CITY OF SAN MARCOS CORONAVIRUS RELIEF - GENERAL FUND GRANT 2021 APPLICATION



Due Date: June 6, 2021 at midnight

I. APPLICANT CONTACT INFORMATION

Applicant Organization: Together for a Cause, Inc.	
	Telephone:
Mailing Address: 326 N. LBJ Dr., San Marcos, TX 78666	
Physical Address, if different from mailing address:	
rolishadiva@gmail.com Contact E-Mail Address:	www.togetherforacause.org/
Who is authorized to execute program documents?	land Saucedo
II. APPLICATION	SUMMARY INFORMATION
Program Name:	
Amount of Funds Requested: \$150,000	
Program Location: San Marcos and Hays County	
By approximately what date will funds be expended?	

III. ORGANIZATION DESCRIPTION

1. What is your organization's mission?

Together for a Cause, Inc.'s mission is to perform charitable services for the residents of Hays County by providing community events and fundraising events. We also provide services to the citizens of Hays County to help improve the quality of life, increase educational opportunities, promote leadership, increase sense of culture and community.

2. How many volunteers does your agency/organization have and how many hours will they spend on the program requesting funding?

The organization will have 15-20 volunteers who will spend 15 - 20 hours per week, Monday - Friday, working on the program.

3. How many direct clients did your organization serve in the last full program year?

Together for a Cause Inc. served 26 direct clients in the last full program year

4. Provide information regarding your Board of Directors, including how they are selected and how often they meet. Please also include attendance figures.

Board members are elected by members of the organization every October. Meetings are held one a month, except June through August, when meetings are held twice a month. Attendance rate at meetings is 80-85%.

5. Please list all funding received from the City for the current program year, by source and amount.

City of San Marcos Asts Commission - \$9,000 in 2018; \$7500 in 2019; no funding to date this year

IV. PROGRAM DESCRIPTION

1. Provide a brief description of the proposed program.

In January 2020, there were 102 individuals in San Marcos who were experiencing homelessness. 48% were unsheltered and 23% were in emergency shelters or transitional housing (H.O.M.E. Center, 2020 P.I.T.). The COVID-19 pandemic has likely increased these numbers. The Transitional Housing Program (THP) provides assistance for people in crisis (e.g. unemployed, recently released from prison, victims of domestic violence, recovering from illness or chemical dependency, citizens and veterans with mental health issues) and are in need of transitional housing. Transitional housing is provided for a limited time (from 2 weeks to 6 months) through a partnership with a local motel chain. By providing temporary housing for a longer term than emergency shelters, the Transitional Housing program provides assistance long enough for those who are struggling to "get back on their feet". Program staff will provide support services designed to help clients to secure employment, apply for public assistance when applicable and gain necessary life skills that will foster self-sufficiency while working with local low-income apartment complexes and the local Housing Authority to secure permanent housing for the client.

2. In what ways does this program serve people who have been negatively impacted by the COVID-19 pandemic or related economic shutdowns?

Due to unemployment or underemployment related to the COVID 19-pandemic, many have become homeless because they can no longer afford to pay their mortgage or rent, or perhaps they were homeless prior to the pandemic and now need a safe place to live while recovering from the virus after being discharged from the hospital. The Transitional Housing Program will provide services for these individuals.

3. Is this a new program or the expansion of an existing one?

This is a new program. Together with a Cause assisted the Salvation Army to offer services through a similar program last year; however this is the first time that this organization has implemented this program.

4. Is there a fee to clients to participate in the program? If yes, please provide fee structure.

There is not a fee; however, clients are required to contribute a co-pay toward their monthly expenses while participating in the program. The co-pay amount and the number of months the co-pay is required is dependent on the client's financial situation and their ability to pay. The average co-pay is \$400 per month for two to four months. During their THP lodging, clients are required to open and maintain a savings account to serve as their emergency relief fund to prevent them from returning to their current situation in the future.

5. Describe the proposed hours of operation of the program.

The proposed days and hours of operation of the program are Monday through Friday, 8:00A- 5:00P with 24- hour on-call service.

6. What are the goals of the program for which you are requesting funding?

The goals are to help clients to "get back on their feet" by providing transitional housing, re-housing (permanent and affordable) and other support services and to equip clients with the necessary life skills that will foster self-sufficiency and reduce or eliminate reliance on public assistance.

