



**CITY OF DUBLIN
HUMAN SERVICES COMMISSION
REGULAR MEETING AGENDA
THURSDAY, JANUARY 26, 2017, 7:00 P.M.
DUBLIN CIVIC CENTER, 100 CIVIC PLAZA**

1. CALL TO ORDER

2. PLEDGE OF ALLEGIANCE

3. ORAL COMMUNICATIONS

3.1 Public Comments

At this time, the public is permitted to address the Human Services Commission on non-agendized items. The Commission must, however, comply with all State Laws in regard to items not appearing on the posted agenda. The Commission may respond to statements made or questions asked, or may request Staff to report back at a future meeting concerning the matter. Any member of the public may contact the Office of the Parks and Community Services Department related to the proper procedure to place an item on a future Human Services Commission agenda. The exceptions under which the Human Services Commission MAY discuss and/or take action on items not appearing on the agenda are contained in GC 54954.2(b)(1)(2)(3).

4. MINUTES

4.1 Minutes of the November 17, 2016 Regular Meeting

The Commission will consider approval of the minutes of the November 17, 2016 Regular Meeting.

STAFF RECOMMENDATION:

Approve the minutes of the November 17, 2016 Regular Meeting.

5. WRITTEN COMMUNICATIONS – None.

6. PUBLIC HEARING – None.

7. UNFINISHED BUSINESS – None.

8. NEW BUSINESS

8.1 Election of Officers

The Commission will annually elect a Chairperson and Vice Chairperson

STAFF RECOMMENDATION:

Conduct elections for Chairperson and Vice Chairperson for one-year terms.

8.2 Human Services Grants Program & Process Overview

The Commission will receive an overview of the Human Services Grants Program and timeline for the Fiscal Year 2017-18 program cycle.

STAFF RECOMMENDATION:

Receive the Report and submit the Organizational Affiliation Worksheet to Staff by February 23, 2017.

8.3 Fiscal Year 2015-16 Human Services Grant Program: Grant Recipient Year-End Reports

The Commission will be presented with the Fiscal Year 2015-16 Human Services Grant Program year-end summary reports submitted by grant recipients.

STAFF RECOMMENDATION:

Receive the Report.

9. OTHER BUSINESS

9.1 Brief Informational Only Reports from Commissioners and/or Staff, including Reports by Commission related to Meetings Attended at City Expense (AB 1234).

10. ADJOURNMENT

This AGENDA is posted in accordance with Government Code Section 54954.2(a)

If requested, pursuant to Government Code Section 54953.2, this agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12132), and the federal rules and regulations adopted in implementation thereof. To make a request for disability-related modification or accommodation, please contact the Office of Parks and Community Services (925) 556-4500 at least 72 hours in advance of the meeting.

A complete packet of information containing Staff Reports (Agenda Statements) and attachments related to each item is available for public review at least 72 hours prior to a Human Services Commission Meeting or, in the event that it is delivered to the Commission less than 72 hours prior to a Human Services Commission Meeting, as soon as it is so delivered. The packet is available in the Parks & Community Services Department at Civic Center.



STAFF REPORT HUMAN SERVICES COMMISSION

DATE: January 26, 2017

TO: Honorable Chair and Commissioners

FROM: Rhonda Franklin, Management Analyst

SUBJECT: Minutes of the November 17, 2016 Regular Meeting of the Human Services Commission

EXECUTIVE SUMMARY:

The Human Services Commission will consider approval of the minutes of the November 17, 2016 Regular Meeting of the Human Services Commission.

FINANCIAL IMPACT:

None.

RECOMMENDATION:

Approve the minutes of the November 17, 2016 Regular Meeting of the Human Services Commission.

DESCRIPTION:

The Human Services Commission will consider approval of the minutes of the November 17, 2016 Regular Meeting of the Human Services Commission.

NOTICING REQUIREMENTS/PUBLIC OUTREACH:

None.

ATTACHMENTS:

1. Draft Minutes of the November 17, 2016 Regular Meeting of the Human Services Commission.



HUMAN SERVICES COMMISSION

REGULAR MEETING

Draft Minutes

CITY OF DUBLIN

November 17, 2016

A Regular Meeting of the Dublin Human Services Commission was held on Thursday, November 17, 2016, in the City Council Chamber of the Dublin Civic Center. The meeting was called to order at 7:00 PM by Vice Chair Brown.

PLEDGE OF ALLEGIANCE

The pledge of allegiance to the flag was recited by the Commission, Staff and those present.

ROLL CALL

Commissioners (Cm.) Present: Brown, Fiedler, Hassan, Songey
Commissioner Absent: Strah

Mr. James Rodems, Parks and Community Services Director, introduced himself to the Commission.

ORAL COMMUNICATIONS

3.1 PUBLIC COMMENTS – None.

APPROVAL OF MINUTES

4.1 Regular Meeting May 26, 2016

On a motion by Cm. Fiedler, seconded by Cm. Shehu, and by a vote of 4-0-0 with Chair Strah absent, the Commission took the following action:

ACTION:

Approved minutes of the May 26, 2016 Regular Meeting as presented.

WRITTEN COMMUNICATIONS – None.

PUBLIC HEARING – None.

UNFINISHED BUSINESS – None.

NEW BUSINESS

8.1 Informational Presentation by Senior Support Program of the Tri-Valley

Ms. Rhonda Franklin, Management Analyst, presented the specifics of the item as outlined in the Staff Report and introduced the guest speaker.

Ms. Marlene Peterson, Executive Director of Senior Support Program of the Tri-Valley, provided an informational presentation on the services provided by Senior Support Program of the Tri-Valley.

The Commission made comments in support of the program and expressed their appreciation for the quality and variety of services the organization provides.

ACTION:

The Commission received the Report.

8.2 City of Dublin Human Services Grant Application Process and Timeline for the 2017-18 Grant Cycle

Ms. Rhonda Franklin, Management Analyst, presented the specifics of the item as outlined in the Staff Report.

The Commissioners supported the proposed timeline and application questions with two minor amendments to the application questions.

ACTION:

The Commission received the Report.

8.3 Tem Expirations for Human Services Commissioners

Ms. Rhonda Franklin, Management Analyst, presented the specifics of the item as outlined in the Staff Report.

ACTION:

The Commission received the Report.

OTHER BUSINESS

The Commissioners provided brief reports on meetings and events attended.

Ms. Micki Cronin, Assistant Director of Parks and Community Services, and Mr. James Rodems, Parks and Community Services Director, provided program updates.

ADJOURNMENT

There being no further business, the meeting adjourned at 8:05 PM.

Minutes prepared by Rhonda Franklin, Management Analyst.

Chairperson

ATTEST: _____

Micki Cronin
Assistant Parks and Community Services Director



STAFF REPORT HUMAN SERVICES COMMISSION

DATE: January 26, 2017

TO: Honorable Chair and Commissioners

FROM: Rhonda Franklin, Management Analyst

SUBJECT: Election of Officers

EXECUTIVE SUMMARY:

The Commission shall annually elect a Chairperson and Vice Chairperson per the Bylaws and Rules of Procedure for the Human Services Commission.

FINANCIAL IMPACT:

None.

RECOMMENDATION:

Conduct elections for Chairperson and Vice Chairperson for one-year terms.

DESCRIPTION:

The Bylaws and Rules of Procedure for the Human Services Commission states the following:

OFFICERS

Section 1. Election and Term of Office. The Commission shall elect a Chairperson at the first meeting in January of each year, or if a quorum is not present, at the next meeting at which a quorum is present. The Chairperson and Vice Chairperson shall serve until their successors are elected, or until their terms as members of the Commission expire, whichever is first. The Commission shall, unless no Commissioners meet criteria, elect Commissioners to the positions that have not previously served in the position and have not declined the appointment, with the intent that no one should serve in the position for no more than two consecutive years.

Section 2. The Secretary to the Commission will be the City Manager or his/her designee.

Section 3. Vacancies. In case of any vacancy in the Office of the Chairperson or Vice Chairperson, the vacancy shall be filled by an election held at the first regular meeting after the occurrence of such vacancy. The person so elected shall serve the balance of the term.

Section 4. Duties of Officers. The Chairperson performs the following duties:

- (a) Presides at all meeting of the Commission.
- (b) Appoints committee and chairpersons of committees as necessary.
- (c) Signs correspondence on behalf of the Commission.
- (d) Represents the Commission before the City Council.
- (e) Performs other duties necessary or customary to the office.

In the event of the absence of the Chairperson or his/her ability to act, the Vice Chairperson presides in the place of the Chairperson. In the event of the absence of or the inability to act of both the Chairperson and Vice Chairperson, the remaining members shall elect one of their members to act as temporary Chairperson.

NOTICING REQUIREMENTS/PUBLIC OUTREACH:

None.

ATTACHMENTS:

None.



STAFF REPORT HUMAN SERVICES COMMISSION

DATE: January 26, 2017

TO: Honorable Chair and Commissioners

FROM: Rhonda Franklin, Management Analyst

SUBJECT: Human Services Grants Program & Process Overview

EXECUTIVE SUMMARY:

The Commission shall receive an overview of the Human Services Grants Program and timeline for the Fiscal Year 2017-18 program cycle.

FINANCIAL IMPACT:

None.

RECOMMENDATION:

Receive the Report and submit the Organizational Affiliation Worksheet to Staff by February 23, 2017.

DESCRIPTION:

The City of Dublin Human Services Grants Program provides financial support to local non-profit organizations serving the Dublin community. The program is supported through several funding sources including the Federal Community Development Block Grant (CDBG) program and the City's General Fund and Affordable Housing Fund (as available). Each year the City Council awards funding to organizations that best meet the community's needs in support of the City's adopted Mission, Vision and Values (Attachment 1) and the 14 Areas of Concern as identified in the Tri-Valley Needs Assessment (Attachment 2).

As part of the Fiscal Year 2016-17 Budget process, the City Council approved an allocation of General Fund and Affordable Housing Fund amounts of \$140,000 and \$8,000, respectively, for the upcoming grant cycle (Fiscal Year 2017-18). The Community Development Block Grant (CDBG) amount is estimated at last year's actual amount of \$75,602. The CDBG program is administered through the Alameda County Community Development Agency. The minimum and maximum funding amounts per grantee application are \$3,000 and \$25,000, respectively.

Grants Program Process Overview

The Human Services Commission plays a significant role in the Human Services Grants Program process. The Commission reviews and evaluates grant applications, receives applicant presentations, considers Staff's grant funding recommendations, and determines final grant funding recommendations for City Council consideration and approval.

