

CHANCE REVISED GRANT APPLICATION FOR SOV LOCATION

Activity Program Goals:

The Signs of Victory Shelter is being taken over by CHANCE Recovery. CHANCE Recovery will lead efforts to bring the shelter up to COVID-19 guidelines, increasing sanitation, offering more hygiene stations, buying extra PPP for the clients and staff members, and addressing spacing issues. Activities will start with a full assessment of needs and proceed depending on analysis.

COVID-19/CARES Act Compliance: Explain how the activity will assist in preventing, preparing for, and/or responding to COVID-19. Provide evidence that this need is not being met.

COVID-19 has impacted all of our communities, but especially the most vulnerable. Among that group are the homeless population. This population has been identified at the State and Federal level as particularly at risk of contracting and spreading COVID-19. According to the CDC, people experiencing unsheltered homelessness are at risk for infection when there is community spread COVID-19. Lack of housing contributes to poor physical and mental health outcomes making linkages to housing for the homeless a priority. According to the NY Times (Fuller, March 10, 2020), medical researchers say the 550,000 people currently homeless across the United States have a double vulnerability to the coronavirus—they are more susceptible due to the cramped quarters in shelters, sharing of utensils, and lack of hand-washing stations on the streets. Once infected, chronically homeless are more likely to get much sicker or die because of underlying medical conditions and lack of reliable health care. Ensuring that the Signs of Victory shelter is in compliance with COVID-19 guidelines will help keep the homeless population in Albany safer, and also lead to less spread of COVID-19 in the city in general. Currently, the shelter is struggling to meet COVID-19 regulations for the 130 clients they are serving, due to a lack of funding.

Scope: Describe the services to be provided and steps that will be taken to meet the project goal(s), and if applicable, the frequency for which services will be delivered.

For this grant CHANCE Recovery will conduct a full assessment of needs to meet COVID-19 regulations within the shelter. CHANCE expects that some of the results of this assessment will include installing a check-in desk and staging area, purchasing thermometers, extra sanitation, reconfiguring unused warehouse space to increase appropriate distancing between beds, increasing sanitation (regular cleaning) of the facility, purchasing more hygiene stations, purchasing additional PPE, and providing training and health information to the shelter's clients.

FAMILY TREE FOLLOW UP QUESTIONS

- How is the family crisis support program different than what Family Tree currently offers families with stressors? (narrative indicates program coordinators will be providing similar services to existing programs – referring families to resources.) Can you provide a clearer COVID-19 connection?

This position would work specifically with families that have children outside of our general service range of birth to 5 years old, focusing on children K-12 and aged 6-18 who are experiencing challenges due to COVID-19 for education, food insecurity, behavioral health, risk of domestic violence and anger and abuse in their homes. They certainly could work with families not already in our program that have younger children but we see this as a support for families that are not already receiving services from Family Tree, networking with the ABGC and YMCA, FACT for referrals and coordinated support. We see this position being able to work with a child that is attending the Boys and Girls club or YMCA program that exhibits challenging behaviors beyond what their staff can handle. We know that COVID is impacting everything for families, food insecurity, under employment, long term unemployment, isolation, distance learning, increased suicide and behavioral health, lack of social engagement and activities in the community.

This position would work closely with FACT and other staff GAPS to assist families that need extra support around distance learning, children experiencing challenging behaviors, behavioral health and for parents who struggle in how to support them in their learning either because they do not understand the technology or lack the confidence or skill to support their learning. Especially parents that have multiple children over multiple grades and who may struggle getting their children to engage in school without threats, anger or escalating emotions. We are hearing from our own current clients and staff with older children that they are giving up hope. Additionally they would refer to other support services, insure they had access to health care, assist with enrollment in IHN-CCO if needed, and assist in navigating the health care system to access behavioral health services for the parents or the child, help find equipment for technology to allow them to access telehealth services that are more common due to COVID-19. Additional support with food resources and referrals to other basic needs~ housing etc. . . We are hearing that even with the schools offering lunches, many families cannot travel to the locations to pick up the food. So this staff person could deliver meals directly to families without transportation. We also know as winter sets in, families who have violence in their homes will once again be all together without much relief, we expect to receive an uptick in concerns, calls about this. Families report that by having someone other than a family member to talk to, helps them create a plan, keep their emotions in check and create a safety plan if needed.

