to use our computers, socialize, read, write and make connections. Also we will have a number of specific use spaces including a recovery library, fitness room, new moms support room, art studio and space for small and large 12 step meetings, and other alternative healing practices such as yoga, reiki, meditation karate and acupuncture.

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.

a.

Specific Service / Activity	Position/Title	Work Related to CDBG-Funded Activity	# of Hours per Week spent on this Specific Service / Activity	% of Hours per Week spent on this Specific Service / Activity to be paid with CDBG
N/A				

b. All CDBG grantees that use CDBG funds for salaries must submit timesheets that capture total time and effort of staff members funded with CDBG. These timesheets must record CDBG hours worked, other hours worked and funding sources, and a narrative for all CDBG and non-CDBG funded activities, and they must be signed by the employee and supervisor. Does your organization have the ability to implement a timekeeping system for CDBG funded staff that meets these requirements by July 1, 2018? Yes No Not funding salaries

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
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Renovation of Space	\$ 75,000.00	\$170,750	\$245,750
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

4. Funding Sources

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$ 75,000	\$	\$ 75,000	\$ 00.00
State (specify)	\$00.00	\$00.00	\$124,000	\$124,000
Federal (specify)	\$00.00	\$00.00	\$13,000	\$13,000
United Way	\$00.00	\$00.00	\$00.00	\$00.00
Private (specify) : grants from private foundations, fund raising events (circle of stars, recovery comedy night, fundraising letters, private donations)			\$164,000	\$164,000
Program Income (All of our services are free to guests)			\$0.00	\$00.00
Other (specify) Mortgage	\$170,750		\$190,750	\$00.00
Total	\$ 245,750	\$ 0.00	\$ 546,750	\$ 301,000

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

$$\frac{\$ \underline{\underline{75,000}}}{\text{CDBG Funding}} \div \frac{\$ \underline{\underline{245,750}}}{\text{Total Program/Project Costs}} = \underline{\underline{30.5\%}} \text{ Percentage}$$

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

$$\frac{\$ \underline{\underline{245,750}}}{\text{Total Program/Project Cost}} \div \frac{\underline{\underline{3,000}}}{\# \text{ Total Proposed Beneficiaries}} = \$ \underline{\underline{81.91}} \text{ Cost Per Person}$$

$$\frac{\$ \underline{\underline{75,000.00}}}{\text{Total Amount of CDBG Funding}} \div \frac{\underline{\underline{3,000}}}{\# \text{ Total Proposed Beneficiaries}} = \$ \underline{\underline{25.00}} \text{ Cost Per Person CDBG Investment}$$

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

All of the funds that we receive from the state and federal government along with support from private foundations and individual donors, go to day to day programming at the TPCCC. Our capital campaign funds are going toward a down payment for the property we are purchasing. The more funds we can directly apply to the down payment, the lower our monthly mortgage payment will be. We will finance the rest of the renovations through our loan.

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?*

Our biggest source of community resources is our volunteer team. We are open 83 hours a Week, and if not for our many volunteers, who provide 141 hours of volunteering each week, we would not be able to provide the large number of hours we are open. When you come to the TPCCC, you are greeted by a volunteer who sits at the front desk. Also there is a second volunteer who makes sure the center is clean and supplied with coffee! All volunteers are in recovery with at least 60 days of sobriety. The CDBG funds will be used to leverage \$25K from a private source.

We refer many of our guests to community resources such as Howard Services, the Community Health Center, Vocational Rehabilitation Services, CVOEO, Drug Court, Lund, Pathways, Hope Works, JUMP, Day One, Otter Creek Counseling, and the Food Shelf.

VIII. Collaboration/Efficiency

1. Give 1 or 2 examples of key successful collaboration(s) between your program/project and another agency/program/group to address the needs of the people you serve.

One of our most successful and long lasting collaborations has been with the Chittenden County Drug Court. For a number of years we worked together under a federal grant and today continue that relationship with a Memorandum of Understanding. Drug Court will send us people to do volunteer work, participate in our recovery coaching and Making Recovery Easier programs. Drug Court will send us the names of people we can expect to show up at the Center, and we will verify or not their actual attendance. It has been a wonderful team effort to work with people who are given an opportunity to move to recovery and avoid criminal records and jail time. For us it's a chance to work with people who are motivated to remain in recovery and kick start their life.

2. Do identical or similar community programs exist? How does this program compliment or collaborate rather than duplicate services? What makes this program unique?

We are the only peer run recovery center in Chittenden County. Many of our community partners have come to rely on us to provide opportunities for their clients who are new to recovery to sustain and grow their recovery. We do not provide clinical services of any kind. But when someone is on medically assisted recovery or has a therapist, where do they go once treatment is over for the day? This is the niche that the TPCCC plays in our community. Rather than go home and isolate yourself, you can come to the TPCCC and get involved with other people who are also in recovery. Also, if someone is trying to get away from friends who are still involved in the drug world the TPCCC can be that alternative place to go and know you are safe and supported in your recovery journey.

What makes us unique is that everyone here (other than the executive director) is a person in recovery! It is a powerful way to offer support to someone new to recovery when they are amongst others "who have been there and done that!"

2. Provide 1 example of how your agency has become more efficient in achieving your outcomes or managing your project/program.

We have instituted a comprehensive training program for all of our volunteers. It starts with an hour long training to see if this is the right opportunity for those who want to volunteer at our Center. It is followed up by 2 shadowing experiences and then ongoing support from the staff. Before there was a training effort we had a very uneven volunteer support effort. Some were very good while others were not so good. They had to rely on the skills they had come to the Center with. Now with the training program in place, there is consistency in how our volunteers perform from one shift to another. We have 4 shifts each day (8 volunteers) 7 days a week. We now can expect and do see a very smooth transition from one shift to another. Preparation of our volunteers makes this work.

IX. Sustainability

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

Since the TPCCC prides a place to call home and a space that optimizes its programming for guests, it will have untold benefits to the City of Burlington. The more people we can help sustain their recovery, the less people on the streets using drugs and disrupting family and community life. The more attractive a Center we can provide will make it a “go to” place for people in recovery. The current configuration of the space at 177-179 South Winooski Avenue would not allow for many of our current activities and would diminish the attractive of the Center for its current 2,500 to 3,000 guest visits per month.

2. CDBG funding is intended for new or expanded services. If CDBG funding ends, will the project be able to continue?

This development project is a one-time expense. Once we have the space configured to optimize its use for guests we do not anticipate CDBG Development funds again for this purpose. Therefore if per chance CDBG funding ended it would not have an impact on this project.

3. How will you prioritize the proposed project activities if you do not receive the full amount requested?

The priority to renovate the space will remain a top priority regardless of receiving CDBG funds. The extent of the renovations probably would need to be scaled back in order to stay within budget and at the same time prepare the space for our recovery center.

X. 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, I certify that this project is ready to proceed as of July 1, 2018.**

Signature of Authorized Official

Gary De Carolis
Name of Authorized Official

Executive Director
Title

01-16-2018
Date