The Human Services Grants Program occurs on the Fiscal Year calendar, which is July through June of each year. The Program follows a strict schedule in order to meet City of Dublin, Alameda County, and Department of Housing and Urban Development budget deadlines. The Fiscal Year 2017-18 program schedule is as follows:

Application Period	12/1/16 to 1/8/17
Mandatory Application Workshops (2016)	<ul style="list-style-type: none">• 12/1 (AM Session)• 12/7 (PM Session)• 12/16 (AM Session)
Staff Application Review	1/9/16 to 2/10/17
Commission Review Period	2/23 to 3/23/17
Distribute Human Services Commission 3/23/17 Agenda Packet to Commissioners and the Public	On or before 2/23/17
Commission Regular Meeting Date for Grant Funding Recommendations	3/23/17
City Council Regular Meeting Date for Funding Approvals	4/18/17

During the Staff application review period, Staff will review, evaluate, and rate applications according to the City Council approved rating criteria (Attachment 3). On or before February 23, the Commission will receive an agenda packet for the March 23 Commission meeting that will include the grant applications, order of applicant presentations, and Staff's grant funding recommendations. At the March 23 Commission meeting, the Commission will receive applicant presentations at which time the Commission may ask questions of the applicants for clarification purposes or to gather additional information about the organization. After applicant presentations, the Commission will deliberate and recommend the final grant funding amounts for City Council approval. During the meeting, the Commission will be provided with tools to facilitate each Commissioner's recommended funding amount for each organization. All discussions and deliberations regarding funding amounts by the Commission, as well as the final recommendation to City Council, are required to take place at the dais before members of the public in attendance during the meeting.

City Council Direction

The City Council has directed the Human Services program to emphasize programs that specifically address human service needs. These needs include critical services such as food and nutrition, healthcare, homelessness, childcare, etc. The City Council provided further direction to de-emphasize and not award limited grant funds to arts-based or school programs that do not address human service needs.

Online Grant Application & Review Process

All applications are submitted online via the web-based ZoomGrants application management system. On or before February 23, Commissioners will be provided with instructions for accessing and reviewing applications in the ZoomGrants system. Commissioners can only review applications in the ZoomGrants system; all discussions, comments and funding recommendations must take place during the Commission meeting on March 23.

Organization Affiliation

In preparation for the March 23 Commission meeting, Staff is requesting that Commissioners complete and submit the attached Organization Affiliation Worksheet (Attachment 4) to Staff before February 23 so that Staff can determine potential conflicts of interest related to grant applicants and Commissioner organization affiliations. Staff will notify Commissioners of any conflict of interest issues and provide further instructions should any conflicts of interest occur. Staff is requesting Commissioners complete and submit the worksheet via email no later than February 23.

NOTICING REQUIREMENTS/PUBLIC OUTREACH:

None.

ATTACHMENTS:

1. City of Dublin Mission, Vision and Values
2. Tri-Valley Needs Assessment 14 Areas of Concern
3. City of Dublin Rating Criteria
4. Organizational Affiliation Worksheet



Mission, Vision & Values

Ensuring the Prosperity & Well-Being of Our Community

The City Council adopted Dublin's Mission, Vision, and Values statements as part of the City's 10-Year Strategic Plan. These statements are intended to serve as guidance for the City Council and commissions in their deliberations on various proposals presented to them, and to ensure that our developing community remains happy, healthy, and well-balanced. These statements were updated and modified in 2013.

Our Mission

The City of Dublin promotes and supports a high quality of life, ensures a safe and secure environment, and fosters new opportunities.

Our Vision

Dublin is a vibrant city committed to its citizens, natural resources, and cultural heritage. As Dublin grows, it will balance history with progress, to sustain an enlightened, economically balanced and diverse community.

Dublin is unified in its belief that an engaged and educated community encourages innovation in all aspects of City life, including programs to strengthen our economic vitality, and support environmental stewardship and sustainability through the preservation of our natural surroundings. Dublin is dedicated to promoting an active and healthy lifestyle through the creation of first-class recreational opportunities, facilities, and programs.

Our Values

- **Our Values in Building Community**
 - Promote locations and events that bring people of all ages together.
 - Provide more venues for family-based activities.
 - Foster heritage and cultural development.
- **Our Values in Ensuring a Safe Community**
 - Provide high quality police and fire services to insure the safety of the citizens living in the community.
 - Provide education and training to residents and businesses that would promote public safety.
- **Our Values in Guiding Development**
 - Assure that development contributes positively to the City's fiscal health.
 - Support pedestrian-friendly development, transit-oriented development, green building, and environmental responsiveness.
 - Promote high quality design and architectural standards in private development and in all public facilities.
 - Develop transportation systems that facilitate ease of movement throughout the City.

14 AREAS OF CONCERN

as Identified in the Needs Assessment

2011 Tri-Valley Needs Assessment Findings by Area of Concern *			
1	Behavioral health (mental health and substance abuse)	8	Disabilities
2	Affordable housing	9	Food and nutrition
3	Health care	10	Senior services
4	Workforce development	11	Youth services
5	Homelessness	12	Child care, early childhood development and education
6	Transportation services and access	13	Changing demographics and growing diversity
7	Domestic violence and child abuse	14	Financial assistance

*Page 33 Eastern Alameda County Human Services Needs Assessment



City of Dublin
Universal Grant Rating Sheet
TO BE FILLED OUT BY CITY STAFF

Organization: _____ **Program:** _____

PROPOSAL SCORE		
<i>Maximum of 15 points</i>		
RECOMMEND FUNDING	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FUNDING SOURCE	CDBG <input type="checkbox"/>	Comm. Grant <input type="checkbox"/> Incl. Fund <input type="checkbox"/>
Total Requested	Total Recommended	

IF RECOMMENDING CDBG FUNDING, NOTE THAT CDBG FUNDS MAY ONLY BE USED FOR THE FOLLOWING ACTIVITIES AS DEFINED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (CHECK ONE).

CAPITAL PROJECTS PUBLIC SERVICE HOUSING ECONOMIC DEVELOPMENT

THE WORD "PROGRAM" IS USED BELOW ON THIS FORM TO INCLUDE SERVICES, ACTIVITIES OR IMPROVEMENTS.

1. Organization/Management

- ♦ The organization previously received funding from Dublin, **and** has fully complied with the City’s management procedures, including invoice and report deadlines.
- ♦ The organization, as presented in the application, is able to achieve the stated goals and outcomes.
- ♦ The organization and their staff are qualified and have the capacity to provide for the program. (i.e. non-profit status, resumes for staff, a Board of Directors, information on clients served).
- ♦ The organization has completed all required aspects of the application process.
- ♦ The proposed program has a successful proven track record (not a new program).

(Maximum of 5) _____

2. Needs/Benefit

- ♦ The beneficiaries are an appropriate target group (lower income residents, handicapped, elderly, youth, etc.)
- ♦ The organization provides an activity to Dublin residents that other organizations do not provide.
- ♦ **Applicant’s activity: (choose a or b)**
 - a. **benefits a majority of Dublin residents by meeting the City’s Mission, Vision and Values OR**
 - b. **meets at least one of the U.S. Department of Housing and Urban Development’s Strategic Goals or Policy Priorities.**
- ♦ The organization’s program meets one of the 14 Areas of Concern as identified in the 2011 Eastern Alameda County Needs Assessment Report
- ♦ The organization collaborates with other agencies to enhance services.

(Maximum of 5) _____

3. Funding/ Budget

- ♦ The amount of funding requested compared to the number of Dublin residents served is reasonable.
- ♦ Fiscal responsibility - evaluation of the most current audit does not reveal one or more *material weaknesses* (or equivalent) that could jeopardize other funding.
- ♦ Program and administrative budget covers the cost to provide for the program.
- ♦ The organization leverages other funding sources to provide activities/services/improvements.
- ♦ The organization charges a fee and/or produces other income that may be used to support this program (review submitted fee schedule if applicable).

(Maximum of 5) _____

*Standardized accounting audit statements

1. A “Control Deficiency”, which is the lowest of the three deficiencies, exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis.
2. A “Significant Deficiency” is a control deficiency or a combination of control deficiencies, that adversely effects the organization’s ability to initiate, authorize, record, process or report financial data in accordance with the Generally Accepted Accounting Principles, and that the likelihood of a misstatement of the organization’s financial statement that is more than inconsequential which will not be prevented or detected by the organization’s established internal controls.
3. A “Material Weakness”, is a significant deficiency or a combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements which will not be prevented or detected by the organization’s established internal controls.

❖ Rating Criteria is subject to change from time to time to reflect the current industry or to address the type of applications received.❖



City of Dublin

Human Services Commission - Organizational Affiliation Worksheet

Commissioner Name _____

Please complete the following information and return by **Thursday, February 23, 2017**. As part of the City's Human Services Grants Program, Human Services Commissioners will be asked to make recommendations to the Dublin City Council about grant funding awards for community organizations. State and federal laws limit certain political appointees from making funding recommendations for organizations that may apply for City grant funding, particularly if they are a member of the applicant organization or an office holder. The information you provide will be evaluated by the City Attorney's Office to identify any potential conflicts related to the City's Human Services Grants Program. Thank you for your assistance!

#	Community Organization Name	Organization Address / Phone	Website (if any)	Membership Type *
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

*Please indicate whether you are a voting or non-voting member of the organization; and if you are an officer, please list your title. (Attach additional sheets if needed.)

 Commissioner Signature

Date



STAFF REPORT HUMAN SERVICES COMMISSION

DATE: January 26, 2017

TO: Honorable Chair and Commissioners

FROM: Rhonda Franklin, Management Analyst

SUBJECT: Fiscal Year 2015-16 Human Services Grant Program: Grant Recipient Year-End Reports

EXECUTIVE SUMMARY:

The Commission will be presented with the Fiscal Year 2015-16 Human Services Grant Program year-end summary reports submitted by grant recipients.

FINANCIAL IMPACT:

None.

RECOMMENDATION:

Receive the Report.

DESCRIPTION:

The City of Dublin Human Services Grant Program was created by the City Council to provide financial support to local not-for-profit organizations serving the Dublin community.

One of the annual funding requirements is the completion of a year-end report. The report summarizes how the City's funding was used, what results were achieved, and if the organization met the goals outlined in the initial application proposal and funding agreement. The attached documents provide a summary of the funding awards for Fiscal Year 2015-2016 (Attachment 1) and the outcomes/impacts each agency achieved as a result of the City's funding (Attachment 2). This information is provided to assist the Commission in making future grant funding recommendations to the City Council.

Final/Year-End reports were due by July 15, 2016 and August 31, 2016 for CDBG and General Fund/Affordable Housing Fund recipients, respectively. Of the 22 organizations that were approved for grant funding, 12 organizations submitted the report on time, two organizations submitted the report late, and eight organizations did not submit the final or year-end report. The table below shows the year-end report submittal summary.