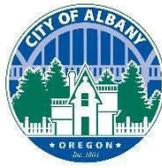
We recently conducted a Parent Survey that went across all of our programming that confirmed this need. 75% of the respondents told us they need this support.

- Will this position provide other crisis/help besides COVID-19? If so -what percent of the position?
 - I would hold that every current crisis that low income families are facing currently can be linked to COVID. The level of trauma that families are experiencing by

having to change every aspect of their lives is adding up. They are experiencing isolation, anger/fear/trauma around the education of their children and anger that they can no longer access things they need, many turn to alcohol and drugs to manage this anger/fear rather than seeking help. It is a cumulative impact.

- In order to help any family experiencing stressors with basic needs and services other than a direct COVID-19 need (most anything other than helping families navigate distance learning due to COVID-19), the household must demonstrate how it was directly impacted by COVID-19 as in lost job/wages and that would need to be documented.
 - We could do this. We see other families living in group living situations that are isolating often as members of their living unit either test positive or have to quarantine to see if they get sick.
 - If a family was unemployed before COVID-19 and they are still unemployed even job search would that meet the standard?
 - We are willing to document what is needed as we learn and understand the documentation requirements.
 - Would parents/children experiencing increased behavioral health due to increased family stress meet the requirements?
- The application indicates a full-time position for one year. If Family Tree was offered a smaller grant award to ensure COVID-19 eligible expenses/services – would you consider a part-time position and/or shorter duration position?
 - Yes, we are looking at a variety of funding streams for this position.
- Curious how families seeking Family Tree help impacted by COVID-19 – lost job, hours reduced, virtual learning/childcare needs?

Families seeking Family Tree's help have been deeply impacted by COVID-19. The families we serve reported that they are struggling in multiple ways, loss of wages, issues with paying rent, families living in vehicles trying to get into more stable housing, needing assistance with deposits and rent, families without transportation can no longer rely on friends or families to drive them due to fear of infection and that has had an impact on accessing their foodbank support and grocery stores. These issues are all compounded by the social isolation the coronavirus pandemic has brought to households many of our families are even more vulnerable to risk. This is a critical mass for physical abuse, emotional abuse and violence in the home because parents are unable to cope with the stress and children are unable to cope~ it is a perfect storm. If a parent has a drug or alcohol or problem gambling issue they often turn to these destructive and unhealthy behaviors to manage their anxiety, anger or fear. It may seem small, but families report just being able to talk or text with another caring supportive adult helps them keep themselves regulated and able to meet the next challenge.



COMMUNITY DEVELOPMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

APPLICATION for Community Development Block Grant & Cares Act Funds (CDBG-CV)
To Prevent, Prepare for, or Respond to COVID-19

APPLICATIONS are DUE by 5:00 p.m. WEDNESDAY, OCTOBER 7th, 2020

The City of Albany was allocated \$249,360 in Community Development Block Grant Coronavirus Response Supplement (CDBG-CV) funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) from the United States Department of Housing and Urban Development (HUD). CDBG-CV funds must be utilized to prevent, prepare for, and respond to the coronavirus and support critical community needs related to the novel coronavirus (COVID-19) pandemic, and the activities must principally benefit low-to moderate-income residents. An additional \$40,000 in CDBG funds is available to respond to COVID-19 impacts for childcare and business needs. The goals of the CDBG program are to create viable communities by providing decent housing, a suitable living environment, and expand economic opportunities.

ELIGIBLE APPLICANTS: Applicants must be a 501(c)(3) or (c)(4) non-profit, tax-exempt, or a public agency.

SUBMITTAL REQUIREMENTS: Email this application with the following attachments in pdf format to anne.catlin@cityofalbany.net.

