

City of Burlington / CDBG 2011 Application Form

Eligibility _____ National Objective _____ NRSA _____
 (Office Use)

Project # _____
 (Office Use)

Project Name: Families in Transition Program

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

Organization: Committee on Temporary Shelter (COTS)

Mailing Address: PO Box 1616, Burlington, VT 05402

Contact: Stephanie McKay Title: Grants Manager Phone #: (802) 540-3084, x208

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I. CDBG Funding Request: \$ 12,000

II. Project Summary: Briefly describe the project or program to be funded with CDBG. (Please use a one or two sentence description – there is room in Section IV for more detail.)

COTS Families in Transition Program (FIT) provides outreach and support services through case management to help homeless families in our emergency shelters, and in the community make a successful transition from homelessness to permanent housing.

III. Description of Organization: Describe the capacity of your organization to successfully carry out the program activities. What is your mission, and how do the proposed activities fit with your mission?

Our Mission:

The Committee on Temporary Shelter (COTS) 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.

Founded in 1982, COTS serves about 2,000 people each year. Our emergency services include the Waystation and Eagles’ Nest for single adults, Family Shelters (three 24-hour shelters for children and their families), and the Daystation (a daytime drop-in shelter for the homeless). The Streetwork Program and Families in Transition provide vital support services for homeless single adults and families, respectively. COTS also operates three permanent housing residences, St. John's Hall, Canal Street Veterans Housing, and the Wilson, and one transitional housing program, the Smith House. As part of the Housing Resource Center, a Security Deposit Fund is available to help homeless individuals who are ready to transition into permanent housing with financial assistance to pay security deposits and secure permanent, affordable housing. The Homelessness Prevention Fund provides low-income households in financial crisis with the monetary support necessary to avert homelessness, either through utility assistance, back rent, or mortgage assistance. All of our programs are closely connected to our mission of meeting basic needs and creating long-term solutions to end homelessness.

IV. Project Description:

- a. Describe the specific activities to be carried out by your project with CDBG dollars and the accomplishments you plan to achieve. Please distinguish the total number to be served from the number of Burlington clients to be served. Be specific about the tasks / work that CDBG will pay for. Use the table below, adding rows if necessary. You may add narrative below the table if needed for further description.**

Specific Service / Activity:	CDBG will pay for:	Unduplicated Total # of Households / Persons to be Served in this Service / Activity:	Unduplicated Total # of Burlington Households / Persons to be Served:	Outcome(s) to be Achieved:
Connect families	Case	201	62	Engage 100% of families with case

with case management while in shelter and living in the community.	management staff salary, benefits and fringe			management
Case managers set up Individual Service Plans (ISPs) with both shelter and community clients	Case management staff salary, benefits and fringe	167	53	82% of the homeless in our shelters and the community will complete an ISP.
Connect clients to housing resources and permanent housing	Case management staff salary, benefits and fringe	68	20	Strive to have 50% of clients' find permanent housing.
Enroll school-aged children in school within first week at shelter	Case management staff salary, benefits and fringe	107	32	100% of school-aged children in our shelters will be enrolled in school their first week in shelter

b. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) described above. All staff that appear in the salary / benefits line items in your budget (Section XV) must be described below. Add rows if necessary.

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 and living in the community.	Family Case Manager (JW)	Set goals, create ISPs, help families negotiate the complex welfare system and connect them with housing resources	40	12%
Connect families with case management while in shelter and living in the community.	Family Case Manager (SC)	Set goals, create ISPs, help families negotiate the complex welfare system and connect them with housing resources	40	12%
Connect families with case management while in shelter and living in the community.	Family Case Manager (SS)	Set goals, create ISPs, help families negotiate the complex welfare system and connect them with housing	40	12%

V. Beneficiary Information

a. For each service / activity you identified in Section IV, please project how the Burlington residents will break out into the following income categories. Use the Income Table at http://www.cedoburlington.org/cdbg/income_limits.htm.