Year-End Report Submittal Summary

Organization	Project	Date Year-End Report Received
Axis Community Health	Improving Patient Care with Facilitated Medication Review	7/14/16
CALICO Center	Dublin Child Abuse Intervention	7/15/16
Center for Community Dispute Settlement	Tri-Valley Youth Court	1/1/17
Chabot-Las Positas Community College District/TriValley One Stop Career Center	Project Dublin	Not Received
Child Care Links	Early Childhood Education	8/9/16
Children's Emergency Food Bank	New Building	Not Received
CityServe of the Tri-Valley	CityServe of the Tri-Valley	Not Received
Community Resources for Independent Living	Independent Living, Housing & Employment Services for People with Disabilities	8/31/16
Dublin High School Parent Faculty Student Organization	Dublin High Safe and Sober Grad Night	Not Received
Dublin High School PFSO	Every 15 Minutes Program	Not Received
Dublin Partnerships in Education	DPIE City of Dublin Community Grant	Not Received
Easter Seals Bay Area	Kaleidoscope Program	Not Received
Eden I&R, Inc.	2-1-1 Alameda County Communications System	8/31/16
Kidango, Inc.	Emerald Vista Enrichment Program	10/17/16
Open Heart Kitchen	Dublin Meal Programs	7/10/16
School of Imagination	Happy Talkers Screening and Training Project	Not Received
Senior Support Program of the Tri-Valley	Case Management	7/15/16
Spectrum Community Services	Meals on Wheels for Dublin's Homebound Seniors	7/14/16
Tri-Valley Haven	Domestic Violence Services Program	8/31/16
Tri-Valley Haven	Homeless Services Program	8/31/16
Valley Children's Museum	Mobile Museum Children's Activities	8/31/16
YMCA of the East Bay, Tri-Valley YMCA	Behavioral Health Care Services for Kids with Special Needs	8/29/16

Upon Staff review of the 14 reports that were submitted, the organizations were deemed to have met their funding obligations for the funding cycle.

NOTICING REQUIREMENTS/PUBLIC OUTREACH:

None.

ATTACHMENTS:

1. Fiscal Year 2015-2016 Grant Funding Awards
2. Grant Recipient Year-end Reports

**City of Dublin
Human Services Grants Program
Fiscal Year 2015-16 Grant Recipients**

City Council Funding Awards			Funding Source		
Organization	Program	Grant Amount	CDBG	General Fund	Housing
Axis Community Health	Facility Project Loan Obligation	\$22,386	X		
Axis Community Health	Patient Care	\$7,530	X		
CALICO	Child Abuse Intervention	\$7,300	X		
Chabot-Las Positas Community College District	Tri-Valley One Stop Career Center	\$9,600		X	
Child Care Links	Early Child Education	\$8,000		X	
CityServe of the Tri-Valley	Operational Grant	\$10,000		X	
CRIL	Independent Living for the Disabled	\$5,000			X
Dublin High School/PFSO	Dublin High Safe and Sober Grad Night	\$3,500		X	
Dublin High School/PFSO	Every 15 Minutes Program	\$6,375			
Dublin Partnerships in Education	Operational Grant	\$12,000		X	
Easter Seals Bay Area	Kaleidoscope	\$5,000		X	
Eden I & R, Inc.	211 Alameda County	\$10,000		X	
Kidango, Inc.	Emerald Vista Enrichment	\$3,500		X	
Open Heart Kitchen	Dublin Meals Program	\$12,600	X		
Senior Support Program of the Tri-Valley	Case Management	\$11,646	X		
School of Imagination	Happy Talkers Screening and Training Project	\$11,500		X	
Spectrum Community Services Inc.	Meals on Wheels for Homebound Seniors	\$8,350	X		
Tri-Valley Haven	Domestic Violence Program	\$8,000		X	X
Tri-Valley Haven	Homeless Services Program	\$10,000	X		
Valley Children's Museum	Mobile Museum	\$6,625		X	
YMCA	Behavior Health Care Services for Kids w Special Needs	\$9,900		X	
Total		\$197,812			



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Axis Community Health Improving Patient Care with Facilitated Medication Review

Official Amount

\$ 7,530.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

Taking medication is an important element of patients achieving and maintaining wellness. This project will support a dedicated registered nurse for reviewing and facilitating patient medication refills to help ensure timely and appropriate care.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

480

Name and Title of Person Completing Report:

Report 1

Valerie Jonas, Chief Development Officer

Report 2

Valerie Jonas, Chief Development Officer

Report 3

Valerie Jonas, Chief Development Officer

Report 4

Valerie Jonas, Chief Development Officer

Report 5

-no answer-

Program Title:

Report 1

Medication Refill Nurse

Report 2

Medication Refill Nurse

Report 3

Medication Refill Nurse

Report 4

Medication Refill Nurse

Report 5

-no answer-

Telephone:

Report 1

925-201-6068

Report 2

925-201-6068

Report 3

925-201-6068

Report 4

925-201-6068

Report 5

-no answer-

E-Mail:

Report 1

vjonas@axishealth.org

Report 2

vjonas@axishealth.org

Report 3

vjonas@axishealth.org

Report 4

vjonas@axishealth.org

Report 5

-no answer-

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

Prior to this position being created patients' had to wait for their provider to refill prescriptions either through an appointment or a refill being sent to the pharmacy. Now, the Medication Refill Nurse reviews and performs medication checks throughout the day which enables patients to have their prescriptions filled in a more timely manner, and ensures that patients with ongoing medication needs do not experience any disruption in their treatment. The RN completes authorizations for medications in accordance with insurance formularies, which ensures that patients understand the role of their medications in their treatment plan and provides health education about the condition for which the patient is being treated. The RN documents all services in patient charts, and has ongoing communication with the patients' provider and care team. Moreover, this position allows more provider time to be available for medical visits to support the growing need that we are experiencing as our patient population increases. Many of these patients are Dublin residents.

Report 2

Prior to this position being created patients' had to wait for their provider to refill prescriptions either through an appointment or a refill being sent to the pharmacy. Now, the Medication Refill Nurse reviews and performs medication checks throughout the day which enables patients to have their prescriptions filled in a more timely manner, and ensures that patients with ongoing medication needs do not experience any disruption in their treatment. The RN completes authorizations for medications in accordance with insurance formularies, which ensures that patients understand the role of their medications in their treatment plan and provides health education about the condition for which the patient is being treated. The RN documents all services in patient charts, and has ongoing communication with the patients' provider and care team. Moreover, this position allows more provider time to be available for medical visits to support the growing need that we are experiencing as our patient population increases. Many of these patients are Dublin residents.

Report 3

Prior to this position being created patients' had to wait for their provider to refill prescriptions either through an appointment or a refill being sent to the pharmacy. Now, the Medication Refill Nurse reviews and performs medication checks throughout the day which enables patients to have their prescriptions filled in a more timely manner, and ensures that patients with ongoing medication needs do not experience any disruption in their treatment. The RN completes authorizations for medications in accordance with insurance formularies, which ensures that patients understand the role of their medications in their treatment plan and provides health education about the condition for which the patient is being treated. The RN documents all services in patient charts, and has ongoing communication with the patients' provider and care team. Moreover, this position allows more provider time to be available for medical visits to support the growing need that we are experiencing as our patient population increases. Many of these patients are Dublin residents.

Report 4

Prior to this position being created, patients had to wait for their provider to refill prescriptions either through an appointment or a refill being sent to the pharmacy. Now, the Medication Refill Nurse reviews and performs medication checks throughout the day which enables patients to have their prescriptions filled in a more timely manner, and ensures that patients with ongoing medication needs do not experience any disruption in their treatment. The RN completes authorizations for medications in accordance with insurance formularies, which ensures that patients understand the role of their medications in their treatment plan and provides health education about the condition for which the patient is being treated. The RN documents all services in patient charts, and has ongoing communication with the patients' provider and care team. Moreover, this position allows more provider time to be available for medical visits to support the growing need that we are experiencing as our patient population increases. Many of these patients are Dublin residents.

Report 5

-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

3174	112	143	57		3,486.00	Total Program Participants
381	112	143	57		693.00	Total Dublin residents
3,555.00	224.00	286.00	114.00	0.00	4,179.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

Axis has been successful in the implementation of the Medication Refill Nurse project. After recruiting an RN to fill the position and completion of training, the RN started serving patients. Patients are now able to fill their medications with a reduced wait time ensuring there is no disruption in their treatment due to wait times around medication approvals. This new position has enabled Axis to serve 381 Dublin residents of which 54 were paid for by this grant. The result has been improved patient outcomes from enhanced medication compliance. The goals outlined in our application are being met.

Report 2

Axis has been successful in the implementation of the Medication Refill Nurse project and the first quarter proved very successful. During the second quarter, this project has enabled Axis to serve 112 Dublin residents of which 93 were paid for by this grant. We have had a staffing change during the second quarter and currently are in the process of rehiring for the position. During this time, the refill nurse tasks are being divided among existing nursing staff as time permits given other duties. Each nurse dedicates time to refill patient prescriptions and provide education on medication management. Additionally, our nurses have set aside time daily to provide these services via telephone as patient need arises.

Report 3

Axis has been successful in the implementation of the Medication Refill Nurse project and the first and second quarters proved very successful. During the third quarter, this project has enabled Axis to serve 143 Dublin residents of which 119 were paid for by this grant. The refill nurse processes patient prescriptions and provides education on medication management. Additionally, our nurse sets aside time daily to provide these services via telephone as patient need arises.

Report 4

Axis has been successful in the implementation of the Medication Refill Nurse project. During the fourth quarter, this project has enabled Axis to serve 57 Dublin residents of which 48 were paid for by this grant. The refill nurse processes patient prescriptions and provides education on medication management. Additionally, our nurse sets aside time daily to provide these services via telephone as patient need arises.

Report 5

-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)

- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

361	361	361	361		1,444.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
54	93	119	48		314.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]
0	0	0	0		0.00	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)
415.00	454.00	480.00	409.00	0.00	1,758.00	TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

0	0	5	36		41.00	Low Income (50% to 80% Median)
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13	23	24	10		70.00	Very Low Income (30% to 50% Median)
41	70	90	2		203.00	Extremely Low Income (<30% Median)
54.00	93.00	119.00	48.00	0.00	314.00	
					SUBTOTAL	
1	1	1	1		4.00	Seniors (62 and older)
1	1	1	1		4.00	Disabled
5	9	14	5		33.00	Female-Headed Households
61.00	104.00	135.00	55.00	0.00	355.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

18	31	39	16		104.00	White
23	39	50	20		132.00	White + HISPANIC
2	4	5	2		13.00	Black/African American
0	0	0	0		0.00	Black/African American + HISPANIC
9	16	20	8		53.00	Asian
0	0	0	0		0.00	Asian + HISPANIC
1	1	1	0		3.00	American Indian/Alaskan Native
0	0	0	0		0.00	American Indian/Alaskan Native + HISPANIC
0	1	1	0		2.00	Native Hawaiian/Other Pacific Islander
0	0	0	0		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0	0		0.00	American Indian/ Alaskan Native and White
0	0	0	0		0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0	0		0.00	Asian and White
0	0	0	0		0.00	Asian and White + HISPANIC
0	0	0	0		0.00	Black/African American and White
0	0	0	0		0.00	Black/African American and White + HISPANIC

0	0	0	0		0.00	American Indian/Alaskan Native and Black/African American
0	0	0	0		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
1	1	3	2		7.00	Other/Multi Racial
0	0	0	0		0.00	Other/Multi Racial + HISPANIC
54.00	93.00	119.00	48.00	0.00	314.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1
Hours of service

Report 2
Hours of service

Report 3
Hours of service

Report 4
Hours of service

Report 5
-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

381	93	119	48		641.00	Number of persons assisted with new access to a service.
381	93	119	48		641.00	Number of persons assisted with improved access to a service.
0	0	0	0		0.00	Number of persons assisted who no longer have access to a standard service.
762.00	186.00	238.00	96.00	0.00	1,282.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1
n/a

Report 2
n/a

Report 3
n/a

Report 4

N/A

Report 5

-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0.00"/>	Number of persons assisted with new access to a service.
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0.00"/>	Number of persons assisted with improved access to a service.
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0.00"/>	Number of persons assisted who no longer have access to a substandard service.
<input type="text" value="0.00"/>	TOTAL					

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

Report 1

n/a

Report 2

n/a

Report 3

n/a

Report 4

N/A

Report 5

-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0.00"/>	Number of persons assisted with new access to a service.
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0.00"/>	Number of persons assisted with improved access to a service.
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0.00"/>	Number of persons assisted who no longer have access to a substandard

0.00	0.00	0.00	0.00	0.00	0.00	0.00	TOTAL
------	------	------	------	------	------	------	--------------

Please include any additional comments or clarifications here:

Report 1

As a result of the implementation of the new Medication Refill Nurse position, Axis providers are now able to spend more time seeing patients. This includes serving more Dublin residents in need of care, which has improved access to care for the growing Dublin patient population.

