

I. Demonstrated Need

1. Project Narrative: Provide a description of the project/program to be funded with CDBG. (Refer to NOFA for required information in this section.)

COTS Daystation is the only daytime drop-in shelter for homeless adults in Burlington. The program provides shelter from the elements, a noontime meal, and weekly educational sessions on health, nutrition, and housing. Guests are linked to our peer outreach, where they connect with case management services focused on helping them achieve permanent, stable housing.

Daystation ensures safe and decent daytime shelter for an average of 48 homeless persons each day. Without the Daystation, these men and women, including veterans, the elderly, and the disabled, would be forced to wander downtown Burlington or rely on public spaces (e.g., the library, local shops) for shelter and restroom facilities. The project addresses the immediate needs of homeless persons, and helps them achieve their highest level of functioning and independence. The COTS Daystation provides a warm, safe refuge from the streets and also links clients to other COTS programs partner agencies, such as Women Helping Battered Women, Howard Center, Safe Harbor and Vermont CARES. By providing direct social services on-site, COTS connects individuals to the resources they need to overcome obstacles to permanent housing.

2. Innovation

a. What new programs and/or services will be provided as a result of CDBG assistance?

We plan to use CDBG funding to support our current programming, which has been refined over several years to efficiently provide both the basic necessities like shelter and food for homeless adults, as well as to support and guide them as they move on to transitional and permanent housing.

b. How will existing programs and/or services be expanded as a result of CDBG assistance? Use actual numbers to demonstrate expansion.

Demand for all of our services has grown dramatically over the last several years as a result of the recession and continuing economic uncertainty, as well as the chronic shortage of affordable housing in our region. In response, we have strengthened our case management services to more quickly and effectively move people on to transitional and permanent housing. CDBG funding will allow us to continue to offer these enhanced services.

c. Are there other programs in the community that address similar issues? ___ Yes ___x___ No If Yes, how is this proposal different?

II. Proposed Outcomes

1. How will this project/program impact individuals and contribute to the City's anti-poverty strategy?

This project addresses the needs of homeless adults who have no other protection from the streets. Without the Daystation, an average of 48 men and women would be on the streets each day. In the winter, this could have dire consequences. Many depend on the afternoon meal, the only midday meal for homeless individuals in the community. For these struggling individuals the Daystation is the only daytime refuge from the elements where they can receive intensive support services. In addition, the Daystation provides several ways to help homeless stay connected to the community. Here, they can receive voice mail, have regular mail delivered, and access the Internet. These services enable clients communicate with family and friends, conduct job searches, and remain engaged in society.

Clients at Daystation meet with a case manager who connects him/her to appropriate services, such as applying for benefits, finding housing, etc. One reason we do not provide case management to all clients, is because some clients receive case management from another organization (i.e. if a client is severely mentally ill he/she will have a case manager at Howard Center). COTS links clients with agencies that have expertise in those areas. COTS serves a large number of individuals with varying degrees of mental illness. This specific population tends to be resistant to receiving help and services and is much harder to link to case management, regardless of our policy/ requirement. The population we serve is transient, and often clients will use the Daystation or Waystation (our night time shelter for adults) for a short period of time only to move out of the area before we can provide them with consistent case management. The COTS Daystation is designed to be a low-threshold support system where clients can receive warm, safe shelter from the elements without having to provide an entire history and personal information to receive services.

This project directly supports the Consolidated Plan goal of decent housing and protecting the most vulnerable, through the development of additional capacity to serve those who need permanent housing but are resistant to traditional service models. This goal includes providing the resources necessary to help people maintain a stable housing situation and prevent homelessness, and developing better ways of measuring the homeless and what their individual needs are. Furthermore, our peer outreach and case management project address increased economic development by helping to reduce barriers to economic opportunity.

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; and increase the percentage of homeless persons moving from transitional to permanent housing.

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

| Goal | Activity | Outcome |
|---|--|---|
| Provide daytime shelter for individuals in need. | Operate Daystation shelter every day of the year. | 950 individuals receive daytime shelter and support services. |
| Provide daytime nutrition to individuals in need. | Serve nutritious lunches every day. | 365 noontime meals provided. |
| Move individuals toward stable, permanent housing, engagement with their community, and independence. | Case managers set up individual service plans with both shelter clients. | 250 individuals develop plans to guide them to independence and permanent housing. |
| Move individuals toward stable, permanent housing, engagement with their community, and independence. | Connect clients to other community resources/agencies. | Link 750 clients with other local support services. |
| Move individuals toward stable, permanent housing, engagement with their community, and independence. | Hold weekly job skills program and connect clients with employment. | Clients are assisted in job searches through jobs groups. |
| Move individuals toward stable, permanent housing, engagement with their community, and independence. | Offer on-site educational sessions and screenings with community agencies. | Hold weekly sessions offering vital information about health, nutrition, housing, education, disability rights, HIV prevention, conflict resolution, and veterans advocacy. |

III. 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 (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.

The proposed activities are reflective of our mission in that they provide individuals first with shelter and food 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 creating transitional housing for families. This is a major priority for our community over the next several 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 also have 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 264 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.