Service / Activity:	Unduplicated Total # of Burlington Households / Persons to be Served:	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Connect families with case management while in shelter and living in the community.	62	51	11		

Case managers set up Individual Service Plans (ISPs) with both shelter and community clients	53	43	10		
Connect clients to housing resources and permanent housing	20	16	4		
Enroll school-aged children in school within first week at shelter	32	24	8		

b. Please provide a single unduplicated total beneficiary count below:

Unduplicated Total # of Burlington Households / Persons to be Served:	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
62	51	11		

c. How will/do you document beneficiary income levels?

COTS will document income levels using an intake questionnaire. Data will be compiled in our database.

VI. Problem Statement

a. What particular problem or need will this project address?

With increasing costs of housing, medical services and fuel, many families in our community are on the brink of homelessness. Families are the fastest-growing homeless population nationwide and in Vermont. In 2006, COTS served 61 families in shelter; in 2011, that number rose to 107 families. This project addresses the needs of the growing homeless population in Burlington by linking them to local emergency services and resources. It provides them with the skills necessary to make a successful transition to permanent housing, but also advocates for affordable housing opportunities, especially for homeless families who are often denied access due to poor credit and landlord references.

b. How was this need identified?

In 1988, COTS opened the Firehouse Family Shelter to address the growing phenomenon of homeless families. When the number of families requesting shelter and services increased by 400 percent from 1995 to 2000, COTS opened the Main Street Family Shelter in 2002, tripling our capacity to serve families in our own community. The affordable housing crisis in Vermont continues to place extraordinary pressure on low-income households whose monthly income barely keeps pace with the surging costs of utilities and rents. According to the 2010 “Between a Rock and a Hard Place” report by Vermont Housing Finance Agency, Vermont would have to create nearly 5,000 more rental housing units before 2014, doubling the rate of production in recent years, to meet the needs of the state. A two-bedroom apartment in Vermont costs \$990 a month on average, requiring an hourly wage of \$19.03 or an annual income of \$39,595 (“Out of Reach 2011,” National Low Income Housing Coalition). This represents a 7 percent increase over the year before and a 58 percent increase since 2000, says VHFA. At least 53 percent of Vermont’s occupations have median wages below this threshold (“2009 Occupational Employment and Wages,” Vermont Department of Labor). In Burlington, the crisis is so severe that COTS families are often denied access to affordable housing, even if they have a Section 8 voucher. Low-income households also are in competition with the more than 6,000 college students in the area.

c. Why is this a funding priority for Burlington?

This program is a funding priority for Burlington because a growing number of low-income families have been “priced out” of the Burlington housing market. This program helps homeless families make a successful transition from shelter to permanent housing and avoid repeated episodes of homelessness. Families in Transition provides homeless families with a stable resource that can support them through the transition into permanent housing. Given Burlington’s low vacancy rate and lack of affordable housing units, data from this program are used to advocate for changes that will open up more opportunities for low-income and homeless families who are often denied access because of poor credit histories. Our advocacy efforts have resulted in the opportunity to redesign

temporary housing in our current system (EA motels) and expand transitional and permanent housing opportunities for the hardest to house families.

VII. Program Goals: How will this project reduce the number of people living in poverty? Will it help people move out of poverty? Prevent people from entering poverty? Address basic needs of people living in poverty?

The long-term goal of this program is to help homeless families achieve self-sufficiency and stable, permanent housing. We will achieve this goal by providing a stable environment with support services to address people’s immediate needs, help them rebuild their lives, and advocate on their behalf for more affordable housing opportunities.

a. Are you targeting any specific disadvantaged population/group of people? If so, who are they? (i.e., people with disabilities, minorities, women with children living in poverty, people with limited English proficiency, at-risk youth, etc.)

This program serves the most vulnerable residents of Burlington — homeless families with children who have no place to sleep at night. Without COTS, these individuals would have no place left to turn and the consequences for the children could be disastrous.

VIII. Equal Opportunity/Accessibility:

a. How do you make sure your programs are accessible to all, inclusive and culturally appropriate?

COTS engages in aggressive outreach efforts to connect with everyone in need of safe and decent emergency shelter. We have hired formerly homeless persons on staff to work in our shelters. This creates a level of trust and empathy and ensures that our programs are culturally appropriate. We always identify ourselves as an Equal Opportunity Employer (EOE) when recruiting staff.

b. Describe the diversity status of (i) your staff for this program and (ii) your Board. How does that compare with the diversity status of the clients of the program / project you’re requesting funding for?