Report 2

As a result of the implementation of the new Medication Refill Nurse position, Axis providers are now able to spend more time seeing patients. This includes serving more Dublin residents in need of care, which has improved access to care for the growing Dublin patient population.

Report 3

As a result of the implementation of the new Medication Refill Nurse position, Axis providers are now able to spend more time seeing patients. This includes serving more Dublin residents in need of care, which has improved access to care for the growing Dublin patient population.

Report 4

As a result of the implementation of the new Medication Refill Nurse position, Axis providers are now able to spend more time seeing patients. This includes serving more Dublin residents in need of care, which has improved access to care for the growing Dublin patient population.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

n/a

Report 3

n/a

Report 4

These funds were granted for the purpose of enhancing the management of prescription refill services for our patients in Dublin in order to improve health outcomes. Many patients need ongoing medication for chronic conditions, such as diabetes, high blood pressure, and asthma. Adding a Registered Nurse dedicated to facilitating the prescription refill process to our health care team improved health outcomes by ensuring patients receive timely medication renewals, by improving medication compliance, by enhancing education regarding medication usage, and by freeing providers to spend more time in direct patient care.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

n/a

Report 2

n/a

Report 3

n/a

Report 4

With grant funding from the City of Dublin, Axis was able to hire a Medication Refill Nurse to evaluate and process prescription refills for Dublin patients. The project served 693 Dublin residents overall, with funds from this grant supporting 314 of those assisted. The addition of this staff member to the patients' health care team enhanced services for patients by being a single point of contact for prescription renewals and by providing important education about medications. Also, by shifting these tasks to the Nurse, Axis medical providers had more time available for direct patient care—which increased access to care for patients needing to be seen by their provider.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

n/a

Report 2

n/a

Report 3

n/a

Report 4

This project was very successful at achieving hoped for outcomes, including:

- Wait times for medication approvals and renewals were reduced, and patients received timely access to their medication.
- The Medication Refill Nurse ensured patients completed any steps they needed to take prior to medication approvals, e.g., blood tests, which ensured that medication treatment was not disrupted.
- Patients received education from the Nurse on how their medications play a critical role in their treatment plan and the importance of complying with medication orders.
- With the RN facilitating the refill process, Axis medical providers were able to spend more time providing direct patient care. This allowed Axis to meet the growing demand for medical care that we are currently experiencing as our patient population increases.

It was anticipated that these grant funds would serve a total of 361 patients, and 314 were served, or 87% of that goal. This was due to the fact that many patients have multiple and complex conditions which resulted in the RN needing more time per patient to provide all necessary education and support. Also, we experienced a staffing change in the RN position during the last quarter which impacted the number of patients that could be served.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

n/a

Report 2

n/a

Report 3

n/a

Report 4

During the last quarter, there was a staffing change which affected the number of total patients assisted in that quarter. However, Dublin patients continued to receive service from other qualified staff members. There were no cost impacts. This project has demonstrated how we can best assist patients with medication utilization and positively affect health outcomes.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

n/a

Report 2

n/a

Report 3

n/a

Report 4

This project did not involve collaboration with other agencies. It was designed to enhance in-house productivity and to better serve patients.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

n/a

Report 2

n/a

Report 3

n/a

Report 4

Axis received additional funding from Kaiser Permanente in the amount \$3,000 for the purpose of providing managed medication refill services to Dublin patients.

Report 5

-no answer-



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

CALICO Center
Dublin Child Abuse Intervention

Official Amount

\$ 7,300.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

CALICO proposes to conduct 15 forensic interviews with 12-15 Dublin children who have been sexually or physically abused, provide support services to 10 caregivers of the Dublin victims, and facilitate a multi-disciplinary response to the allegations.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

22

Name and Title of Person Completing Report:

Report 1

Victoria Gwiasda, Executive Director

Report 2

Holly Fleming

Report 3

Hillery Gladden

Report 4

Hillery Gladden

Report 5

-no answer-

Program Title:

Report 1

Dublin Child Abuse Intervention

Report 2

Communications and Development Coordinator/Child Interview Specialist

Report 3

Executive Director

Report 4

Executive Director

Report 5

-no answer-

Telephone:

Report 1

510-895-0702

Report 2

510-895-0702

Report 3

510-895-0702

Report 4

510-895-0702

Report 5

-no answer-

E-Mail:

Report 1

calicocenter@yahoo.com

Report 2

holly@calicocenter.org

Report 3

calicocenter@yahoo.com

Report 4

calicocenter@yahoo.com

Report 5

-no answer-

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

CALICO is the only child advocacy center that aids children abused in Alameda County and the only local nonprofit partner that works collaboratively with Dublin Police Services (DPS) and Alameda County Department of Children and Family Services to conduct forensic interviews of young victims. DPS detectives and Alameda County prosecutors rely on children’s testimony obtained at CALICO to investigate and prosecute violent crimes against Dublin children. Alameda County child welfare workers and attorneys from Alameda County Counsel use that information to determine if a child is safe at home or needs to be taken into protective custody. If CALICO services did not exist, Dublin child-abuse victims would be forced to go back to telling their stories in unsuitable environments by people insufficiently trained to talk to children, evidence would be lost, and many offenders who victimize children would not be successfully prosecuted.

CALICO’s partnership increases the safety, health and well-being of Dublin children who have suffered abuse and children at risk of abuse. Based on the testimony of a child at CALICO, detectives can determine if a crime was committed and apprehend offenders. With offenders in custody, they can no longer harm the victim-child or any other child in the home or community. Consequently the security of all Dublin children is increased. In addition, CALICO’s support services are offered at a critical moment when families are most receptive to assistance. If this moment is not seized, then families may miss the opportunity to begin the path to healing. In that case, behavioral and medical health problems may surface later that require substantially more community assistance and resources long term.

Report 2

CALICO is the only child advocacy center that aids children abused in Alameda County and the only local nonprofit partner that works collaboratively with Dublin Police Services (DPS) and Alameda County Department of Children and Family Services to conduct forensic interviews of young victims. DPS detectives and Alameda County prosecutors rely on children’s testimony obtained at CALICO to investigate and prosecute violent crimes against Dublin children. Alameda County child welfare workers and attorneys from Alameda County Counsel use that information to determine if a child is safe at home or needs to be taken into protective custody. If CALICO services did not exist, Dublin child-abuse victims would be forced to go back to telling their stories in unsuitable environments by people insufficiently trained to talk to children, evidence would be lost, and many offenders who victimize children would not be successfully prosecuted.

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Report 3

CALICO is the only child advocacy center that aids children abused in Alameda County and the only local nonprofit partner that works collaboratively with Dublin Police Services (DPS) and Alameda County Department of Children and Family Services to conduct forensic interviews of young victims. DPS detectives and Alameda County prosecutors rely on children's testimony obtained at CALICO to investigate and prosecute violent crimes against Dublin children. Alameda County child welfare workers and attorneys from Alameda County Counsel use that information to determine if a child is safe at home or needs to be taken into protective custody. If CALICO services did not exist, Dublin child-abuse victims would be forced to go back to telling their stories in unsuitable environments by people insufficiently trained to talk to children, evidence would be lost, and many offenders who victimize children would not be successfully prosecuted.

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Report 4

CALICO is the only child advocacy center that aids children abused in Alameda County and the only local nonprofit partner that works collaboratively with Dublin Police Services (DPS) and Alameda County Department of Children and Family Services to conduct forensic interviews of young victims. DPS detectives and Alameda County prosecutors rely on children's testimony obtained at CALICO to investigate and prosecute violent crimes against Dublin children. Alameda County child welfare workers and attorneys from Alameda County Counsel use that information to determine if a child is safe at home or needs to be taken into protective custody. If CALICO services did not exist, Dublin child-abuse victims would be forced to go back to telling their stories in unsuitable environments by people insufficiently trained to talk to children, evidence would be lost, and many offenders who victimize children would not be successfully prosecuted.

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Report 5

-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

4	4	1	6		15.00	Total Program Participants
4	4	1	10		19.00	Total Dublin residents
8.00	8.00	2.00	16.00	0.00	34.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

Progress was made on goals and objectives in Q1 as follows:

GOAL 1: To minimize trauma to abused children.

1a: At least 75% of children interviewed will feel positive/neutral about their experience.
Both children (100%) were very happy about the interviewer's questions and the interviewing room.

1b: At least 75% of caregivers will have a favorable response to their child's treatment.
Both caregivers (100%) indicated a favorable response.

GOAL 2: To improve coordination of child abuse case investigations.

2a: A multi-disciplinary team (MDT) (i.e., a prosecutor, Dublin detective, and/or child welfare worker) will observe at least 75% of interviews.
Both interviews (100%) were observed by an MDT.

2b: At least 70% of children eligible for a forensic medical exam will receive one.

Neither child needed a forensic medical exam.

2c. At least 10% of Dublin cases will be reviewed at a case review meeting.
Neither case has been reviewed at case review.

GOAL 3: Improve the mental health of abuse victims

3a. An FRS will provide psychoeducation to at least 75% of caregivers regarding the impact of trauma.
Both caregivers received psychoeducation (100%).

3b. An FRS will initiate a Cal. Victim Compensation Program (CalVCP) application on behalf of at least 75% of the victims.
A CalVCP application was completed for both children (100%).

3c. At least 50% of caregivers will report their child is enrolled in counseling
Both children are enrolled in counseling (100%).

GOAL #4: Improve the mental health of caregivers

4a. An FRS will conduct an on-site crisis assessment with at least 75% of families.
An assessment was completed with both caregivers (100%).

4b. An FRS will initiate a CalVCP application for at least 50% of caregivers.
A CalVCP application was completed on behalf of both caregivers (100%).

4c. An FRS will contact at least 75% of caregivers by phone.
Both caregivers have been contacted for follow-up support (100%).

Report 2

The following updates represent data from 7/1/15-12/31/15:

GOAL 1: To minimize trauma to abused children.

1a. At least 75% of children interviewed will feel positive/neutral about their experience.
3 of the 4 children completed exit surveys and all 3 (100%) felt positive/neutral about their experience.

