

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

Homelessness has been an issue in our community for years. The economic recession of the last several years coupled with the ongoing shortage of affordable housing and other factors has led to a substantial increase in the number of homeless families seeking services. Families are the fastest-growing homeless population nationwide and in Vermont. In 2006, COTS served 61 families in shelter; in 2012, that number rose to 117 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, and advocates for affordable housing opportunities, especially for homeless families who are often denied access due to poor credit and landlord references.

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. 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.

Families in Transition helps homeless families achieve self-sufficiency and stable, permanent housing. We 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.

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 families, 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 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 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.

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.

This project is also 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.

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

Goal	Activity	Outcome
Provide basic necessities for families in need	Provide emergency overnight shelter for families.	115 families (300 individuals) receive emergency shelter. Our typical family consists of three individuals, often a single parent with two children.
Move families toward stable, permanent housing, engagement with their community, and independence.	Connect Families with Case Management both while in shelter and living in the community.	200 families, including those in shelter or in overflow motels, receive case management services.
Move families toward stable, permanent housing, engagement with their community, and independence.	Case managers set up individual service plans with both shelter and community clients.	200 families develop plans to guide them to independence and permanent housing.
Move families toward stable, permanent housing, engagement with their community, and independence.	Connect clients to housing resources and permanent housing.	55 families find permanent housing.
Move families toward stable, permanent housing, engagement	Enroll school-aged children in school within first week at	All school-aged children are enrolled in school within one week.

with their community, and independence.	shelter.	
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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 families 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 have also 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 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
Connect families with case management while in shelter	Family Case Manager (JW)	Set goals, create ISPs, help families negotiate the complex welfare system and connect them	40	12%

and living in the community.		with housing resources		
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 resources	40	12%

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.

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/cdbg/2012-HUD-Income-Limits>.

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
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Provide emergency overnight shelter for families.	150 persons (50 families)	120	30		
Connect Families with Case Management both while in shelter and living in the community.	300 persons (100 families)	240	60		
Case managers set up individual service plans with both shelter and community clients.	300 persons (100 families)	240	60		
Connect clients to housing resources and permanent housing.	300 persons (100 families)	240	60		
Enroll school-aged children in school within first week at shelter.	80 children	64	16		

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

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.

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	\$ 9,600	\$ 119,090	\$ 128,690
FICA	\$ 720	\$ 8,957	\$ 9,677
Fringe Benefits	\$ 1,680	\$ 20,435	\$ 22,115

Operations	\$ 0	\$ 22,028	\$ 22,028
Client Services	\$ 0	\$ 5,405	\$ 5,405
TOTAL	\$ 12,000*	\$ 175,915	\$ 187,915**

2. *Funding Sources*

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$ 6,844	\$ 12,000*	\$ 19,227	\$ 19,227
State	26,118	27,202	287,702	185,636
Federal	90,231	86,167	674,158	736,591
United Way	0	0	143,525	141,951
Private	60,198	62,546	1,391,740	1,572,765
Program Income	0	0	382,235	322,995
Other	0	0	393,481	341,225
Total	\$ 183,391	\$ 187,915**	\$ 3,292,068	\$ 3,330,390

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

$$\frac{\$ 12,000}{\text{CDBG Funding}} \div \frac{\$ 187,915}{\text{Total Project Cost}} = \frac{6.4}{\text{Percentage}} \%$$

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

$$\frac{\$ 12,000}{\text{CDBG Funding}} \div \frac{600}{\# \text{ Proposed Beneficiaries}} = \frac{\$ 20}{\text{Cost Per Person}}$$

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 three 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. Funding comes from federal grants, the United Way, and dozens of individuals, businesses, and foundations that support COTS each year.

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. 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 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 funds to secure housing, such as security deposits.

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

We use an intake questionnaire for new clients, our caseworkers keep records, and we record data in a database.

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

Families 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?

COTS Families in Transition Program provides lasting benefits to Burlington by helping to break the cycle of homelessness. Through an intensive support program, we can reduce 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.

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

Family services at COTS have been funded for several years through federal PATH grants, by the United Way, and through contributions from individuals. We have no reason to expect that community support for COTS will waiver.

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.