

City of Burlington / 2014 CDBG Application Form

Project Name: Families in Transition

Project Location / Address: 95 North Avenue, Burlington, VT 05401

Applicant Organization / Agency: Committee on Temporary Shelter

Mailing Address: PO Box 1616, Burlington, VT 05402

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EIN #: 03-0285606 DUNS #: 36-083-4360

CDBG Funding Request: \$ 20,000

Check ONE: 1 year (Equal Access, Health) X 2 years (Housing, Homeless, Hunger)

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: Please complete and sign attached form.

3. List of Board of Directors: Please attach.

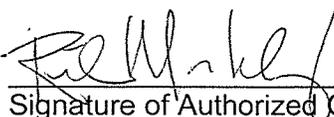
Certification

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, 2014.


Signature of Authorized Official


Name of Authorized Official

EXECUTIVE DIRECTOR
Title

1/7/14
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?

The Families in Transition program, operated by the Committee on Temporary Shelter (COTS), helps homeless families achieve self-sufficiency and stable, permanent housing. We provide a safe environment with support services to address people's immediate needs for shelter, help them stabilize their lives and become rehoused, and advocate on their behalf for more affordable housing opportunities. This program serves our community's most vulnerable residents: homeless families with children under 18 years old.

Families make up nearly half of the overall homeless population in Vermont, according to the 2013 Point-in-Time Count. This is an annual count of sheltered and unsheltered homeless persons on a single night in January, conducted each year by communities across the nation. The Point-in-Time Count includes people who are homeless as well as those who are precariously housed (meaning they are temporarily living doubled up with another household or couch surfing). The 2013 count documented 2,588 homeless people total in Vermont; of these, 1,244 individuals (48%) were in family units. ("State of Vermont Point-in-Time Homeless Survey—Summary by County 2013," retrieved Dec. 18, 2013, from www.vtaffordablehousing.org/news/wp-content/uploads/2013/09/State-PIT-20131.pdf.) As *The State of Homelessness in America 2013* documents, the number of homeless family households in Vermont increased 10.3% between 2011 and 2012. (*The State of Homelessness in America 2013*, edited by the National Alliance to End Homelessness, April 2013. Retrieved Dec. 23, 2013, from www.endhomelessness.org/library/entry/the-state-of-homelessness-2013.)

Family homelessness stems from a combination of factors, including a shortage of affordable housing, severe poverty, decreasing government support, domestic violence, and a lack of social supports. A powerful driver of homelessness in the Burlington area is the shortage of affordable rental housing. According to the housing market analysis in the City of Burlington's "2013 Consolidated Plan for Housing and Community Development," the rental vacancy rate in Burlington in December 2012 was 0.5% (Page MA-1). In the Burlington-South Burlington Metropolitan Statistical Area, the Fair Market Rent for a two-bedroom apartment is \$1,029 per month. To afford that, a renter must earn \$19.79 per hour, but the average wage for a renter in Burlington is \$12.33 (Consolidated Plan, pages MA-14-15). Many of the people we see at our shelters had previously been living paycheck to paycheck and barely making rent each month when an unexpected event caused them to lose their housing. Among the most common are lay-offs, cuts in hours, and unexpected expenses like car repairs or medical bills.

In addition to meeting a critical community need, this project also falls within the guidelines of the first national objective of CDBG, which is to provide a direct benefit to low- and moderate-income persons: 100 percent of our clients in the Families in Transition Program are low income, as documented by intake paperwork.

II. Program/Project Design

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

The COTS Families in Transition Program assists homeless families in making a successful transition from shelter to permanent housing and helps them to avoid repeated episodes of homelessness. Specifically, the program provides the following:

- **Emergency Shelter:** Our two family shelters, the Firehouse Family Shelter and Main Street Family Shelter, are open around the clock and can together accommodate 15 families. Clients can stay for up to six months while they get themselves stabilized. Families are expected to save 40% of their income while in shelter. Last year, COTS provided shelter for 74 families (including 108 children).
- **Case Management:** Under the supervision of a licensed clinical social worker, COTS staff members provide support services to families at our shelter as well as to other homeless families in the community (such as those who are in overflow motels or precariously housed). The case managers set up individual service plans with clients and help guide them to independence and permanent housing. Case managers

help clients find affordable housing, employment, mental health support, and health care so they can return to self-sufficiency. Last year COTS served 544 people in the Families in Transition program.

- **Support for Children:** Special attention is paid to children during what can be a difficult time to ensure their success in school, promote their healthy social, emotional, and physical development, and strengthen family relationships. A COTS Children's Education Advocate ensures that school-aged children in our shelters are enrolled in school within one week and provides other educational support for kids so they can be successful in school; the advocate also helps families obtain child care subsidies, find affordable preschools, and arrange transportation, all of which enables parents to focus on finding employment and addressing issues that may prevent them from getting housed.