1b. At least 75% of caregivers will have a favorable response to their child's treatment.
All 4 caregivers (100%) indicated a favorable response.

GOAL 2: To improve coordination of child abuse case investigations.

2a. A multi-disciplinary team (MDT) will observe at least 75% of interviews.
All 4 interviews (100%) were observed by an MDT.

2b. At least 70% of children eligible for a forensic medical exam will receive one.
None of the children interviewed needed a forensic medical exam.

2c. At least 10% of Dublin cases will be reviewed at a case review meeting.
1 of the 4 cases (25%) was reviewed at a case review meeting.

GOAL 3: Improve the mental health of abuse victims.

3a. An FRS will provide psychoeducation to at least 75% of caregivers regarding the impact of trauma.
All 4 caregivers received psychoeducation (100%).

3b. An FRS will initiate a Cal. Victim Compensation Program (CalVCP) application on behalf of at least 75% of the victims.
A CalVCP application was completed for all 4 of the children seen (100%).

3c. At least 50% of caregivers will report their child is enrolled in counseling.
All 4 children are enrolled in counseling (100%).

GOAL #4: Improve the mental health of caregivers.

4a. An FRS will conduct an on-site crisis assessment with at least 75% of families.
An assessment was completed with all 4 caregivers (100%).

4b. An FRS will initiate a CalVCP application for at least 50% of caregivers.
A CalVCP application was completed on behalf of all 4 caregivers (100%).

4c. An FRS will contact at least 75% of caregivers by phone.
All 4 caregivers have been contacted for follow-up support (100%).

Report 3

GOAL 1: To minimize trauma to abused children.

1a. At least 75% of children interviewed will feel positive/neutral about their experience.
The child (100%) was happy about the interviewer's questions and very happy with the interviewing room.

1b. At least 75% of caregivers will have a favorable response to their child's treatment.
The child is in CFS custody – no care giver.

GOAL 2: To improve coordination of child abuse case investigations.

2a. A multi-disciplinary team (MDT) (i.e., a prosecutor, Dublin detective, and/or child welfare worker) will observe at least 75% of interviews.
The interview (100%) was observed by Law Enforcement, CFS, and prosecutor.

2b. At least 70% of children eligible for a forensic medical exam will receive one.
The child did not need a forensic medical exam.

2c. At least 10% of Dublin cases will be reviewed at a case review meeting.
The case has not been reviewed at case review.

GOAL 3: Improve the mental health of abuse victims

3a. An FRS will provide psychoeducation to at least 75% of caregivers regarding the impact of trauma.
No caregiver available – child in CFS.

3b. An FRS will initiate a Cal. Victim Compensation Program (CalVCP) application on behalf of at least 75% of the victims.
N/A No caregiver available – child in CFS.

3c. At least 50% of caregivers will report their child is enrolled in counseling
N/A - child in CFS.

GOAL #4: Improve the mental health of caregivers

4a. An FRS will conduct an on-site crisis assessment with at least 75% of families.
N/A No caregiver available – child in CFS.

4b. An FRS will initiate a CalVCP application for at least 50% of caregivers.
N/A No caregiver available – child in CFS.

4c. An FRS will contact at least 75% of caregivers by phone.
N/A No caregiver available – child in CFS

Report 4

GOAL 1: To minimize trauma to abused children.

1a. At least 75% of children interviewed will feel positive/neutral about their experience.

Four out of 6 children completed the exit questions 3/4 (75%) were neutral/happy about the interviewer's questions; all were happy/very happy with the interview room

1b. At least 75% of caregivers will have a favorable response to their child's treatment.
All 4 (100%) had favorable response to their child's treatment.

GOAL 2: To improve coordination of child abuse case investigations.

2a. A multi-disciplinary team (MDT) (i.e., a prosecutor, Dublin detective, child welfare worker) will observe at least 75% of interviews
All 6 interviews (100%) were observed by at least 2 MDT partners

2b. At least 70% of children eligible for a forensic medical exam will receive one.
None of the children needed a forensic medical exam

2c. At least 10% of Dublin cases will be reviewed at a case review meeting.
One case (16%) was reviewed at Case Review

GOAL 3: Improve the mental health of abuse victims

3a. An FRS will provide psycho-education to at least 75% of caregivers regarding the impact of trauma.

CALICO conducted 6 interviews (two cases siblings) with 4 caregivers. The FRS provided all with psycho-education (100%)

3b. An FRS will initiate a Cal. Victim Compensation Program (CalVCP) application on behalf of at least 75% of the victims
A CalVCP was initiated or completed for all 6 (100%) victims

3c. At least 50% of caregivers will report their child is enrolled in counseling
Three of the six (50%) children are enrolled in counseling

GOAL #4: Improve the mental health of caregivers

4a. An FRS will conduct an on-site crisis assessment with at least 75% of families.

A CalVCP was initiated or completed for all 6 (100%) victims

4b. An FRS will initiate a CalVCP application for at least 50% of caregivers

A CalVCP was initiated or completed for all 4 (100%) caregivers

4c. An FRS will contact at least 75% of caregivers by phone

FRS contacted 4 (100%)

Report 5

-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

22	22	22	22	22	88.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
4	4	1	10	19.00		B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]
0	0	0	0	0.00		C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)
26.00	26.00	23.00	32.00	0.00	107.00	TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

2	2	1	3	8.00	Low Income (50% to 80%)
---	---	---	---	------	-------------------------

2	2				4.00	Median) Very Low Income (30% to 50% Median)
0	0		1		1.00	Extremely Low Income (<30% Median)
4.00	4.00	1.00	4.00	0.00	13.00	
SUBTOTAL						
0	0				0.00	Seniors (62 and older)
1	0				1.00	Disabled
1	2		4		7.00	Female- Headed Households
6.00	6.00	1.00	8.00	0.00	21.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

1	0		2		3.00	White
	0				0.00	White + HISPANIC
2	2		1		5.00	Black/African American
	0				0.00	Black/African American + HISPANIC
	1	1			2.00	Asian
	0				0.00	Asian + HISPANIC
	0				0.00	American Indian/Alaskan Native
	0				0.00	American Indian/Alaskan Native + HISPANIC
	0				0.00	Native Hawaiian/Other Pacific Islander
	0				0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
1	0				1.00	American Indian/ Alaskan Native and White
	0				0.00	American Indian/ Alaskan Native and White + HISPANIC
	1				1.00	Asian and White
	0				0.00	Asian and White + HISPANIC
	0				0.00	Black/African American and White

	0				0.00	Black/African American and White + HISPANIC
	0				0.00	American Indian/Alaskan Native and Black/African American
	0				0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
	0		1		1.00	Other/Multi Racial
	0				0.00	Other/Multi Racial + HISPANIC
4.00	4.00	1.00	4.00	0.00	13.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1

Conduct forensic interviews with 12-15 Dublin children who have been sexually or physically abused

Report 2

Forensic interviews with Dublin children who have been sexually or physically abused

Report 3

Forensic interviews with Dublin children who have been sexually or physically abused

Report 4

Forensic interviews with Dublin children who have been sexually or physically abused.

Report 5

-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

2	2	1	6		11.00	Number of persons assisted with new access to a service.
0	0		0		0.00	Number of persons assisted with improved access to a service.
0	0		0		0.00	Number of persons assisted who no longer have access to a substandard service.
2.00	2.00	1.00	6.00	0.00	11.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1

Provide support services to 8 low-income caregivers of the Dublin victims

Report 2

Support services for caregivers of Dublin children who have been sexually or physically abused

Report 3

Support services for caregivers of Dublin children who have been sexually or physically abused

Report 4

Support services for caregivers of Dublin children who have been sexually or physically abused.

Report 5

-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

2	2	0	4		8.00	Number of persons assisted with new access to a service.
0	0		0		0.00	Number of persons assisted with improved access to a service.
0	0		0		0.00	Number of persons assisted who no longer have access to a substandard service.
2.00	2.00	0.00	4.00	0.00	8.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter N/A):

Report 1

n/a

Report 2

N/A

Report 3

N/A

Report 4

N/A

Report 5

-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

0	0	0	10		10.00	Number of persons assisted with new access to a service.
0	0				0.00	Number of persons assisted with improved access to a service.

0	0				0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	10.00	0.00	10.00	TOTAL

Please include any additional comments or clarifications here:

Report 1

CALICO is pleased to announce that Jennifer Co has joined our staff as a Family Resource Specialist (FRS). Erica Jimenez, who served as an FRS for five years, left CALICO at the end of May to spend time at home with her newborn son. Jennifer Co started in that role on July 21st. Jennifer was employed most recently as a Victim/Witness Consultant with the District Attorney's Office so she has worked previously with many of CALICO's partner agencies, has extensive experience providing support to families who have experienced trauma, and is very familiar with the California Victim Compensation Program.

In addition, we are pleased to welcome a new District Attorney Liaison, Deputy District Attorney Mechelle Corriero, who was assigned to CALICO full-time starting in August. Michelle is in her 14th year in the Alameda County District Attorney's Office. Prior to coming to CALICO, she worked in a variety of divisions in the District Attorney's office including felony trial staff, the law and motion unit, juvenile, preliminary hearings, organized automobile insurance fraud and restitution. Her experience with the juvenile justice system, working collaboratively with multiple agencies, and in guiding criminal investigations related to insurance fraud will serve her well while at CALICO.

Report 2

We are excited to announce that representatives from Strive, a program of one of our partners, Alameda County Behavioral Health Care Services, have begun attending our monthly case review. Strive is the only publicly funded treatment provider for children with sexual behavior problems (children who sexually offend against another children) in the county. Since July 1, 2015, 10.7% of the interviews completed at CALICO involved a juvenile suspect. With representatives from Strive at case review, partners are able to gain more insight in to why juveniles might offend (instead of writing the behavior off as "experimentation") and learn more effective ways to provide intervention for these children's behaviors. Partners can also learn about best practices for interacting with juvenile suspects.

Report 3

I am the new Executive Director at CALICO and began on February 14, 2016. I have spent 18 years working in the field of community service, higher education, early childhood education, foster youth services, and poverty issues. I am getting my bearing at CALICO and look forward to working with the City of Dublin.

Report 4

N/A

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

N/A

Report 3

N/A

Report 4

City of Dublin Community Grant funding was awarded to offset the cost of our Child Interview Specialist (CIS) team which includes five part-time interviewers (including two bilingual Latinas who serve bilingual and mono-lingual Spanish-speaking families). All funds were expended for this purpose. CALICO's services are crisis-oriented, meaning that an interview may be scheduled with little notice to accommodate the urgent needs of a particular case. In most situations, fewer than 24 hours elapse from the time we get the initial referral from the Dublin detective or child welfare worker to seeing the child at our center. In some cases, that time shrinks to under one hour. For that reason, we have a minimum of two CIS scheduled to work during normal business hours (we maintain a minimum staff of two because CALICO works simultaneously out of two locations, San Leandro and Oakland). In addition, all CIS are available by pager evenings, nights and weekends for situations that require immediate attention.

When interviewers are not conducting interviews, they are performing other related tasks, including intakes, data entry and quality control, observing and providing feedback to other interviewers, participating in trainings, planning and participating in monthly case review meetings and testifying in court, all necessary for the successful completion of our forensic interviewing services.