7. How will you know you met these goals?

We will know we met these goals by doing the following: 1) conducting an assessment and writing an individualized service plan for each client, entering into an agreement which outlines services that will be rendered, a timeline with goals and the expectations of each party (the client and staff member), 2) assigning each client to a case manager who will monitor the client's progress, ensuring that the plan is followed and that goals are achieved in a timely fashion. Clients are responsible for maintaining communication with the case manager or another representative of the organization on a weekly basis. Services rendered will be aligned with program goals. Failure to comply with the rules and regulations of the program will result in the client's immediate exit from the program.

8. If requesting funding for salary, describe the activities of this position? (Please breakdown each funded position and hours worked per week.)

9. Discuss how you will measure program success.

A minimum of 20 clients (individuals or families) will be served each quarter through the program.

100% of clients will participate in life skills and budgeting workshops.

100% of clients who are parents of children under 7 or mothers-to-be will be referred to First Choice for parenting courses and will attend.

90% of clients will exit the program into a permanent, affordable housing situation.

85% of clients who are placed in a permanent apartment will maintain housing on their own for at least one Success is achieved when a client completes their service plan and exits the program with affordable housing, a job (if able to work), a savings account with some funds, appropriate benefits (if applicable) and life skills necessary for self sufficiency.

10. What additional funding is your agency requesting for this program? Please provide Funding Source, Amount Requested, Amount Granted, and whether funding is Pending.

CDBG - \$100,000 - will apply; Hays County - \$125,000 - will request funding

V. PROGRAM BENEFICIARIES

. How many persons are proposed to be assisted if funding is received? A minimum of 20 per quarter					
. What percentage of persons proposed to be assisted are expected to have low to moderate incomes? 100%					
3. Will this program have income limitations? If so, how do y the beneficiaries? (check all that apply)	ou propose to document the income of				
 Evidence that the child is approved for free or reduced lunch Evidence that the family lives in housing sponsored by the Housing Authority Evidence that the family is WIC approved 					
✓ Income documentation using one of the 3 HUD approved methods					
$\hfill \square$ Self-certification, with income verification required of 20% of	certifications				
Other describe: hank statements, award letter					

VI. LINE ITEM BUDGET

Please use the following format to present your proposed line item budget. Secured funds are funds on-hand, pledged, or awarded. Supporting documentation may be attached as an Appendix. Programs will be considered for which funds have already been spent.

Expense Category	Total Program Budget	CDBG Portion	Other Funding Source	Other Funds Amount
Personnel Services				
Salaries				
Fringe Benefits				
Supplies				
Office Supplies				
Program Supplies				
Client Materials				
Operating				
Training				
Insurance				
Utilities/Rent/Mortgage				
Other (please specify)				
Lodging for transitional living	\$160,000	\$150,000	*Anonymous donor	\$10,000
Total	\$160,000	\$150,000	*Anonymous donor	\$10,000

Please provide an explanation for any unusual budget expenditures listed in the line item budget above.

In order to serve more clients, Together for a Cause Inc. is planning to apply for CDBG funding as well as funding from other sources to supplement the \$10,000 received from an anonymous donor and what they hope to receive in CRF funding. The organization is hoping to secure a total of \$375,000 in funding from various sources to carry out the Transitional Housing Program.

*Donor has asked to remain anonymous. Can verify receipt of funds when deposited on June 9, 2021.

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VII. PROGRAM IMPLEMENTATION SCHEDULE WITH PERFORMANCE GOALS

Program Start Date:	Program Completion Date:		
July 1, 2021	July 1, 2022		

Activity Description	Start Month/Year	End Month/Year	Performance Measurement Goal
Example: Hiring New Staff Member	October 2019	December 2019	Employment process complete
Open Enrollment	July 1, 2021	July 15, 2021	Identification of potential clients
Assessment/ Selection	July 16, 2021	July 22, 2021	Clients will be selected.
Place Clients in Temporary Lodging	July 23, 2021	Jan 23, 2021	Clients actively participate in program
Follow-up/Tracking	July 24, 2021	January 24, 2022	Org reps track progress of THP grads