To determine diversity we used visual identification of staff and board, to the extent that we are able. Clients self-identify.

Race/Ethnicity:

Program	Staff	Clients	Board
DS	100% Caucasian	25% identified as other than Caucasian	100% Caucasian
WS	8% identified as other than Caucasian	25% identified as other than Caucasian	
FIT	100% Caucasian	35% identified as other than Caucasian	

Gender:

Program	Staff	Clients	Board
DS/WS	47% Male	69% Male, as a result of bed count restrictions available for women in the shelter	66% Male
FIT	50% Male	Difficult to quantify because of both dual parent and single parent households. Single parent households tend to have female head of household.	

c. Describe the diversity / cultural competency trainings that your staff and Board have participated in during the last year.

Staff trainings in the past year have included:

- Mandatory manager training, which includes legal responsibilities as a supervisor and review of harassment/discrimination laws and concepts, and how to address and prevent discrimination;
- The 2011 Diversity Conference presented by The Greater Burlington Multicultural Resource Center;
- New England Survivors of Torture and Trauma Workshop;

- Training at the University of Vermont that addressed learning from our neighbors in a multicultural environment;
- One case manager attended an Interpreter Summit to learn about interpretation services and the clients that are served through interpretation, and shared this information in depth with the FIT team;
- AALV (Association of Africans Living in Vermont) gave a talk to our staff about their services;
- Pathways to Housing (serves chronically homeless and mentally ill clients) gave a talk to our staff about their services, and issues specific to servicing their target population;
- Connecting Cultures (from University of Vermont) gave a talk to our staff about their services and the clients they serve.

New Board members are educated by the Executive Director about the diversity and make-up of our client population. The Program Committee, made up of staff and board members, acts as the voice of the client in the planning for and the evaluation of COTS programs.

IX. Impact and Evaluation:

a. How do you define success? How do you measure it? How many of your beneficiaries achieve it?

We use quantitative and qualitative data to evaluate the effectiveness of our organization to address the problems we face as a community. Quantitative data includes: the number of families served; number of families completing Individualized Service Plans (ISPs); and the number of families transitioning into permanent housing. Qualitative data includes annual surveys that provide us with vital feedback from clients regarding the quality of services.

We track:

- Number of school-aged children enrolled in school the first week of shelter;
- Number of parents completing ISPs;
- Number of families who find permanent housing.

We have used both quantitative data captured by case management and qualitative client surveys to evaluate our program over the past year. While the number of families requesting shelter and/or support services continues to climb year after year, we have found that families are staying in shelter longer (usually between four and six months) because there is a lack of affordable housing. In the past year, 100% of families engaged in case management services have completed an Individualized Service Plan (ISP); while 100% of children staying in COTS shelters are enrolled in school the first week they enter shelter. There remains a serious housing problem for low-income families in Chittenden County. The way to address the problem is through housing subsidies and the development of creative housing solutions in collaboration with existing housing programs. COTS continues to build its prevention strategies and Bridge Fund to prevent homelessness and provide struggling families with the funds necessary to secure housing, such as security deposits.

b. If this is an existing project:

1. What were your projected accomplishments for your most recent completed funding period or fiscal year?

Our benchmark goals are:

- Provide case management to 400 people;
- 100% of school-aged children will be enrolled in school their first week in shelter;
- 85% of families engaged in case management services will complete an Individualized Service Plan (ISP);
- 25% of those engaged in case management services will find housing.

2. What were your actual accomplishments for that period? If you did not meet projections, please explain (i) why and (ii) how you will overcome that issue in the future.