Please note that our family support staff are also available, but funding for those positions are covered by other sources.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

n/a

Report 2

N/A

Report 3

N/A

Report 4

Linking children to appropriate clinical interventions in a timely manner is an important first step to facilitate healing. In addition, we recognize that an essential way to support an abused child is to ensure s/he has the full and appropriate support of his/her caregivers. Therefore to respond better to our victims (i.e., to "community needs"), we have also begun to take a closer look at the therapy participation levels of caregivers. To increase the odds of caregivers accessing mental health services, we now routinely assist parents with filling out multiple Victim Compensation Program (VCP) applications, including applications for their victim-child(ren) and for themselves.

We have found that many caregivers choose not to enroll in counseling because insurance may be a barrier and the CalVCP funds can take a few months to come through.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

n/a

Report 2

N/A

Report 3

N/A

Report 4

CALICO was close to meeting our goals for the project. We conducted 15 forensic interviews with 15 unduplicated Dublin children, whereas we projected interviewing 22 victims. In addition, we provided on-site and follow-up support services to 10 unduplicated, low-income caregivers of the Dublin children interviewed, whereas we projected serving 8 caregivers.

In addition, CALICO exceeded every performance measure that we are tracking. With regard to our 1st goal of minimizing the trauma victims may experience being part of an abuse investigation, our surveys with victims and their caregivers show that only 1 had anything negative to say. That figure is remarkably low given the difficult circumstances that bring families to our center.

With regard to our 2nd goal of ensuring active, effective multi-disciplinary collaboration in investigations, we were also strong. This year 100% of the interviews were observed by a multi-disciplinary team. Increasing this rate from 75% in 2014-2015 was a goal for CALICO and we surpassed our own expectation for improvement. We are pleased at the high rate of forensic medical exams being conducted for those children who are eligible for an exam.

We are also pleased with the high number of cases being reviewed in our case review meeting. Those meetings are currently facilitated by our multi-disciplinary team coordinator and our on-site Deputy District Attorney.

Finally, we had considerable success with our last goal of helping families connect with the services they need to begin their healing and recovery. A CALICO mental-health clinician was able to meet with all low-income, Dublin families on-site and provide all of them with follow-up support by phone. As a result, the percentage of children enrolled in counseling was high.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

n/a

Report 2

N/A

Report 3

N/A

Report 4

CALICO did not experience any problems or delays implementing the program.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

n/a

Report 2

N/A

Report 3

N/A

Report 4

CALICO collaborated with multiple agencies on this project, as follows:

Detectives from Dublin Police Services (DPS) were the primary source of referrals of Dublin children. They also observed interviews and participated in monthly case review meetings.

Child Welfare Workers from Alameda County Children and Family Services (CFS) also investigated allegations against Dublin children, observed interviews, and participated in case review. The CFS Program Manager who oversees the Emergency Response Unit (ERU) is a member of PAC, and an ERU Supervisor serves as a core member of case review.

A representative from the District Attorney's Office is assigned to CALICO (currently Mechelle Corriero). She observes interviews and consults with other DAs regarding appropriate charges. In addition, the supervisor of the Vertical Sexual Assault Prosecution Team, Joni Leventis, serves on PAC and as a core member of case review and ensures DA coverage when interviews are occurring at both CALICO locations and/or Mechelle is unavailable.

Staff from UCSF Benioff Children's Hospital Oakland conducted forensic medical examinations of Dublin victims interviewed at CALICO, and children and families were referred to the Center for Child Protection (CCP) at Children's Hospital for mental health services. Representatives from CCP participate in case review and PAC.

Other agency partners include the following Alameda County Departments: Probation, Behavioral Health Care, and County Counsel. Representatives from Probation and Behavioral Health Care participate in monthly case review meetings, and all three agencies are represented on PAC.

CALICO's Family Resource Specialists also make referrals to a range of community-based organizations in the tri-valley area (e.g., Horizon's, Tri-Valley Haven) and to other non-profit organizations that serve all of Alameda County.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

n/a

Report 2

N/A

Report 3

N/A

Report 4

CALICO secured general operating support and other grants/contracts directed to families countywide (including Dublin), and used those funds to support fully the Dublin Child Abuse Intervention Project in FY15-16. Those funds included the following:

\$4,000 was received from Dublin Police Services.

A FY14-15 contract in the amount of \$69,384 for countywide services was received from Alameda County Social Services Agency, Department of Children and Family Services (Child Abuse Trust Fund); a portion of those funds (approximately 2%) were applied to services for Dublin families.

A two-year contract (FY15-17) in the amount of \$120,000 was received from Alameda County First 5; a portion of the year 2 funds (approximately 2% of

half of the contract amount) was used to support services to Dublin caregivers with children under five years of age in the household.

Approximately \$85,000 was generated through CALICO's two primary fundraising events: our fall One Child at a Time Benefit and our participation as a charity partner in the Oakland Running Festival in March. A portion of the funds received from those events was directed to aid Dublin families.

Finally, the salary and benefits of a full-time Executive Director continued to be provided in-kind through the District Attorney's Office. The office also assigns a full-time Deputy District Attorney Liaison to CALICO.

Report 5

-no answer-



Powered by ZoomGrants™

City of Dublin
Community Development Department
2015-2016 Community Grants Program

**Center for Community Dispute Settlement
Tri Valley Youth Court**

Official Amount

\$ 3,500.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

TVYC's mission is to empower youth to take an active role in their own rehabilitation by offering them an opportunity to take responsibility for their actions using restorative justice principles.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

We have served an average of 21 Dublin students per year since 2008.

Name and Title of Person Completing Report:

Report 1

Tonya Clenney, Program Director

Report 2

Tonya Clenney, Program Director

Report 3

-no answer-

Report 4

-no answer-

Report 5

Tonya Clenney, Program Director

Program Title:

Report 1

Tri Valley Youth Court

Report 2

Tri Valley Youth Court

Report 3

-no answer-

Report 4

-no answer-

Report 5

Tri Valley Youth Court

Telephone:

Report 1

925-337-7175

Report 2

925-337-7175

Report 3

-no answer-

Report 4

-no answer-

Report 5

925-337-7175

E-Mail:

Report 1

tonyaclenney@communityyouthcourts.com

Report 2

tonyaclenney@communityyouthcourts.com

Report 3

-no answer-

Report 4

-no answer-

Report 5

tonyaclenney@communityyouthcourts.com

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

This program serves Dublin residents by providing at-risk youth who have committed a misdemeanor or lessor crime an opportunity to give back to the victim(s) of their crime and learn from their experience.

TVYC promotes and supports a high quality of life which ensures a safe and secure environment that fosters new opportunities and ensures a safe environment by teaching youth that have been committing crimes how those crimes affect others: the victim, their own family and the community as a whole. With the growing number of juveniles entering the criminal justice system each year and the loss of State funding necessitating the move of cases to already overworked County Probation Officers, young people who have committed misdemeanors or minor offenses receive no consequences. Alternative programs such as TVYC offer the youth an opportunity to learn from their mistakes, give back to the community and remove the arrest from their record.

TVYC builds community by bringing youth from the community into a safe, accepting, non-judgmental environment to share their problems. Youth participate in positive peer-to-peer interaction helping each other learn; whether from providing valuable lessons on how their actions affect others to counseling (drug and alcohol, family and/or individual) and anger management.

TVYC relates to other communities and entities by collaborating with organizations throughout the Tri Valley to provide services for the youth involved in youth court and by getting Dublin youth involved in volunteer opportunities throughout the entire Tri Valley area.

Report 2

The Tri Valley Youth Court (TVYC) has addressed an unmet community need by providing a diversion program for Dublin youth. TVYC empowers youth to take an active role in their own rehabilitation by offering them an opportunity to take responsibility for their actions using restorative justice principles.

TVYC has improved the quality of life for Dublin residents by teaching youth that have been committing crimes how those crimes affect others: the victim, their own family and the community as a whole. With the growing number of juveniles entering the criminal justice system each year and the loss of State funding necessitating the move of cases to already overworked County Probation Officers, young people who have committed misdemeanors or minor

offenses receive no consequences. Alternative programs such as TVYC offer the youth an opportunity to learn from their mistakes, give back to the community and remove the arrest from their record.

Report 3
-no answer-

Report 4
-no answer-

Report 5
The Tri Valley Youth Court (TVYC) has addressed an unmet community need by providing a diversion program for Dublin youth. TVYC empowers youth to take an active role in their own rehabilitation by offering them an opportunity to take responsibility for their actions using restorative justice principles.

TVYC has improved the quality of life for Dublin residents by teaching youth that have been committing crimes how those crimes affect others: the victim, their own family and the community as a whole. With the growing number of juveniles entering the criminal justice system each year and the loss of State funding necessitating the move of cases to already overworked County Probation Officers, young people who have committed misdemeanors or minor offenses receive no consequences. Alternative programs such as TVYC offer the youth an opportunity to learn from their mistakes, give back to the community and remove the arrest from their record.

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

15	17			14	46.00	Total Program Participants
10	13			9	32.00	Total Dublin residents
25.00	30.00	0.00	0.00	23.00	78.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1
At this time, one of the 10 Dublin residents who have participated with the Tri Valley Youth Court program since July has successfully completed the program. He has enjoyed participating in the program so much that he has asked to volunteer with the Dublin Middle School Youth Council on an ongoing basis.

One of the participating Dublin residents has failed to complete his youth court Commitments and will not complete the program. This youth was not interested in participating in the youth court and only participated because his grandmother insisted (he is a kinship youth). In addition, the family did not pay any fees to participate. Over the last eight years we have come to find that if a family doesn't pay a fee, even a small amount, they often literally do not buy into the program and do not succeed.

The remaining eight participating Dublin youth are still in the process of completing their Commitments. The youth court allows 90 days from the night of their court trial to complete their Commitments.

The Tri Valley Youth Court continues to meet the goals of the youth court program. We have provided and continue to provide an opportunity for the participating youth to learn from their mistakes, give back to the community and remove an arrest from their record. We bring the youth into a safe, non-judgmental environment and they benefit from the positive peer-to-peer interaction. The youth court allows the participating youth to practice their skills of empathy and critical thinking as they sit on the juries for other participating youth.

Report 2
TVYC's goal is to empower youth to take an active role in their own rehabilitation by offering them an opportunity to take responsibility for their actions using restorative justice principles and to lower recidivism rates for youth committing misdemeanor or lessor crimes.

We have met our goals. Our program continues to be youth driven and we have moved more one position from adult to youth (Judge) which allows the youth to take an even more active role in the program. Our anecdotal recidivism rates were at 5% for 2015. The program is carried out efficiently; we have used volunteers and one paid employee for the duration of the program.

Report 3
-no answer-

Report 4
-no answer-

Report 5
TVYC's goal is to empower youth to take an active role in their own rehabilitation by offering them an opportunity to take responsibility for their actions using restorative justice principles and to lower recidivism rates for youth committing misdemeanor or lessor crimes.