Duplication of Benefit Certification
 IRS Determination Letter

March & June 2020 Financials
 Exhibit A - Conflict of Interest Form

Agency Budget
 Articles of Incorporation
 List of current Board members

SECTION 1: Applicant Information

Legal Name of Agency/Organization: Benton Furniture Share

Federal Tax or Employer ID: 93-1282723 DUNS Number: 12-843-0753
(Federal funding requires you have a DUNS number, <https://fedgov.dnb.com/webform/index.jsp>, and register at SAM.GOV before contract award.)

Mailing Address: PO Box 2224, Corvallis, Oregon 97339
Address City State ZIP

Location Address: 4950 Hout Street, Corvallis, Oregon 97333
Address City States ZIP

Agency Mission Statement:

Our mission is to redistribute quality used furniture and healthy food boxes to children, families, and individuals in need, thus diverting items from the landfill.

SECTION 2: Activity Description

Activity/Program Title: COVID-19 Food & Furniture Relief Grant Request: \$6,000.00

Activity Category: Public Services Public Facilities Economic Development

Activity Type: One-time New Existing

Activity/Program Goal(s):

The programs activities and goals are to provide 100 families/300 individuals impacted by COVID-19 within the City of Albany with emergency food boxes, furniture, and household items.

Target Population: Describe the persons to be served by the activity and their needs related to COVID-19.

Persons to be served are extremely low-income individuals who have lost their jobs or had lost wages due to hours being cut from the impact of COVID-19.

Beneficiary Category, check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Disability & special needs | <input type="checkbox"/> Elderly Persons | <input type="checkbox"/> Low-to moderate-income (80% or less of area median) |
| <input type="checkbox"/> Victims of domestic violence | <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Migrant farm workers | <input type="checkbox"/> |

COVID-19/CARES Act Compliance: Explain how the activity will assist in preventing, preparing for, and/or responding to COVID-19. Provide evidence that this need is not being met.

Families and individuals have lost income due to the impact of COVID-19. Our program will help them with their unmet needs. We will provide food boxes, desks and or dinner tables to children to do schoolwork at home while in-person school is not an option. We will also provide furniture and household items to prior individuals who were homeless and have been given a home through other programs to help stop the spread of COVID-19 throughout the homeless population.

Scope: Describe the services to be provided and steps that will be taken to meet the project goal(s), and if applicable, the frequency for which services will be delivered.

Furniture Share will secure the food, furniture and household items and provide them to 100 Families/300 individuals in need. Individuals will be referred by over 65 local referring agency who have screen and approved their needs. Once we get their referral, we contact the client to deliver their needed services. Our services are delivered twice weekly within the City of Albany. Due to COVID-19 Furniture Share's health and safety measures for furniture and household items are as followed. All furniture and household items are sanitized and left if quarantined for 6-7 days. Hard surfaces are wiped down with Clorox wipes or a disinfectant spray and wiped down and all fabric items are sprayed with Lysol before entering the warehouse.

SECTION 3: Agency Capacity and Implementation

What percentage of the agency's budget is grant funded? **40%**

Has the agency received other funding to provide this activity? **No**

If your application is partially funded, can the agency carry out the activity? **No**

Which staff positions will be dedicated to this activity and the total full-time equivalent staff (in FTE)?

1

What time periods will the activities be carried out?

12 months

SECTION 4: Activity Budget

Please provide sources of revenue your organization receives or will receive to carry out the proposed activity and the projected activity expenses.

Activity/Project Budget Summary (See 24 CFR 570 Subpart J)			
Estimated Total Cost of Activity:	\$15,000.00		
City CDBG GRANT REQUEST for Activity:	\$6,000		
Total Number of People/Households Served:	300 people/100 household		
Total Cost per Person/Household:	\$150.00 per household		
Describe Source of Other Funds:	Amount	Secured	Tentative
Federal:			
State:			
Local:			
Donations/Private:	\$9,000.00		X
Grants:			
Loans:			
Activity Budget Detail (Non-Development Activities)			
Specific Cost Item/Description	CDBG Request:	Other Funds Amount	Total Amount CDBG + Other Sources
Salaries	\$4,000.00	\$3,000.00	\$7,000.00
Rent		\$4,000.00	\$4,000.00
Insurance		\$1,000.00	\$1,000.00
Fuel for delivery and pick up of client service items	\$2,000.00	\$3,000.00	\$3,000.00
Total	\$ 6,000.	\$ 9,000.	\$ 15,000.

