ORiginal

Carson City
Grants Program Application
Fiscal Year 2013–2014

An electronic version of this document is available at carson.org/cdbg

APPLICATIONS ARE DUE*: **JANUARY 18, 2013, 4:00 P.M.**

PLEASE SUBMIT 9 COPIES TO: **CARSON CITY PLANNING DIVISION**
108 E. PROCTOR ST.
CARSON CITY, NV 89701

*The deadline established is **firm** Any proposal received **after** the deadline **will not** be considered for funding. **Applications must be unstapled. See attached instructions pg 15.**

GRANT APPLYING FOR: (check all that apply)

____ **Community Development Block Grant (CDBG)**

X **Community Support Services Grant (CSSG)**

Total funding requested:
$13950.00

1. Agency Name: ORMSBY ASSOCIATION OF CARSON CITY
2. Agency Mailing Address: P.O. BOX 491 CARSON CITY, NV 89702
3. Project/Program Name: SELF-SUFFICIENCY FOR ADULTS W/DEVELOPMENTAL DISABILITIES
4. Project/Program Address/location: 930 EAST CORBETT STREET
5. Agency Director: MARY WINKLER
6. Board Chairperson: PAUL FERRIN
7. Contact person: MARY WINKLER
   Phone number: (775) 882-8520 E-Mail: mary@ormsbyarc.org
   Fax: (775) 882-7202 Website (if applicable) N/A
8. How long has your organization been in existence? +44 YRS In Carson City? +44 YRS
9. What is the overall mission of your organization?
   To enable people with developmental disabilities to participate in the community by providing training and support to enable them to live successfully in the community and increase their self-sufficiency.
10. Type of funding requested (CDBG ONLY) (Check One):
    _____ Public Service _____ Public Facility/Improvement
    _____ Economic Development _____ Housing

BRIEF PROJECT DESCRIPTION:
Please provide a short description of your project/program (not your organization).
Continue to work with people with developmental disabilities to give them the skills necessary to become as self-sufficient as possible and assist them in areas where they need assistance to increase and maintain skills.

I. PROJECT ELIGIBILITY

A. Check all statements that describe HOW this project/program meets one of Carson City's goals:

X A Safe and Secure Community
___ A Healthy Community
X An Active and Engaged Community
___ A Clean and Healthy Environment
___ A Vibrant, Diverse and Sustainable Economy
___ A Community Rich in History, Culture and the Arts
___ A Community Dedicated to Excellence in Education
___ A Physically and Socially Connected Community
___ A Community Where Information is Available to All

B. For CDBG ONLY. This project/program meets at least ONE of the HUD national objectives listed below (please check all that apply)

___ 1. Benefits low/moderate income individuals/households
___ 2. Addresses the prevention or elimination of slums or blight
___ 3. Meets a particularly urgent community development need

C. For CDBG ONLY. Check all statements that describe HOW this project/program meets one of the National Objectives above:

___ ***L/M Area Benefit***: the project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. ***Examples:*** street improvements, water/sewer lines, neighborhood facilities, façade improvements in neighborhood commercial districts.

___ ***L/M Limited Clientele:*** the project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. ***Examples:*** construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped.

___ ***L/M Housing:*** the project adds or improves permanent residential structures that will be occupied by L.M income households upon completion. Housing can be either owner or renter occupied units in either one family or multi-family structures. Rental units for L/M income persons must be occupied at affordable rents. Examples: acquisition of property for permanent housing, rehabilitation of permanent housing, conversion of non-residential structures into permanent housing.

___ ***L/M Jobs:*** the project creates or retains permanent jobs, at least 51% of which are taken by L/M income persons or considered to be available to L/M income persons. ***Examples:*** loans to pay for the expansion of a factory, assistance to a

business which has publicly announced its intention to close with resultant loss of jobs, a majority of which are held by L/M persons.