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]

Drawing on established best practices in this field, as well as 31 years of experience working with homeless individuals and families, COTS knows that emergency shelter is not the solution to homelessness. It is absolutely critical to provide shelter, one of our most elemental human needs, to those without housing, but this itself is not enough to end homelessness. People become homeless because of many complex factors, including poverty, mental illness, substance abuse, soaring health care costs, and domestic violence. Shelter alone, without supportive services, does not address these factors. This is why COTS has designed the Families in Transition program so that clients have their need for shelter met while also receiving supportive services that help them achieve self-sufficiency and stable, permanent housing. Case managers not only work with families in the program, but they also work directly with shelter staff to provide seamless services so clients can meet their goals.

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

This program directly supports the City of Burlington's 2013 Consolidated Plan and its foremost goal of ensuring that residents have access to affordable housing. The plan recognizes that cost burden is the most pressing housing problem faced by Burlington residents. This is especially acute for extremely low-income renters in Burlington, with 69% paying more than 30% of their income for housing (Consolidated Plan, Page ES-3). For families with a heavy cost burden who lose their housing, COTS provides both a safety net of emergency shelter and a path back to permanent housing with the Families in Transition program. We also help families reduce barriers to permanent housing; these barriers may include poor credit histories or lack of affordable child care that hinder a parent's ability to get employment.

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

COTS staff gather input from clients in our family shelter both formally and informally. Formal avenues include exit interviews as well as surveys. To ensure that we get meaningful feedback from clients that can better inform our practice, we are in the process of redesigning our client satisfaction surveys. Since shelter staff and case managers interact so closely with families staying in shelter, many suggestions on program activities come through more informal means. For example, based on client input, COTS now has a nurse practitioner that comes weekly to our two family shelters. After soliciting feedback from clients about child care preferences, our Children's Education Advocate learned that this particular group of parents preferred home-based day care rather than child care centers, so the advocate researched accredited home-based day care options and began forming relationships with these providers.

In terms of community feedback, COTS gathers input from our board of directors and our program committees. We also receive input from other agencies that we collaborate with, such as the Continuum of Care and the network of shelters throughout the state.

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]

Homeless families will have their elemental need for shelter met. In addition, they will receive supportive services and case management to help move them toward stable, permanent housing.

For those who are homeless, the experience is traumatizing, particularly for children who often have their development, education, and health negatively impacted. Homelessness also takes a great emotional toll on parents, as they struggle to provide the most basic necessities for their children. The families who come to us are in the most difficult situations imaginable. By providing emergency shelter and a pathway back to permanent housing with the work of case managers, COTS can help minimize the trauma for families during an especially vulnerable time.

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

GOAL: Families will move toward stable, permanent housing, engagement with their community, and independence

ACTIVITY	EXPECTED OUTCOME (Totals for two-year grant period)
Connect homeless families with case management	1,090 people will receive case management services
Case managers set up individual service plans with clients to guide them to independence	90% of families engaged in case management will complete an Individualized Service Plan
Connect clients to housing resources and permanent housing	45% of families engaged in case management will find permanent housing
Enroll school-aged children in school within first week at shelter	100% of school-aged children will be enrolled in school within one week

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]

To determine whether program participants are better off, case managers use a Self-Sufficiency Outcome Matrix with clients. This is an assessment and outcome measurement tool based on federal standards of Results Oriented Management and Accountability. This is a validated tool. Other organizations statewide also use this measurement tool. The matrix has categories that are vital to well-being and self-sufficiency (such as housing, employment, income, food, child care, and education) and utilizes measureable benchmarks to determine change in each area. The matrix is designed to be flexible: any combination of categories can be used, based on the goals and strategies of individual programs. In addition, each category was developed independently on a continuum from “in-crisis” to “thriving” and allows for the measurement of client progress or maintenance over time. At intake, case managers use the Self-Sufficiency Outcome Matrix to assess employment, income, education, and health status. These data are also measured upon exit from the program and put into our database, where reports can easily be generated and accessed.

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 2013. For non-CDBG participants – just report on your achievements from the previous year.

Our projections were on target. We proposed to serve 550 low/moderate-income individuals; our actual number was 544. We aimed to place 20 people in transitional housing and actually placed 21. We projected that we would place 225 people in permanent housing; our actual number was 197. (This number was lower than projected due to the reduced availability of housing subsidies, as well as a tight housing market; even families that did have subsidies had difficulty finding housing.) Also, 100 percent of school-aged children were enrolled in school during their first week in shelter.