We have met our goals. Our program continues to be youth driven and we have moved more one position from adult to youth (Judge) which allows the youth to take an even more active role in the program. Our anecdotal recidivism rates were at 5% for 2015. The program is carried out efficiently; we

have used volunteers and one paid employee for the duration of the program.

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

14					14.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated) B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.] C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)
10	13			7	30.00	
14					14.00	
38.00	13.00	0.00	0.00	7.00	58.00	

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

		2				2.00	Low Income (50% to 80% Median)
					2	2.00	Very Low Income (30% to 50% Median)
						0.00	Extremely Low Income (<30% Median)
0.00	2.00	0.00	0.00	2.00		4.00	
							SUBTOTAL
						0.00	Seniors (62 and older)
						0.00	Disabled
		3			3	6.00	Female-Headed Households
0.00	5.00	0.00	0.00	5.00		10.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

		3			1	4.00	White
					1	1.00	White + HISPANIC
		2			2	4.00	Black/African American
						0.00	Black/African American + HISPANIC
		1				1.00	Asian
						0.00	Asian + HISPANIC
						0.00	American Indian/Alaskan Native
						0.00	American Indian/Alaskan Native + HISPANIC
						0.00	Native Hawaiian/Other Pacific Islander
						0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
						0.00	American Indian/ Alaskan Native and White
						0.00	American Indian/ Alaskan Native and White + HISPANIC
					1	1.00	Asian and White
						0.00	Asian and White + HISPANIC

					0.00	Black/African American and White
					0.00	Black/African American and White + HISPANIC
					0.00	American Indian/Alaskan Native and Black/African American
					0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
	6			2	8.00	Other/Multi Racial
					0.00	Other/Multi Racial + HISPANIC
0.00	12.00	0.00	0.00	7.00	19.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1

-no answer-

Report 2

Participation in the Youth Court

Report 3

-no answer-

Report 4

-no answer-

Report 5

Participants in the Tri Valley Youth Court

Please complete the following table regarding the UNIT OF SERVICE listed above:

	13			7	20.00	Number of persons assisted with new access to a service.
	0			0	0.00	Number of persons assisted with improved access to a service.
	0			0	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	13.00	0.00	0.00	7.00	20.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
N/A

Please complete the following table regarding the second UNIT OF SERVICE listed above:

	0			0	0.00	Number of persons assisted with new access to a service.
	0			0	0.00	Number of persons assisted with improved access to a service.
	0			0	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
N/A

Please complete the following table regarding the third UNIT OF SERVICE listed above:

	0			0	0.00	Number of persons assisted with new access to a service.
	0			0	0.00	Number of persons assisted with improved

access to a service.
Number of persons assisted who no longer have access to a substandard service.

	0			0	0.00
0.00	0.00	0.00	0.00	0.00	0.00

TOTAL

Please include any additional comments or clarifications here:

Report 1

-no answer-

Report 2

84.6% (11) youths successfully completed the program.

Report 3

-no answer-

Report 4

-no answer-

Report 5

66.6% (6 youth) have successfully completed the program and three are still working on completing their Commitments. TVYC is very sorry to have not completed and turned in the last two reports until now. We did not know reports were being requested and did not receive any notice from Zoom Grants. We have updated our calendars to show when future reports are needed.

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

he original purpose of the grant funds was to pay for youth who could not pay the full \$250 participation fee for the youth court. All of the grant funds were used.

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

From July 2015 to June 2016, TVYC successfully worked with 15 unique Dublin youth to help them learn from their experience and give back to the victims of their actions. Their crimes ranged from petty theft (7 youth); Possession of a weapon on school grounds (1); Possession of marijuana (2); Criminal threats (1); Trespassing (1); and Vandalism (2). To our knowledge, only 2 have re-offended since first participating in our program and we continue to work with them. Youth who have re-offended get counseling added to their Commitments, if not already assigned.

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

The Tri Valley Youth Court program is successful. In 2010, the California Department of Corrections and Rehabilitation released a report based on the youth released from the Division of Juvenile Justice in Fiscal Year 2004-05 (this is the latest information that has been released). The reported stated that the one-year recidivism rate for non-707(b) (violent) crimes was 69.5% and by the third year, that percent went up to 86.6%. Our anecdotal recidivism rates average 2%-4%

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

We did not experience any problems with the youth court project.

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

The Tri Valley Youth Court collaborates with Dublin Police Services and Dublin Unified School District to identify youth that would benefit from participating in the youth court and peer council. We worked with the Vice Principals of Fallon and Wells Middle Schools to develop the DUSD Peer Council. TVYC also partners with many community organizations such as AXIS Community Health for drug/alcohol rehabilitation and counseling, Horizons Family Counseling and Discovery Counseling Center. Additionally, youth participating in our program often volunteer with the Dublin Senior Center, Dublin Heritage Center, Open Heart Kitchen, Tri Valley Animal Rescue, and the East Bay SPCA.

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

We received funding from the County of Alameda County (\$2400).

We received funding from the First Presbyterian Church of Livermore (\$657 to be used for peacekeeping – we use this money for Anger Management classes)



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Child Care Links
Early Childhood Education

Official Amount

\$ 8,000.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

To provide training and resources that strengthen and improve the quality of life for children, parents and child care providers living and working in the City of Dublin.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

200

Name and Title of Person Completing Report:

Report 1

Donnamarie Fuller

Report 2

Donnamarie Fuller

Report 3

-no answer-

Report 4

-no answer-

Report 5

Laura Page, Community Events and Outreach Coordinator

Program Title:

Report 1

Child Care Links Early Childhood Education

Report 2

Child Care Links Early Childhood Education

Report 3

-no answer-

Report 4

-no answer-

Report 5

Early Childhood Education

Telephone:

Report 1
925.249.3923

Report 2
925.249.3923

Report 3
-no answer-

Report 4
-no answer-

Report 5
925.417.8733

E-Mail:

Report 1
dfuller@childcarelinks.org

Report 2
dfuller@childcarelinks.org

Report 3
-no answer-

Report 4
-no answer-

Report 5
lpage@childcarelinks.org

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

This grant has improved the quality of life for Dublin residents through the free and ongoing trainings and Technical Assistance offered to the Tri-Valley community. In collaboration with other agency programs, 13 professional development trainings have been offered to the Child Care Provider community. Training topics include, Contract and Policies Development, Marketing and Interviewing, Record Keeping, Business Planning, Infant and Toddler Massage, Baby Signs, Language and Literacy Development, Child Care Licensing Updates, Immunization Regulations, Inclusion, Americans with Disabilities Act, School Readiness, Health and Safety, Curriculum Planning and STEM (Science, Technology, Engineering and Math) Activities. In the appropriate trainings, Child Care Providers received an incentive at the end of the training. This free take home material allowed Child Care Providers to apply and implement their learned knowledge to their child care program, with no additional cost to the Child Care Provider.

Business Development assistance has also been provided to 5 potential Child Care Providers who are considering opening a Child Care Center or Family Child Care Home program in the City of Dublin. These potential Child Care Providers were advised on topics including the benefits and potential challenges of opening a Child Care Center or Family Child Care, Child Care Licensing Regulations and Processes, and facility and program development.

In August 2015, staff attended the City of Dublin's Health Fair (held at Dublin High School) and presented information on choosing quality child care, car seat safety and proper car seat fitting/installation. This presentation was made available to parents, children, teachers and vendors. Every parent who received car seat information, regarding their specific child, stated they were not aware of the proper fitting guidelines and/or their child was not currently properly fitted, based on the information staff provided.

Report 2

This grant improved the quality of life for Dublin residents through the free and ongoing trainings and Technical Assistance offered to the Tri-Valley community. In collaboration with other agency programs, 13 professional development trainings have been offered to the Child Care Provider community. Training topics include, Contract and Policies Development, Marketing and Interviewing, Record Keeping, Business Planning, Infant and Toddler Massage, Baby Signs, Language and Literacy Development, Child Care Licensing Updates, Immunization Regulations, Inclusion, Americans with Disabilities Act, School Readiness, Health and Safety, Curriculum Planning and STEM (Science, Technology, Engineering and Math) Activities. In the

appropriate trainings, Child Care Providers received an incentive at the end of the training. This free take home material allowed Child Care Providers to apply and implement their learned knowledge to their child care program, with no additional cost to the Child Care Provider.

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Report 3

-no answer-

Report 4

-no answer-

Report 5

The quality of life has improved for 101 unduplicated Dublin residents because of this program and the generosity of the City of Dublin.

According to the National Highway Traffic Safety Administration (NHTSA), in California, among children under 5 years old, an estimated 252 lives were saved in 2014 by the use of child safety seats and seat belts. Because only 20% of car seats Nationwide are installed correctly, Child Care Links increased outreach strategies to educate more Dublin residents on safety laws around damaged, outgrown, or expired car seats and proper installation. This resulted in ensuring five more Dublin children are safely being transported in and around the community in new safety seats provided by this grant.

In addition, three more Dublin child care facilities received enhanced technical assistance and mentoring to improve the quality of child care given to the Dublin children under their care.

Child Care Links received an overwhelming amount of positive feedback with respect to the quality of trainings and presentations the agency provides to Dublin parents and Child Care Professionals. Specific examples are listed in question #23.

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

180	180			287	647.00	Total Program Participants
68	68			73	209.00	Total Dublin residents
248.00	248.00	0.00	0.00	360.00	856.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

Child Care Links is well under way in planning and implementing of the 2015-2016 grant funding. As mentioned above, 13 Professional Development opportunities have been offered to the Child Care Provider Community. Participation has been high, ranging from 11 - 40 participants. Through a survey that was conducted at the beginning of the fiscal year, Child Care Links was able to determine the needs of the Child Care Provider community and target specific topics of interested and need. Through the evaluations being distributed after each training, Child Care Links has received constructive feedback from Child Care Providers requesting more advanced level trainings. This feedback proves the success of this funding, as Child Care Providers are ready to taking their professional development to the next level. In January of 2016, Child Care Links will offer an advanced level training on Curriculum Development and developmental milestone observation tool.

The availability of replacement child restraints continues to be marketed to the community. Child Care Links staff is in communication with CAPE Head Start to schedule on-site on site car seat checks. The availability of car seat replacements is also being advertised to this target audience. CAPE Head Start has requested Child Care Links to provide parent education and car seat safety check beginning in 2016.

Staff continues to advise potential Child Care Providers in program development. Educated and deliberate planning increases the probability that child care programs will be organized and successful businesses.

Child Care Links will partner with Dublin based community service agencies in 2016 to provide on-site parent presentations at community events such as the Dublin Health Fair.

The beginning stages of the collection of data for the Annual Rate Survey began in September 2015. Each remaining quarter of the fiscal year, Child Care Links will collect child care supply and demand information.

Report 2

Child Care Links is well under way in planning and implementing of the 2015-2016 grant funding. As mentioned above, 13 Professional Development opportunities have been offered to the Child Care Provider Community. Participation has been high, ranging from 11 - 40 participants. Through a survey that was conducted at the beginning of the fiscal year, Child Care Links was able to determine the needs of the Child Care Provider community and target specific topics of interested and need. Through the evaluations being distributed after each training, Child Care Links has received constructive feedback from Child Care Providers requesting more advanced level trainings. This feedback proves the success of this funding, as Child Care Providers are ready to taking their professional development to the next level. In January of 2016, Child Care Links will offer an advanced level training on Curriculum Development and developmental milestone observation tool.