____ ***Microenterprise Assistance:*** the project assists in the establishment of a microenterprise or assists persons developing a microenterprise. (A microenterprise is defined as having five or fewer employees, one or more of whom owns the business.) This activity must benefit low/moderate income persons, area or jobs as defined in previous sections.

____ ***Slum or Blighted Area:*** the project is in a designated slum/blight area and the result of this project addresses one or more of the conditions that qualified the area.

____ ***Spot Blight:*** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. ***Examples:*** historic preservation of a public facility threatening public safety, demolition of a deteriorated, abandoned building.

C. Project/Program Category (check one):

____ Public Service (i.e., a new service or an **increase** in the level of service

____ Public Facilities and Improvements (i.e., homeless shelter, water and sewer facilities, flood and drainage improvements, fire protection facilities/equipment, community, senior and health centers, parking, streets, curbs, gutters and sidewalks, parks and playgrounds).

____ Acquisition of Real Property

____ Disposition of Real Property (sale, lease or donation)

____ Privately-Owned Utilities

____ Relocation Payments and Assistance to Displaced Persons

____ Removal of Architectural Barriers, Handicapped Accessibility

____ Housing Rehabilitation

____ Historic Preservation

____ Commercial or Industrial Rehabilitation, including façade improvements and correction of code violations

____ Special Economic Development or assistance to microenterprises

II. PROJECT DESCRIPTION

The Five-year Consolidated Plan identifies priority community development needs for Carson City (see Appendix II). The need for your proposed project will be determined by identifying how the project impacts upon the adopted Consolidated Plan Priority Needs. Greater consideration will be given to projects/programs that provide a clear description of the project/program with supporting data and methodology of how the project will meet these needs.

1. Describe the proposed project/program, including how the project/program will address the National Objective indicated (CDBG ONLY) and whether the project/program is new, ongoing, or expanded from previous years.

The OACC is an on-going program which began over 44 years ago and continues to assist people with developmental disabilities to have a place to live and other survival needs. It helps them to become an integral part of the community. The program has changed types of services provided over the years, developing programs as needs change. Without assistance, most of our clients could become dependent on the community instead of being contributing members of the community.

2. If the proposed project/program already exists, please describe your success rates in providing services to low- to moderate-income persons:

All the people we serve are in the low-to-moderate-income category. We have been able to assist all those referred to us to have a more meaningful life, with employment and/or inclusion in the community.

3. Describe who will benefit from the proposed project/program.

People with developmental disabilities will benefit by increasing their self-sufficiency and becoming less of a cost to the community. The community benefits by not having them join the homeless population.

4. If your project is designed to serve a specific or limited clientele, please indicate the population you will be serving with your project/program:

_____ Abused Children	_____ Illiterate Persons	_____ Homeless Persons
_____ Battered Spouses	_____ Elderly	_X_ Severely Disabled Adults
_____ Migrant Farm Workers	_____ Other (Please explain)	

5. For CDBG ONLY. If your project/program will not be serving one of the above limited clientele categories, explain how you will document client income and how you will document that at least 51% of your clientele will be low-to-moderate income:

6. How will the funds be used on this project/program?
Funds will be used to assist with the unfunded portions of our programs, primarily occupancy costs for our job development programs which are housed in our facility on Corbett Street.

7. Describe how your organization plans to reduce the need for grant funding in the future:
We continue to endeavor to increase revenue by means other than grants. We have experienced a decrease in our major fund-raising program, which is our thrift store, due to the influx of numerous similar stores in Carson City. We are researching expanding the business of the store to include other types of retail sales than just used goods.

8. Could your organization use less than the amount of funds requested for the proposed project/program? Please explain.
Not easily, as we need as much assistance as possible, but we would endeavor to continue our programs and would continue to work to fill gaps, as we feel this is a very essential service to our clients. We feel we have made our request at a moderate level, not asking for an increase over last year.