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

This program provided a beneficial outcome to the 544 homeless individuals who had comprehensive support while at their most vulnerable and to the school-aged children who had interruptions in their schooling minimized. In addition, 218 individuals received a beneficial outcome of moving to transitional or permanent housing. As mentioned above, fewer people than projected moved to permanent housing because of the reduced availability of housing subsidies and the tight rental market. Because of these factors, we know that it may take longer than previously expected to find permanent housing and have adjusted our benchmarks.

V. Experience / Organizational Capacity

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

Our Mission: The Committee on Temporary Shelter provides emergency shelter, services, and housing for people who are homeless or marginally housed in Vermont. COTS advocates for long-term solutions to end homelessness. We believe: in the value and dignity of every human life; that housing is a fundamental human right; and that emergency shelter is not the solution to homelessness.

The proposed activities clearly reflect our mission. The Families in Transition program provides families first with shelter to meet their immediate needs, and then with case management services that help them move on to stability and permanent housing. COTS also continues to explore funding opportunities for permanent housing development and for creating transitional housing for families. This is a major priority for our community over the next several years.

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.

COTS has been recognized nationally for its innovative strategies to help homeless families and individuals. Under the leadership of Executive Director Rita Markley, COTS received a Blue Ribbon Best Practice Award from the U.S. Department of Housing and Urban Development (1998), an honorable mention from the U.S. Conference of Mayors (1998), and a Gunther Award from the U.S. Department of Housing and Urban Development (1999). For her advocacy to end homelessness, Rita was named Vermonter of Year by the Burlington Free Press (1999) and as Champlain College's Distinguished Citizen (2013).

Program Director Julia Paradiso has a master's degree in Social Work and is a Licensed Independent Clinical Social Worker (LICSW). She has worked in the mental health field for over 20 years. Case Management Coordinator Steve Von Sitas has a master's degree in Administration of Human Services and has an extensive background in substance abuse and mental health issues. Case managers Sharon Snow and Paige Sarabia work directly with clients in this program; both have many years of experience working with families in crisis. Sharon has a bachelor's degree in Social Work and a master's degree in Sociology and Women's Studies. Paige has a bachelor's degree in Communication Sciences, with a minor in Human Development and Family Studies.

Case managers and shelter staff receive ongoing training, such as a recent three-part training offered by Prevent Child Abuse Vermont. Staff are mandated reporters for suspected abuse. COTS also has comprehensive policies in place that follow best practices in this field, such as protecting client confidentiality and privacy.

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

COTS provides new staff members with cultural sensitivity training as part of a regular orientation process. In addition, we provide periodic trainings for staff on topics such as on LGBTQ issues, discrimination, overcoming language barriers, and cultural competency. Because we work with many new Americans, this year we had a two-part training from Vermont Immigration and Asylum Advocates. COTS ensures we have appropriate translation services available to our clients and have formed solid relationships with the Association of Africans

Families are identified by referral to our case management services, either by self-referral or partner agency. Family case management staff members meet regularly with other agencies to discuss who is served and how services are accessed. Partner agencies have a very good understanding of who is eligible for case management. When in shelter, families are automatically referred to case management.

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

COTS engages in aggressive outreach efforts to connect with everyone in need of safe and decent emergency shelter. We follow accessibility laws that are federally mandated and often go to homes when clients with accessibility issues are unable to come to COTS. As stated before, we work to be culturally sensitive to new Americans and also those Americans who have come from different cultures and backgrounds. We also provide our staff with cultural sensitivity training to further ensure we are able to make all people comfortable in our shelters. We have hired formerly homeless persons to work in our shelters, which can provide a level of trust and empathy with clients and helps ensure that our programs are culturally appropriate.

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]

CDBG funds will pay for 2 case managers (1.5 FTE) who work with clients in the program.

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.

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
Connect families with case management while in shelter	Family Case Managers (2 positions, 1.5 FTE)	Set goals, create individualized service plans, negotiate complex welfare system, connect clients with housing resources	60 (40 hours for Case Manager 1; 20 hours for Case Manager 2)	Approximately 15% of the 60 total hours

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Personnel (salaries, wages, FICA, fringe benefits, etc.)	\$10,000	\$177,385	\$187,385
Operations (maintenance, repairs, utilities, phone, etc.)	\$0	\$36,500	\$36,500
Client Costs (translation services, transportation, supplies)	\$0	\$3,724	\$3,724
	\$10,000	\$217,609	\$227,609

4. Funding Sources

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$4,562	\$10,000	\$12,058	\$10,000