SECTION 5: CDBG Statement of Assurances

If this agency (name): Benton Furniture Share is awarded funding, the agency agrees that:

1. The recipient has or will get a DUNS # and is or will be registered at <http://sam.gov> (U.S. System for Award Management) before contract award and will update registration as necessary.
2. The recipient will provide liability insurance coverage as required by the City of Albany, and worker's compensation and payment of payroll taxes as required by Federal and State laws.
3. The recipient must verify CDBG funds will not create a Duplication of Benefit per the Robert T. Stafford Act, as amended; funds will not be used to provide services/assistance for the same costs/losses from other funding sources.
4. All expenditures must have adequate documentation and all accounting records and supporting documentation shall be available for inspection by City of Albany upon request.



City of Albany CARES Act Duplication of Benefit Certification

PURPOSE. Numerous governmental entities, non-profit, for profit and private organizations are providing a wide range of assistance to help individuals, businesses, and agencies during the Novel Coronavirus (COVID-19) pandemic. The combination of any type of disaster assistance can cause duplication of benefits (DOB) to occur. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by Section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 132 Stat. 3442), requires federal agencies providing disaster assistance to ensure that individuals, businesses/agencies, do not receive disaster assistance for losses for which they have already been compensated or will be compensated. Duplication of benefits occurs when compensation from multiple sources exceeds the need for a particular recovery purpose. Recipients are liable to the United States when the assistance duplicates benefits provided for the same purpose.

DOB DETERMINATION. Please complete the following information as it relates to the activity funded with a City of Albany CARES Act award. Please list all assistance (federal, state, local) received or applied for to date to support the subject activity in the last 12 months.

Organization: _____ Requested \$ 0 Received \$ _____ Date Recv'd _____

Organization: _____ Requested \$ 0 Received \$ _____ Date Recv'd _____

Pending applications for assistance:

Organization: _____ Requested \$ 0 Date Applied: _____

Organization: _____ Requested \$ 0 Date Applied: _____

DOB VERIFICATION. Activity Description: 0

- a. Total Project Cost/Need: \$ 0
- b. Identify all potential assistance (received/applied for): \$ 0
- c. Deduct Non city assistance (determined to be duplicative): \$ 0
- d. Unmet need eligible for City CARES Act (Line A less Line C) \$ 0

CERTIFICATION: I Certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself to obtain assistance is a fraudulent offense for which I can be prosecuted. I understand this information is subject to verification by the City or Department of Housing and Urban Development for compliance.

Name (written): Michelle Robinson Title: Executive Director

Signature: _____ Date: 10.07.20



EXHIBIT A - CONFLICT OF INTEREST CERTIFICATION

Applicant has no conflict of interests with any City of Albany appointed or elected representatives and does not employ City appointed or elected representatives or their families.

Conflict of Interest. The undersigned Applicant and each person signing on behalf of the Applicant certifies, and in the case of a sole proprietorship, partnership, or corporation, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief, no member of the City Council, officer, employee, or person, whose salary is payable in whole or in part by the City, has a direct or indirect financial interest in the award of funds, or in the services to which this Application relates, or in any of the profits, real or potential, thereof, except as noted otherwise herein. The undersigned hereby submits this Application to furnish all services and activities as indicated in the Application submittal.

Furthermore, Applicant must disclose any real or perceived conflict of interest, current or past relationships with City of Albany employees, appointed or elected officials associated with this program.

Disclosure: _____

The Applicant hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

Benton Furniture Share _____ 541-754-9511
Applicant's Agency Name Phone Number

Signature Date 10.07.20

Michelle Robinson, Executive Director

Printed Name and Title