COTS' accomplishments from the past year include:

- 228 families engaged with case management;
- 100% of school-aged children in our shelters were enrolled in school their first week in shelter;
- 100% of the homeless in our shelters and the community created an Individual Service Plan (ISPs);
- 22% of homeless families working with case management found permanent housing.

i)

The ultimate barrier for successful transition into permanent housing is the severe shortage of affordable permanent units in Vermont and the projected percentage of homeless families moving into permanent housing did not meet 50%. According to the Vermont Department of Housing and Community Affairs estimates, a shortage of 21,000 affordable apartments for Vermont's low-income renter households exists in the state. The quality of housing is a particular problem for low-income households and more than 78,000 units of Vermont's homes were built before 1939, meaning almost one-third of our housing stock is now more than 60 years old. The need for better weatherization and livable, safe rental units is critical.

(ii)

COTS continues to explore funding opportunities for permanent housing development and creating transitional housing for families. This is a major priority for our community over the next 10 years. COTS' program known as the Housing Resource Center (HRC) is dedicated to prevention and housing retention. HRC incorporates community outreach, prevention strategies, and streamlines several effective yet disparate resources in our community. We developed prevention strategies to reduce the number of low-income households ending up in emergency shelter due to a contingency often beyond their control, such as a medical bill or major car repair cost. In the past year, we helped 300 households retain their housing and avert homelessness by providing financial assistance for contingencies or back rent, at an average of \$800 per household. Through this centralized model we hope to dramatically reduce family homelessness in our community.

X. Community Participation & Partners

a. How are the community and/or program participants involved in decision-making and in identifying the program need, design and/or evaluation?

COTS helped develop the Chittenden County Continuum of Care during the late 1980s and is an active member along with Burlington Emergency Shelter, Champlain Housing Office of Economic Opportunity, Homeless HealthCare Project, Howard Center, Lund Family Center, Mercy Connections, ReSource, Salvation Army, Spectrum Youth & Family Services, Vermont CARES, Vermont Housing Finance Agency, Women Helping Battered Women, and Youth Build. COTS staff works closely with our partners to link clients with services. They also meet monthly with alliance members to discuss common needs, problems and overall goals. The COTS Board of Directors comes from the community, and program participants are directly involved in the organization. We hire formerly homeless people as staff. We conduct regular meetings to give our shelter guests a chance to voice their opinions on the program and offer suggestions for improvement.

b. Who do you mainly work with (i.e., what partners) to get the outcomes you want for your clients?

COTS' executive director, Rita Markley, is a member of the Vermont Interagency Council to End Homelessness. The council brings together representatives from all relevant federal and state agencies including: Vermont Office of Economic Opportunity, Corrections Department, Department of Health, Department of Housing and Community Affairs, Office of Drug and Alcohol Prevention, Department of Children & Families, Veterans Affairs, and Social Security Administration. COTS maintains an active role in the Continuum of Care planning process in Chittenden County. As mentioned above, the Continuum meets once a month to streamline services, identify trends and advocate for changes in local, state and national policy.

XI. Sustainability

a. How will this project have a long-term benefit to the City of Burlington?

COTS Families in Transition Program provides lasting benefits to Burlington by helping to break the cycle of homelessness. Through an intensive support program for homeless families, we can reduce the number of repeated episodes of homelessness, and the financial and emotional upheaval it creates in families. We also advocate for policy reform when barriers prevent our clients from obtaining housing or when affordable housing is so limited that our clients do not have a chance.

b. If the project ends, will that benefit continue?

Unfortunately, there is no end in sight for COTS services, and providing case management to our families is central to the success in moving people out of shelter and into permanent housing.

c. If CDBG funding ends, will the project be sustainable (i.e., able to continue)?

We will sustain our project in future years through private contributions, United Way support, foundation grants and government grants. More than half of our budget comes from public support.

XII. Consistency

a. What Consolidated Plan objective does this project support?

This project directly supports the Consolidated Plan goal of decent housing and protects the most vulnerable:

- Through the development of additional capacity to serve those who need permanent housing but are resistant to traditional service models;
- By providing the resources necessary to help people maintain a stable housing situation and prevent homelessness;
- By developing better ways of measuring the homeless population and determine their needs.

Furthermore, our Families in Transition project addresses increased economic development by helping to reduce barriers to economic opportunity.

b. What other City plans, if any, does this project support or complement?

