

City of Burlington / 2013 CDBG Application Form

Project Name: Support, Workshops and Training for People living with HIV/AIDS

Project Location / Address: 187 Saint Paul Street Burlington, VT 05401

Applicant Organization / Agency: *Vermont C.A.R.E.S (Committee for AIDS Resources, Education and Services)*

Mailing Address: PO Box 5248 Burlington, Vermont 05402

Physical Address: 187 Saint Paul Street Burlington, VT 05401

Contact: Peter Jacobsen Title: Executive Director Phone #: (802) 863-2437

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EIN #: _____ DUNS #: _____

CDBG Funding Request: \$9,800

1. Type of Organization

Local Government

For-Profit Organization

Faith-Based Organization

Non-Profit Organization (please provide copy of your
IRS 501(c)(3) tax exemption letter)

Institution of Higher Education

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.



Signature of Authorized Official

Peter Jacobsen

Name of Authorized Official

Executive Director

Title

January 14, 2013

Date

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.)

1.1 Vermont CARES is proposing to expand Burlington-area HIV case management to better meet the evolving needs of low- and very-low-income residents to secure housing and transition out of poverty. This proposal requests gap funding to allow Vermont CARES to transition from offering primarily emergency support for these Burlington residents into a model of HIV case management that proactively breaks the systemic links between HIV, poverty, and homelessness. By expanding our system of training and periodic group level interventions with HIV-positive individuals, staff and volunteers can expand housing and employment skills and thereby help low-income, HIV-positive residents of Burlington secure and/or retain housing and get and keep jobs

2. Innovation

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

As a result of this new program, Vermont CARES proposes to offer bi-monthly trainings to HIV-positive clients in topics ranging from housing, fair housing advocacy, building renter relationships, re-entering the workforce, essential employment skills, and similar topics to maintain housing and enhance job skills.

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

This new program of skill-building to move Burlington residents out of poverty will expand HIV medical case management by ensuring that Vermont CARES' clients have access to the tools, resources, and education they need and have requested to stay housed and healthy. We anticipate the number of homeless Burlington clients with HIV/AIDS will decrease from 10 annually to 8 annually as a result of these courses and interventions. Expansion of service will result in as many as 22 Burlington residents with HIV/AIDS learning and practicing vital anti-poverty skills, while currently no clients can do so.

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

This proposal is targeted at a group of Burlington residents who are at exceptionally high risk of homelessness and joblessness, and who have an ongoing relationship with Vermont CARES. Vermont CARES will refer clients to related programs as necessary, including more specific workshops offered by Champlain Housing Trust (homeownership courses), Adult Education Classes, budgeting courses (through CVOEO and related organizations) or other classes and workshops which do not focus on the specific legal, health, and psychosocial needs of people with HIV seeking employment and housing.

II. Proposed Outcomes

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

This program will help 22 low-income, HIV-positive residents of Burlington (clients) by addressing their basic human needs and helping to move them and their households out of poverty. Specifically, this program will:

- a. Work with clients to meet basic needs on an emergency basis, which may include budgeting, food, health care access, fuel, or clothing.
- b. Work with clients to help them and their households to become and/or remain housed.
- c. Work with clients to help them to get and keep jobs.

This program will also help clients connect to family and friends and receive peer support. By providing workshops, training and referrals, we aim to create a city wherein HIV is not a definitive barrier to employment or a cause of poverty.

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

| Goal/Objective | Activity Funded | Outcomes |
|---|---|---|
| Ensure the wellbeing of low-income, HIV positive residents. | HIV medical case management for low-income individuals. | 22 individuals will secure basic human needs and lead lives uncompromised by illness. |
| Help residents become and/or remain housed. | HIV medical case management for low-income individuals. Life skills workshops. | 22 individuals will secure or retain housing. |
| Help residents to get and keep jobs. | HIV medical case management for low-income individuals. Life skills workshops. Vocational training courses. | 22 individuals will complete workshops and trainings and 5 will get jobs |

III. Experience / Organizational Capacity

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

Vermont CARES' mission is to improve the quality of life, create compassionate communities and prevent the spread of HIV by working with people affected by HIV/AIDS as catalysts for social and individual change. Vermont CARES envisions a world of compassionate neighborhoods where people live free of the stigma, poverty and oppression associated with the HIV/AIDS epidemic; people of Vermont make informed decisions about HIV prevention, services and treatment; and there isn't a need for Vermont CARES.