2. How long has your agency been in operation?

COTS was founded in 1982.

3. What programs and services do you offer?

Our emergency services include the Waystation for single adults, Family Shelters (two 24-hour shelters for children and their families), and the Daystation (a daytime drop-in shelter for the homeless). The peer outreach and case management services 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 two transitional housing programs, the Smith House and Canal Street. 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 programs are closely connected to our mission of meeting basic needs and creating long-term solutions to end homelessness.

4. 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 Narrative.

| 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 |
|--|-------------------------------------|---|---|--|
| Provide decent and safe daytime shelter; Provide daily nutritional supplements; Hold weekly educational sessions and health screenings | Daystation Peer Support Staff (KBE) | Encourage clients to engage with case management; Help to provide a safe drop-in center for clients | 40 | 7.5 percent |
| Provide decent and safe daytime shelter; Provide daily nutritional supplements; Hold weekly educational sessions and health screenings | Daystation Peer Support Staff (LV) | Encourage clients to engage with case management; Help to provide a safe drop-in center for clients | 40 | 7.5 percent |
| Provide decent and | Daystation Peer | Encourage clients to | 40 | 7.5 percent |

| | | | | |
|---|--------------------|--|--|--|
| safe daytime shelter; Provide daily nutritional supplements; Hold weekly educational sessions and health screenings | Support Staff (GV) | engage with case management; Help to provide a safe drop-in center for clients; Hold weekly job skills program | | |
|---|--------------------|--|--|--|

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

Rita Markley is the executive director of the Committee on Temporary Shelter (COTS), which has been recognized nationally as a “best practice” organization for its innovative strategies to help homeless families and individuals to find housing and jobs.

Under her leadership, COTS received a national Blue Ribbon award for its Families in Transition program, a U.S. Conference of Mayors award for leadership in creating the Continuum of Care in Burlington, and a Gunther Award for its Homeward Bound initiative. COTS also a Green Mountain Coffee and Ashoka’s Changemaker Honoree for homelessness prevention and re-housing accomplishments through the COTS Housing Resource Center.

Rita was a founding member and the first chair of the Vermont Coalition to End Homelessness, and she remains an active member of the Continuum of Care in Burlington. She has been the executive director of COTS since 1996.

Our Program Director, Julia Paradiso, has worked in case management and related fields since 1993, including at such notable organizations as the Howard Center, the Vermont Department of Developmental and Mental Health Services, and the UVM Vermont Child Health Improvement Program. She earned her MSW from the University of Maryland.

In addition to qualified case workers and other staff members, COTS often hires former clients to staff its shelters. This promotes an atmosphere of understanding and makes clients feel more at ease, knowing that our staff members know what they are experiencing. As clients become more comfortable with and trusting of our staff, they typically will allow us to do more to help them.

6. Have you received Federal or State grant funds in the past three years? Yes No

**7. Were the activities funded by these sources successfully completed? Yes No
If No, please explain:**

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

1. Will the program target any specific group of people? (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. Use the Income Table at <http://www.burlingtonvt.gov/cedo/cdbq/2012-HUD-Income-Limits>.

| Service / Activity: | Unduplicated Total # of Burlington Households / Persons to be Served: | # Extremely Low-Income | # Low-Income | # Moderate-Income | # Above Moderate-Income |
|--|---|------------------------|--------------|-------------------|-------------------------|
| Hold weekly educational sessions and health screenings | 700 | 650 | 50 | | |
| Provide decent and safe | 700 | 650 | 50 | | |

| | | | | | |
|---|-----|-----|----|--|--|
| daytime shelter | | | | | |
| Provide daily nutritional supplements | 700 | 650 | 50 | | |
| Case managers set up Individual Service Plans (ISPs) with clients | 150 | 140 | 10 | | |
| Connect clients to other community agencies/additional support services | 550 | 510 | 40 | | |
| Hold weekly job skills program; connect clients with employment | 450 | 425 | 25 | | |

3. Explain how the target population is selected, qualified and monitored

COTS serves the most vulnerable residents of Burlington: single adults who would otherwise live on the streets. Our clients are veterans, the elderly, the disabled, and those suffering with mental illness and substance abuse.

4. How do you ensure that 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 to work in our shelters. This creates a level of trust and empathy and ensures that our programs are culturally appropriate. We also provide our staff with cultural sensitivity training to further ensure we are able to make all people comfortable in our shelters. We always identify ourselves as an Equal Opportunity Employer (EOE) when recruiting staff.

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

COTS provides all new board and 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 LGBTQ issues, discrimination, overcoming language barriers, and cultural competency. We work to ensure we have appropriate translation services available to our clients, and that we use appropriate staff when discussions may touch on sensitive topics. We also do our best to accommodate the special needs of clients, as in the recent case of a man from Africa. The man had been tortured in his home country by military. They had long hair and hair, for him, had added trauma because of cultural interests. He wanted to keep his hair short to avoid repeat trauma. We helped arrange an in-kind donation of a haircut for him.