9. Are there other agencies or organizations that provide the same service as your organization? If so, how do you coordinate your services with that organization?
Some for-profit agencies provide segments of services, but not the same type of service as we provide. We do have a continuum of service. We belong to a Providers Group that meets to coordinate services and identify how to fill gaps in service.

10. What is the geographic target area that will be served by this project/program?

☐ Target Area (specify geographic area) _____
OR
☒ Community-wide

For Public Improvement (construction) Projects <u>only</u>

1. Is the proposed project part of a larger project or is it a stand-alone project? (If part of a larger project, please describe the entire project.)

2. Can this project be done in different phases? _____ Yes __X__ No
If YES, explain.

3. Have CDBG or CSSG funds been used for an earlier phase? __X__ Yes _____ No

4. Who currently holds title to the property involved?
N/A

5. With whom will title be vested upon completion?
N/A

6. Do any rights-of-way, easements or other access rights need to be acquired?
_____ Yes _____ No __X__ N/A

7. If the project requires water rights or well permits, have they been acquired?
_____ Yes _____ No __X__ N/A

For CDBG Economic Development projects <u>only</u>:

1. Identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

For CDBG Housing Projects please indicate:

The number of homes to be rehabilitated: _____

The number of persons to be benefited: _____

III. PROJECT MEASUREMENT

Carson City has implemented a Performance and Outcome Measurement System into the application and grant/project administration process. When completing this section, keep in mind that ***outputs*** are specific descriptions of what your project is intended to accomplish (such as serve a total of 20 clients) and ***outcomes*** are the benefits or changes that result from the program (such as how well the service met the client needs).

1. What are the projected **outputs,** or total number of people served, from this program/project?

In our job development program we plan to serve 20-30 people, providing them with meaningful job tasks and developing employment skills. Our other programs will serve another 30-35 people. The number of people served is dependent on the funding of the State to place people from their waiting lists. We project we will work with 60 people.

2. Of the total number of people in Question 1, how many of these are low-to-moderate income (LMI)? How many are Carson City residents?

One hundred percent of the people we serve are low-to-moderate-income, with at least 90 percent low income. One person lives in Lyon County. All the rest are Carson City residents.

3. What is the projected **outcome** of this program/project? (How will the outputs benefit the total number of people in Question 1?)

The outcome will include keeping people employed, helping them to become employed and making it possible for them lead more meaningful lives and be part of the community.

4. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

OACC has procedures to track data on a daily basis. This includes production rates when applicable, promotions in employment, the decrease of assistance or increase in self-sufficiency. We set goals for each person and criteria for tracking these.

IV. PROJECT BUDGET

Complete the Budget Summary chart. More detailed budgets may be attached in support of the proposal. Identify sources of leveraged funding for the activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.) Attach copies of funding commitment letters or other evidence of funding support.

Project/Program Title: **Project/Program Expenses FY 2013-14**	**Funds Requested**	**Leveraged Funds**	**Total Funds**
Salaries and Benefits			
Rent and Utilities	10650.		10650
Mortgage			
Equipment			
Equipment Maintenance & Repair	300		300
Office Supplies			
Operating Supplies	3000		3000
Postage and Shipping			
Printing and Publications			
Advertising and Promotion			
Subscriptions and Dues			
Liability/Other Insurance			
Professional Fees			
Other project costs: (Specify Below)			
TOTALS	13950.		13950.