The proposed activities are essential to our mission of to improve the quality of life of people affected by HIV/AIDS because the activities will promote health, housing and employment for our clients and allow them, in turn, to support their households and communities and the larger community of Burlington, all of whom are affected by HIV/AIDS.

2. How long has your agency been in operation?

Vermont CARES has been in operation since 1986.

3. What programs and services do you offer?

Vermont CARES provides support to Vermonters living with HIV/AIDS and their family members, such as:

- Advocacy with doctors, landlords and other social service organizations
- Subsidized apartments across Vermont

- Referral to mental health services and substance use treatment
- Transportation to and from medical appointments, the pharmacy & grocery store
- Emergency financial assistance for food and nutrition, access to local food shelves
- Support groups, peer counseling and job training

In addition, Vermont CARES has been educating and training Vermonters of all ages on how to prevent the further spread of HIV infections through:

- Rapid oral HIV testing, pre- and post-test counseling and risk reduction planning
- Information tables and presentations for events, health fairs, and other community forums
- One on one education and support to reduce future HIV risks through skills-building
- HIV prevention literature, materials, and referrals

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 |
|--|------------------|--|---|--|
| Offer HIV housing & employment trainings | HIV Case Manager | Offer trainings | 2 | 5% |
| Offer supplemental counseling to encourage goals of housing and employment | HIV Case Manager | Follow up with individuals in case management meetings | 6 | 15% |
| | | | | |

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.)

Vermont CARES is uniquely qualified to provide HIV services, specifically services relative to housing and economic opportunity. For 26 years, our staff and volunteers have offered an array of services to support HIV health and wellness. With the increasingly direct structural dynamic between HIV and poverty and/or homelessness, Vermont CARES has aggressively sought resources (state, federal, and private) to begin to break this link. Examples include the ability to provide federally-sourced HIV housing and emergency assistance, as well as private in-kind donations to secure new housing. In total, Vermont CARES' current staff offer a combined 56 years' experience in HIV medical case management.

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 +)
 Battered Spouses Homeless Persons People with AIDS
 People with Severe Disabilities Illiterate Adults

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 |
|---|--|------------------------|--------------|-------------------|-------------------------|
| HIV medical case management for low-income individuals. Life skills workshops. Vocational training courses. | 22 | 20 | 1 | 1 | 0 |

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

The target population is generally referred by physicians. Vermont CARES documents beneficiary income levels at time of client intake as a matter of form to determine which programs or entitlements individuals may be eligible for. Additionally, we are required to update documentation of income levels annually for each individual we serve. As part of Vermont CARES' ongoing medical case management, the target population meets regularly with organization staff and all activities are recorded.

4. How do you ensure that your programs are accessible to all, inclusive and culturally appropriate?

Vermont CARES ensures that all of our services are culturally competent and accessible to all people through staff orientation in addition to a variety of regular on-going staff trainings. Vermont CARES is an equal opportunity employer and specifically encourages people living with HIV/AIDS to apply for staff and Board positions

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

Vermont CARES staff are required to attend cultural competency trainings per our Vermont Department of Health standards; this year to complement any offered trainings we offered cultural competency trainings on the topics of mental health, substance abuse, differential wealth distribution and economic opportunity ("Bridges Out of Poverty"), and sexual violence.