State (Community Housing Grant, Homeless Replacement Fund, VT Education Grant, VT Buildings & Grounds, Family Supportive Housing, ReachUp)	\$27,201 (ReachUp)	\$27,201 (ReachUp)	\$189,657	\$294,548
Federal (Supportive Housing Project, Emergency Solutions Grant Program, Aid to Needy Families & Children, FEMA, Peer, ReachUp)	\$17,000 (ESGP) \$81,605 (ReachUp)	\$17,000 (ESGP) \$81,605 (ReachUp)	\$724,685	\$702,129
United Way			\$126,340	\$130,000
Private (Foundations, Businesses, Individuals)	\$90,336	\$91,801	\$1,562,755	\$1,591,433
Program Income			\$22,125	\$21,000
Other (Veterans Per Diem Fees, Local Municipalities, Rental Income)			\$669,783	\$591,063
Total	\$220,704	\$227,607	\$3,307,403	\$3,340,173

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

$$\frac{\$ \underline{10,000}}{\text{CDBG Funding}} \div \frac{\$ \underline{227,607}}{\text{Total Project Cost}} = \underline{4.4} \% \text{ Percentage}$$

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

$$\frac{\$ \underline{227,607}}{\text{Total Project Cost}} \div \frac{\underline{1,090}}{\# \text{ Proposed Beneficiaries}} = \underline{\$ 208.81} \text{ Cost Per Person}$$

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

As the Notice of Funding Availability (NOFA) makes clear, the primary use of local CDBG funds is for services and programs that benefit low- and moderate-income persons. One hundred percent of the clients served through the Families in Transition program have low or moderate incomes. These homeless families are among the most vulnerable members of our community, residents of Burlington who do not enjoy the high quality of life for which our city is known. CDBG funds are a vital piece of support for the Families in Transition program. In partnership with the City and the CDBG program, as well as through other public support, private support, and community collaborations, COTS is able to maintain services to homeless families.

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?

COTS leverages the time and talents of more than 400 community volunteers each year, who help in a range of roles including direct service to clients, fundraising, and support for staff. In addition, we are a service site for AmeriCorps members, as well as a field placement site for undergraduate and graduate students in the University of Vermont's School of Social Work. Nursing students from UVM provide health screenings and nutritional advice and second year medical students provide varied projects yearly.

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

There have been no substantial changes, though overall we are operating on a leaner budget due to a decrease in government funding, a more competitive fundraising environment, and increased costs for health coverage.

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

COTS has closely scrutinized every aspect of our budget and made changes when possible to contain costs. For example, this fiscal year we changed our IT provider, made adjustments to utilize staffing more efficiently at our shelters, and reduced non-program related expenses. While the personnel benefits we provide are still on par with what our peers offer, we also trimmed some benefits. Nearly all of our buildings are quite old, so we have worked on installing energy-efficient measures to cut energy costs. We also partner wherever possible with businesses that provide discounts on furniture and furnishings replacement. For example, we recently received a significant discount on mattresses for one of our family shelters from a local vendor.

VIII. Collaboration/Efficiency

- 1. Please describe other organizations/programs you work with to achieve outcomes for your program participants. How does your program collaborate with other programs, organizations, or services to address the needs of the people you serve? [UWCC]**

To provide comprehensive services to clients in the Families in Transition program, COTS partners with numerous organizations. These include HowardCenter (mental health and substance abuse treatment), Lund (substance abuse treatment, children's services), Champlain Valley Office of Economic Development (fuel assistance), the University of Vermont Department of Education, (volunteers and interns), and the State of Vermont Economic Services Division (ReachUp). In addition, COTS is also a member agency of the United Way of Chittenden County. By collaborating with other organizations, COTS can meet our clients' needs without duplicating services.

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

Weekly meetings between family shelter staff and case managers ensure that COTS staff members are working seamlessly with clients. Universal screening in our database across all COTS programs reduces entry paperwork for clients and saves time for staff. We utilize our database to confidentially record and store data on clients and to manage program operations.

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

When shelters are full, the State of Vermont provides emergency shelter to homeless families at motels, under eligibility set by the state. In addition, there are three case managers at Champlain Housing Trust's Harbor Place, where emergency short-term housing is available through the Economic Services Division.

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?**

This program benefits Burlington's most vulnerable residents, homeless families, by providing them emergency supportive services when in shelter that will aid in finding stable housing. This benefits the City of Burlington because it helps to break the cycle of homelessness for residents who are most at-risk. Through an intensive support program for families, we can reduce repeated episodes of homelessness and the financial and emotional upheaval it creates. If the Families in Transition program ended, Burlington families who experience homelessness in the future will not have this safety net and support.

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

The project would continue but with decreased services. Without CDBG funds to pay for a share of the case manager salaries, we would not be able to serve the same number of residents, leaving some families to navigate the web of services within our community without a designated advocate. This may result in longer shelter stays. We would aim to sustain the project through private contributions, United Way support, foundation grants, and government grants, but in a more competitive fundraising climate, it may be impossible to provide the same level of service with reduced funds and it is likely that services will be interrupted while trying to raise new funding.