V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:
   Mary Winkler 775 882-8520

2. The person directly responsible for on-site supervision of the project/program, such as a project manager:
   Mary Winkler 775 882-8520
   Helen Coston 775-882-8520

3. The person responsible for the financial management of the project/program, including preparation, review and approval of reimbursement requests:
   Mary Winkler 775 882-8520
   Paul Ferrin 775 882-8520

4. Please list the name, address, phone number and e-mail of the person responsible for preparing the quarterly reports and tracking the performance on this program/project.
   Mary Winkler PO Box 491 Carson City, NV 89702 mary@ormsbyarc.org

VI. AGENCY INFORMATION

1. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation	9/24/1969
Date of IRS certification	3/29/71
Tax exempt number	880106559

2. DUNS Number: 082110024
   For information on DUNS, go to: http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf

3. Attach the following to each copy of the Proposal for Funding:

   a. IRS Tax Exempt "501(c)(3)" letter.

   b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)

   c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.

   d. List of current Board of Directors and terms of office. If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CDBG funds (See 24 CFR 570.611).

   e. *For all 501(c)(3) non-profit organizations*: a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

4. Required Certification (see instructions):

   Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

Mary Winkler Signature of Authorized Official	1/16/13 Date
Mary Winkler, Executive Director Typed Name and Title of Authorized Official	775 882-8520 Phone Number

Paul Ferrin Signature of President of Board of Directors	1/16/13 Date
Paul Ferrin Typed Name of President of Board of Directors	775 883-1672 Phone Number

Carson City, a Consolidated Municipality

Annual Report
For Community Support Services Funding
Fiscal Year 2012-2013

Name of Organization: ORMSBY ASSOCIATION OF CARSON CITY

Program/Project: Self-sufficiency for adults w/developmental disabilities

Amount of Funds Received: $ 13,950

Contact: MARY WINKLER

Mailing Address: P.O. BOX 491

City: CARSON CITY State: NEVADA Zip Code: 89702

Phone Number: (775) 882-8520 E-mail: mary@ormsbyarc.org

Date Submitted: January 17, 2013

1. Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses.

2. Evaluate your achievement of the measurable outcomes listed in your application:

Six additional people now handle 95 percent of their own living expenses. They primarily need assistance with handling finances. Others are showing improvement in handling daily problems. All those who wish are voting in City elections – 58%. As in former years, the program has kept our people from becoming a burden and from becoming homeless. They participate in community functions and work with service clubs. They are proud to be a part of the community and be able to do everyday tasks for themselves.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

Fifty-six people benefitted in some way from our programs. One individual benefit is the ability to earn additional money. Another is improving job skills and work habits in the goal to become more employable. Three of those employed in the community received promotions and/or pay raises. A second work group was able to go into the community on a part-time basis. One benefit that is difficult to measure is that they seem happier, probably due to taking part in the community and able to attend more community events.

4. What specific community benefit did your project provide Carson City?

Kept additional people from becoming homeless. Also, involvement in the community helps overall and keeps our people from causing problems because they are lonely and uninvolved.

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

This program is on-going and will continue as long as OACC is able to finance it. We expect to continue as we have – by grants, donations, sub-contract work from local businesses and by increasing thrift store income by including other types of sale items.

6. Describe any challenges that impacted your program.

In a nutshell, money. The budget cuts of the State, the decrease in thrift store income, and the downsizing of businesses we contract with have all been challenges for us. It has been a struggle to obtain new contracts and maintain/increase the old. Through all this, we have been able to increase number of contracts by three.

ORMSBY ASSOCIATION OF CARSON CITY

ACCOUNTING OF FUNDS FOR CARSON CITY GRANT 2012-2013

	Budget 2012-13	Budget 6 months	Actual 6 months	over/under
INCOME				
Allocated from our Total Income of $ 186,415.				
EXPENSES				
HEAT	1000	500	363	-137
POWER	2400	1200	1157	-43
TELEPHONE	2000	1000	1042	42
WATER	1500	750	525	-225
RENT	3500	1750	1600	-150
SUPPLIES (Office & Contracts)	3000	1500	3959	2459
BUILDING MNT	600	300	71	-229
HOUSEKEEPING SUPPLIES	500	250	134	-116
SANITATION	4500	2250	2302	52
				0
Costs for 6 months	19000	9500	11153	1653
Carson City Allocation for 6 months			6975	

Many of the expenses will increase in the 2nd half of the due to winter months; e.g. Heat