V. Budget / Financial Feasibility

1. Project Budget

| Line Item | CDBG Funds | Other | Total |
|---|----------------|------------------|------------------|
| HIV Employment and Housing Workshops | \$1,300 | \$0 | \$1,300 |
| HIV Case Management | \$2,600 | \$449,611 | \$452,211 |
| Supplemental Housing/Employment Training (22 clients x 1 course each x \$250/course) | \$5,800 | \$0 | \$5,800 |
| Transportation to trainings (\$10 x 2 x 20) | \$400 | \$0 | \$400 |
| TOTALS | \$9,800 | \$462,111 | \$471,911 |

2. Funding Sources

| | Project | | Agency | |
|--|-------------------|-------------------|-------------------|-------------------|
| | Current | Projected | Current | Projected |
| CDBG | \$ 0 | \$ 9,800 | \$ 0 | \$ 9,800 |
| State (specify) Project: HIV funding Agency: HIV prevention funding | \$262,578 | \$262,578 | \$283,078 | \$283,078 |
| Federal (specify) Project: HUD, Ryan White, Housing Opportunities for People with AIDS Agency: CDC | \$187,033 | \$187,033 | \$383,033 | \$383,033 |
| United Way | \$0 | \$0 | \$6,000 | \$6,000 |
| Private (specify) Project: MAC AIDS Fund, Broadway CARES Agency: fundraising and events income | \$12,500 | \$12,500 | \$168,000 | \$168,000 |
| Program Income | \$0 | \$0 | \$0 | \$0 |
| Other (specify) | \$0 | \$0 | \$0 | \$0 |
| Total | \$ 462,111 | \$ 471,911 | \$ 795,111 | \$ 804,911 |

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

$$\frac{\$ \underline{9,800}}{\text{CDBG Funding}} \div \frac{\$ \underline{471,911}}{\text{Total Project Cost}} = \underline{2.08} \% \text{ Percentage}$$

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

$$\frac{\$ \underline{9,800}}{\text{CDBG Funding}} \div \frac{\underline{22}}{\# \text{ Proposed Beneficiaries}} = \underline{\$ 445.45} \text{ Cost Per Person}$$

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

Burlington's CDBG funding is a perfect fit for this project because it will allow us to bridge a critical gap in our services to Burlington's low-income, HIV positive community: workshops and job training. While our medical case management program is robust, the kind of life skills workshops and vocational training that are detailed in this application are harder for us to support with other funding mechanisms. Even though these activities are vital to ensure that our Burlington clients secure and retain housing and that they get and keep jobs, the funding must come from the CDBG to be assured.

Vermont CARES relies on municipal funding across the communities of Vermont to help support services for people living with HIV; Burlington is not an exception. While Vermont CARES is relatively successful securing grants from other sources (federal, state and private), this funding has been decreasing over years, with an overall decrease in HIV care and prevention funding of over \$100,000 in the last six years. As a result, we must rely on funding from the city to support our work with people living with HIV/AIDS in the Burlington area.

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

Vermont CARES trains and supports dozens of active volunteers who help to support people living with HIV through transportation to medical appointments, emotional support and companionship, monthly dinners held at the residential facility, pro bono attorneys to assist people living with HIV in appeals to Social Security Disability benefits and alternative therapy practitioners. The Intervale Foundation donates fresh local organic produce to distribute to people with HIV. An additional roughly \$10,000 worth of personal care products are donated annually as in-kind contributions to reduce the financial burden of basic human needs for Burlington residents with HIV/AIDS.

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

If Yes, please explain.

Vermont CARES has seen significant changes in funding over the past year. Private donations, which have been able to offset reduced federal, state, and municipal funding in previous years, have not been sustained in the past year. Major donations, grants, fundraising events, and individual gifts fell under budget in our previous fiscal year.

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

Vermont CARES has implemented numerous cost-cutting measures in the past 12 months, specifically by reducing staffing levels and redistributing tasks to remaining staff and volunteers and eliminating the vital life-skills workshops and other group-level interventions that this CDBG funding will restore. While difficult, this has allowed for a consistent funding level for client emergency assistance and HIV case management.