This project is consistent with Burlington's 10-year Plan to End Homelessness, as it contributes to the efforts to:

- Increase percentage of homeless persons staying in permanent housing over six months;
- Increase percentage of homeless persons employed at program exit;
- Decrease the number of homeless households with children;
- Increase the percentage of homeless persons moving from transitional to permanent housing.

XIII. Readiness to Proceed

a. Is the project ready to begin July 1, 2012 and be completed by June 30, 2013? Yes.

b. If not, what are the expected start and completion dates? N/A

c. Are there any other conditions (i.e., obtaining permits, the availability of other funding, etc.) that may affect your ability to begin or complete this project? No.

XIV. Financial Narrative

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

CDBG funds are a vital piece of support for this program. Traditional sources of funding have significantly reduced support over the past three years. COTS does all we can to raise money from the private sector, but we still rely on the support from CDBG to maintain services.

b. Describe your use of community resources. For example, will your project be matched or leveraged with other funding sources or resources (such as volunteers) that don't appear in the budget summary below?

COTS leverages the time and talents of thousands of community members each year:

- We are a service site for the AmeriCorps and AmeriCorps/VISTA program, as well as a field placement site for graduate students in the University of Vermont's School of Social Work. Nursing students from UVM provide health screenings and nutritional education.
- More than 400 volunteers work for COTS each year, helping in a range of roles including direct service with clients, fundraising, and support for staff.

c. Has your organization had any significant changes in funding levels over the last year? If so, please describe.

Given the continued stagnant job market, unemployment rates and shortage of Section 8 vouchers and affordable housing units, COTS is in its fourth year of higher need, as a result of the recent recession. In 2009, we opened a temporary overflow emergency shelter, in a building on loan from Champlain College. This additional facility increased COTS' shelter capacity by 50 percent, and provides shelter for 10 additional families and 14 single adults. The operating costs have increased our budget by more than \$300,000 each year for the past three years. Additionally, we have had funding shortfalls over the past year. The annual COTS Walk was \$50,000 short of its goal. Many foundation grant awards also have been smaller this past year.

d. What percent of Agency funds are used for administration vs. program costs?

8 percent of funds are used from administrative costs.

XV. Budget

a. Summary

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$ 7,455	\$ 12,000*	\$ 21,050	\$ 32,000
State	7,640	36,250	218,022	310,391
Federal	23,656	108,750	723,526	634,938
United Way	0	0	148,329	107,994
Private	116,101	42,815	1,382,954	1,572,157
Program Income	0	0	348,352	362,921
Other	0	0	408,336	491,770
Total	\$ 154,852	\$ 199,815**	\$ 3,250,569	\$ 3,512,171

* Must match your CDBG request amount on Page 1.

** Must match in all three boxes on Pages 7 and 8.

b. Proposed Project Budget Sources

CDBG	\$ 12,000*
Other Federal – please specify funder and program (i.e., HUD – Emergency Shelter Grant, etc.)	
PATH	\$ 108,750
	\$ -
	\$ -
	\$ -
State – please specify funder and program (i.e., Department of Health – AIDS Prevention, etc.)	
PATH	\$ 36,250
	\$ -
	\$ -
	\$ -
United Way of Chittenden County	
	\$ 0
Private – please specify (i.e., individual donations, foundations, faith-based organizations, etc.)	
General Public Support	\$ 42,815
	\$ -
	\$ -
Other – please specify (i.e., fee-for-service, etc.)	
	\$ 0
	\$ -
	\$ -
TOTAL	\$ 199,815**

c. Proposed Budget Uses: Please be sure that all funding uses (including staff) that appear in Section IV also appear here.

<u>Line Item</u>	<u>CDBG</u>	<u>Other</u>	<u>Total</u>
Salary/Wages	\$ 9,263	\$ 123,531	\$ 132,792
FICA	\$ 677	\$ 9,548	\$ 10,225
Fringe Benefits	\$ 2,060	\$ 20,475	\$ 22,535
Operations	\$ 0	\$ 21,180	\$ 21,180
Client Services	\$ 0	\$ 13,084	\$ 13,084
TOTAL	\$ 12,000*	\$ 187,818	\$ 199,815**

* Must match your CDBG request amount on Page 1.

** Must match in all three boxes on Pages 7 and 8.