V. Budget / Financial Feasibility

1. Project Budget

| <u>Line Item</u> | <i>CDBG</i> | <i>Other</i> | <u>Total</u> |
|------------------|-------------------|-------------------|---------------------|
| Salary/Wages | \$ 8,164 | \$ 270,146 | \$ 278,310 |
| FICA | \$ 621 | \$ 20,308 | \$ 20,929 |
| Fringe Benefits | \$ 1,215 | \$ 45,429 | \$ 46,644 |
| Operations | \$ 0 | \$ 60,667 | \$ 60,667 |
| Client Services | \$ 0 | \$ 14,935 | \$ 14,935 |
| TOTAL | \$ 10,000* | \$ 411,485 | \$ 421,485** |

2. *Funding Sources*

| | Project | | Agency | |
|----------------|-------------------|---------------------|---------------------|---------------------|
| | Current | Projected | Current | Projected |
| CDBG | \$ 5,870 | \$ 10,000* | \$ 19,227 | \$ 19,227 |
| State | 0 | 0 | 287,702 | 185,636 |
| Federal | 175,372 | 197,415 | 674,158 | 746,591 |
| United Way | 0 | 0 | 143,525 | 141,951 |
| Private | 291,078 | 214,060 | 1,391,740 | 1,572,765 |
| Program Income | 0 | 0 | 382,235 | 322,995 |
| Other | 4,435 | 0 | 393,481 | 341,225 |
| Total | \$ 476,755 | \$ 421,485** | \$ 3,292,068 | \$ 3,330,390 |

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

$$\frac{\$ 10,000}{\text{CDBG Funding}} \div \frac{\$ 421,485}{\text{Total Project Cost}} = \frac{2.4}{\text{Percentage}} \%$$

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

$$\frac{\$ 10,000}{\text{CDBG Funding}} \div \frac{950}{\# \text{ Proposed Beneficiaries}} = \frac{\$ 10.52}{\text{Cost Per Person}}$$

5. **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 four years. COTS does all it can to raise money from the private sector, but we still rely on support from CDBG to maintain services.

6. **Describe your use of community resources. Include any resources not listed in your budget.**

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.

7. **Has your organization experienced any significant changes in funding levels during the past year?** Yes No

If Yes, please explain.

The last several years have been difficult from a funding perspective. Facing declining endowment values as a result of the recession, many foundations have offered smaller and fewer grants. Individual donations have also become more challenging to obtain as evidenced by drops in general contributions and mailings this past year.

8. **What cost-cutting measures has your organization implemented?**

In July 2012, we closed an overflow shelter that had been opened three years earlier in response to rapidly growing demand as a result of the recession. Initially intended to be open for one year only, the shelter carried with it costs of

about \$300,000 annually and put considerable strain on our budgets. As demand continued to increase, we made the decision to keep the overflow open for multiple years. In the time since we opened the overflow, we have expanded our case management services and are now able to more quickly move people on to transitional and permanent housing, thus decreasing our need for emergency shelter bed space. So, although we have closed the temporary overflow, we still expect to serve the same number of clients. While the enhanced services now in place have costs, these are not as great as those of operating the overflow.

VI. Community Support / Participation

1. What other organizations or key individuals (if any) have given support to this project?

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.

2. How are the community or program participants involved in decision-making and/or 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.

VII. Readiness to Implement

1. Is the project ready to begin on July 1, 2013 and be completed by June 30, 2014?

Yes No

If not, what are the expected start and completion dates?

2. List any conditions (i.e., obtaining permits, availability of other funding, etc.) that may affect your ability to begin or complete this project.

N/A

VIII. Impact / Evaluation

1. Describe how this project will effectively measure outcomes.

We use quantitative and qualitative data to evaluate the effectiveness of our organization to address the problems we face as a community.

We evaluate the program by tracking the following specific outcome measurements:

- Number of sign-ins at Daystation, i.e. the number of homeless individuals served in a safe environment;
- Number of unduplicated persons using the Daystation per year;
- Number of weekly educational sessions;
- Number of nutritional meals served;
- Number of on-site health screenings;
- Number of people engaged in case management services.

2. What strategies will you implement to collect the data necessary to analyze your results?

COTS case managers for single adults track information after they begin working with a client and record it in our database.

3. How are clients better off as a result of your program?

Individuals who come to us are in the most difficult situations imaginable. At COTS, we meet their fundamental needs for food and shelter then help them chart and follow a path to stability and permanent housing.

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?

The COTS Daystation and Streetwork Program provide lasting benefits to Burlington by helping to break the cycle of homelessness. Through an intensive support program for homeless individuals, we can reduce the number of repeated episodes of homelessness, and the financial and emotional upheaval it creates. 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.

2. Provide evidence of long-term support for this project.

Shelter and case management services at COTS have been funded for several years through federal PATH grants, by the United Way, and through contributions from individuals, foundations, and businesses. We have every reason to expect that community support for COTS will continue.

3. If CDBG funding ends, will the project be able to continue?

Yes, although any loss of funding could result in decreased services. We will continue to sustain the project through private contributions, United Way support, foundation grants and government grants. More than half of our budget comes from public support.