VI. Community Support / Participation

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

Vermont CARES works with other local social service organizations to collaborate and encourage appropriate referrals. HIV is an issue that spans all other issues including homelessness, mental health issues, substance use, etc. Vermont CARES works closely with local agencies such as Fletcher Allen Health Care, RU12? Community Center, Outright Vermont, COTS, Burlington Housing Authority, Champlain Housing Trust, Howard Mental Health, Maple Leaf Farm, the Chittenden County Continuum of Care, and Champlain Drug and Alcohol Services to refer for services just as they refer to CARES.

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

Vermont CARES incorporates HIV-positive individuals into all of our agency's processes and committees. Vermont CARES' staff, Board Members and volunteers aim to include people living with and affected by HIV. Vermont CARES includes people living with and at risk of HIV on all of our hiring committees. Vermont CARES' programming is developed and kept current and viable through a series of periodic focus groups and surveys with people living with HIV/AIDS from across the state of Vermont. These focus groups and surveys help Vermont CARES to identify directly from people living with the virus where there are gaps in services and what the needs are.

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.

We foresee no conditions that could affect our ability to begin or complete this project.

VIII. Impact / Evaluation

1. Describe how this project will effectively measure outcomes.

Vermont CARES measures the effectiveness of programs through individual and aggregate measurements. For each individual with HIV/AIDS that Vermont CARES serves, we collect data on health outcomes, income, insurance status, and other vital human demographics. For each individual entering this training program, we will collect data about whether they entered or retained housing as a result, as well as whether they were able to enter the workforce. For each training, we will also collect aggregate statistics regarding the value of each course. Additionally on an aggregate level, Vermont CARES distributes and collects agency-wide satisfaction surveys to ascertain progress toward agency goals.

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

We carry out constant, regular meetings and visits with our clients and regular reporting on all clients' cases as part of ongoing medical case management. We will regularly survey our clients housing and employment status during this project.

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

Clients – as a direct result of this new program – will be better suited to become or remain housed, to live independently, and to move through barriers to personal economic opportunity. Consequently, while meeting Consolidated Plan objectives, our clients will also be more healthy while better managing their HIV.

Program benefits include increasing the health, wellbeing, and social connectedness of people with HIV or AIDS. We strive to make sure that low-income residents of Burlington with HIV are treated for their condition more often, are more adherent with medications, are better managing side effects of toxic medications, and are better coping with social isolation and depression that may accompany HIV. In any given year as many as 14% of clients may cycle out of our programs (22 of 153 in previous fiscal year), becoming more socially and economically independent and secure.

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 project ensures that people living with HIV/AIDS are provided with support and access to the very structures and benefits that assist in keeping our friends, family and neighbors out of poverty and maintaining their general health and wellbeing. At a larger level, this project ensures that this very vulnerable population is able to contribute meaningfully and productively to their households and communities, making Burlington a stronger, more stable and more vibrant place than it would otherwise be.

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

Vermont CARES has secured funding for many years for this project's medical case management through private donations, federal, state, and municipal funding and fundraising events. The bulk of this funding comes through secure, long-term funding relationships, as detailed in the budget. In addition, this project is supported by dozens of active volunteers who help to support people living with HIV through transportation to medical appointments, emotional support and companionship, monthly dinners held at the residential facility, pro bono attorneys to assist people living with HIV in appeals to Social Security Disability benefits and alternative therapy practitioners. The Intervale Foundation donates fresh local organic produce to distribute to people with HIV. An additional roughly \$10,000 worth of personal care products are donated annually as in-kind contributions to reduce the financial burden of basic human needs for Burlington residents with HIV/AIDS

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

Vermont CARES strives for a diverse funding base including state and federal funds, foundation grants as well as private donations through special events and direct mail campaigns. In this effort we aim to provide sustainability to the programming in the anticipation if one of our funding sources is reduced or eliminated Vermont CARES can hope to continue consistent service to people living with HIV/AIDS.