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Report 3
-no answer-

Report 4
-no answer-

Report 5
The goals outlined in the application were based on a funding request in the amount of \$25,000. Child Care Links received a total of \$8,000 which is a 68% reduction. Therefore, the original goals have been amended to accommodate the decrease in funding.

Child Care Links was able to effectively and efficiently execute the program in such a way that yielded maximum impact to surpass the articulated goals despite the reduction.
Child Care links:

- Purchased and distributed (5) car restraints to Dublin families with outgrown, damaged or recalled seats, exceeding the goal by (3) seats.
- The agency provided enhanced technical assistance to (3) child care programs, 50% more than the contracted goal of (2).
- Through collaborative strategies, the agency successfully provided (5) presentations to parents who live in the city of Dublin.

Child Care Links served a total of 101 unduplicated Dublin residents through the purchase of (5) child restraints, technical assistance to (3) child care programs, and (5) parent presentations.

In addition, through other agency-wide funded programs, Child Care Links served an estimated 467+ duplicated Dublin residents through car seat checks, subsidized child care programs, volunteer opportunities, child care referrals, local community events, and trainings in the areas of health and safety, child development, special needs, behavior management, and intervention strategies.

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

200	200		200	600.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated) B) Number of NEW DUBLIN CLIENTS served by this project during
68	68		73	209.00	

this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

68	68			287	423.00
336.00	336.00	0.00	0.00	560.00	1,232.00

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

0	0			n/a	0.00	Low Income (50% to 80% Median)
					0.00	Very Low Income (30% to 50% Median)
					0.00	Extremely Low Income (<30% Median)
0.00	0.00	0.00	0.00	0.00	0.00	SUBTOTAL
					0.00	Seniors (62 and older)
					0.00	Disabled
					0.00	Female-Headed Households
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

0	0			n/a	0.00	White
					0.00	White + HISPANIC
					0.00	Black/African American
					0.00	Black/African American + HISPANIC

					0.00	Asian
					0.00	Asian + HISPANIC
					0.00	American Indian/Alaskan Native
					0.00	American Indian/Alaskan Native + HISPANIC
					0.00	Native Hawaiian/Other Pacific Islander
					0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
					0.00	American Indian/ Alaskan Native and White
					0.00	American Indian/ Alaskan Native and White + HISPANIC
					0.00	Asian and White
					0.00	Asian and White + HISPANIC
					0.00	Black/African American and White
					0.00	Black/African American and White + HISPANIC
					0.00	American Indian/Alaskan Native and Black/African American
					0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
					0.00	Other/Multi Racial
					0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.); should match the unit of service stated in your Agreement/Contract.

Report 1
0

Report 2
0

Report 3
-no answer-

Report 4
-no answer-

Report 5
n/a

Please complete the following table regarding the UNIT OF SERVICE listed above:

0	0			n/a	0.00	Number of persons assisted with new access to a service.
					0.00	Number of persons assisted with improved access to a service.
					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter #8220;N/A#8221;):

Report 1
0

Report 2
0

Report 3
-no answer-

Report 4
-no answer-

Report 5
n/a

Please complete the following table regarding the second UNIT OF SERVICE listed above:

0	0			n/a	0.00	Number of persons assisted with new access to a service.
					0.00	Number of persons assisted with improved access to a service.
					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter #8220;N/A#8221;):

Report 1

0

Report 2

0

Report 3

-no answer-

Report 4

-no answer-

Report 5

n/a

Please complete the following table regarding the third UNIT OF SERVICE listed above:

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="n/a"/>	<input type="text" value="0.00"/>	Number of persons assisted with new access to a service.
<input type="text"/>	<input type="text" value="0.00"/>	Number of persons assisted with improved access to a service.				
<input type="text"/>	<input type="text" value="0.00"/>	Number of persons assisted who no longer have access to a substandard service.				
<input type="text" value="0.00"/>	TOTAL					

Please include any additional comments or clarifications here:

Report 1

0

Report 2

0

Report 3

-no answer-

Report 4

-no answer-

Report 5

Child Care Links is extremely grateful to be in partnership with the City of Dublin, and to be the recipient of their funding. This support allows Child Care Links to facilitate innovative and diverse educational experiences to foster positive learning outcomes for parents, Child Care Professionals and youth. Dublin residents appreciated the many opportunities this funding provided for training and technical assistance.

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

To provide training and resources that strengthen and improve the quality of life for children, parents and child care professionals living and working in the City of Dublin.

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

N/A

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Child Care Links increased the scope and scale of our target marketing efforts through digital, in-print and in-person resources such as, Constant Contact, customized surveys, social media, contests and community participation. Child Care Links also collected analytics from the agency website and social media sites.

Based on qualitative and quantitative data collected through these outreach strategies, and dissemination of the Supply and Demand report, market analysis and observation, the data revealed several areas Child Care Links responded to specific identified needs within the community:

- provided trainings and workshops specifically requested by our constituents such as, Transitional Kindergarten, Strengthening families, Social Emotional Development and Behavioral Management
- increased access to digital tools such as online event registration, marketing, newsletters and surveys
- increased the agency's online presence as well as at community events and meetings
- developed deeper partnerships within Dublin community members who serve children

The agency created a new position and hired a Community Events and Outreach Coordinator to specifically research, assess and design community resources tailored to meet the growing needs of families and professionals serving youth in the community.

Child Care Links met several Dublin residents in the community to provide fittings and installations for new child restraints. One example of this is when our technician met a student at Horizon High School where the teenage mother attends classes. Another example is when a mother participated in a car seat check and received a car restraint in the parking lot at Nielsen Elementary School where their oldest child attends CAPE Head Start.

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

N/A

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Child Care Links is very pleased with the program outcomes which exceeded all the articulated goals, even with a 68% reduction in funding. Child Care Links measures its' success mainly by the documented feedback from participants, trainers, parents, staff and community partners who were positively impacted personally and/or professionally. Additional measurements used are; attendee numbers at trainings and events, regular participation, survey responses, site analytics and individual feedback.

In a recent survey Child Care Links sent to 268 Child Care Professionals in the Tri-Valley, the agency received an overwhelming number of positive responses in reference to agency trainings. Here are specific examples:

"The workshop topics offered by Child Care Links are amazing! I am super impressed with the information and educational tools participants leave with, after every workshop."

"Child Care Links presents trainings on interesting and relevant topics. I always learn something new."

"The trainings help me to be a better professional working with youth. I've used strategies I learned at trainings to help non-English speaking toddlers settle into the classroom, which was an idea presented at Child Care Links."

"If it wasn't for CCL professional development trainings, I don't know where I'd get such accurate information from. I've learned a lot from the trainings I've attended."

Another example involves a mom of 3 very young children who recently left her abusive and drug-addicted husband in order to give her children a better life. Child Care Links learned about her situation through a community partnership with CityServe, and was able to provide her with subsidized child care and (2) new car restraints for her 9 month old and 2 year old daughters.

Child Care Links does not measure success on the quantity of "free resources" provided, but by the success of each of the individuals who use the knowledge and tools provided to make future decisions that positively impact their life.

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

N/A

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Suburban poverty tends to hide in plain sight which can present unique and unexpected challenges when it comes to meeting the needs of such a diverse community.

Some of the challenges faced when executing the disbursement of free car restraints to members of the community with borrowed, expired or damaged seats involves the amount of time and effort expended in order to identify the need, and set the education and installation appointment. Families living in poverty sometimes find it difficult to access and follow through on available services in their community for a variety of reasons, such as:

- Appointment no-shows due to the lack of reliable/affordable transportation
- Lack of follow through, returning calls, or scheduling appointments
- Constant cycle of personal or family emergencies
- Cultural beliefs around scheduling, being on time, etc.
- Personal, physical or mental health concerns
- Previous attempts to access services were unpleasant or too complicated

Another challenge faced with families living in poverty is they are unwilling to surrender the old car restraint because they view it as a valuable resource to either give to another family in need, or as a way to make extra income by selling it. The Child Care Links staff worked extremely hard to address these concerns by:

- Partnering with local community services
- Allowing flexibility for parents to be late to appointments or reschedule
- Taking the time needed to explain services until the parent states they understand
- Using translation services when needed

Had Child Care Links been able to meet the needs of all the parents who expressed a need for a new child restraint, and who followed through on it, the agency would have been able to disburse approximately (10) car seat restraints to Dublin residents.

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

N/A

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

The following agencies and programs collaborated with Child Care Links:

CityServe
PTown Life
Pleasanton Unified School District
The Tri-Valley Anti-Poverty Collaborative
CCIP (Child Care Initiative Project)
CAPE Headstart
Camellia Place Apartment Complex
City of Dublin
First 5 Alameda County
Valley Family Child Care Association
Directors of the Valley
Horizons High School
Tri-Valley Community Needs Committee
Livermore Early Education Committee

Child Care Links is excited about the new relationships cultivated during this grant cycle with, (1) Camellia Place Apartment complex, for their first annual Resource Fair, and (2), the Tri-Valley Anti-Poverty Collaborative, Health and Education Committee.

Child Care Links also deepened the relationships with other agencies including, CAPE Headstart, CityServe, CCIP, Horizons High School, the CHP, Valley Care of Pleasanton, Livermore Police and Axis Community Health. Nurturing these professional relationships resulted in meeting more needs of the community in new ways, such as facilitating trainings and free car seat installation and safety checks at their sites.

These efforts allowed Child Care Links to maximize the quality, and quantity, of all services provided to Dublin residents. As Child Care Links continues to build an ecosystem of shared resources and educational opportunities in the community, the agency gets ever closer to creating a sustainable and replicable model of moving families from poverty into empowerment.

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

N/A

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

The agency actively collaborates with other programs, as mentioned in question #25, however the agency did not obtain other funding sources for this project. Through these collaborations, it allowed the agency to expand the program reach, and impact the lives of more families and Child Care Professionals in the City of Dublin.



Powered by ZoomGrants™

City of Dublin
Community Development Department
2015-2016 Community Grants Program

Children's Emergency Food Bank New Building

Official Amount

\$ 7,000.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

The current building is over forty years old and resembles a 20' x 20' Tuff Shed. The roof leaks, the floor is deteriorating, the electrical system is in disrepair and the shelving needs to be replaced. The plan is to replace it with a new Tuff Shed.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

In 2013 183 Dublin residents were clients which was 56% of our total clients. Through November 2014 179 Dublin residents were clients which was 61% of our total clients.

Name and Title of Person Completing Report:

Report 1

-no answer-

Report 2

Rick Snowden - Director

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Program Title:

Report 1

-no answer-

Report 2

Children's Emergency Food Bank - New Building

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Telephone:

Report 1

-no answer-

Report 2

602-625-9928

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

E-Mail:

Report 1

-no answer-

Report 2

rick.snowden@att.net

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the qualify of life for Dublin residents?

Report 1

-no answer-

Report 2

The project is to replace our current distribution building, it is 50 years old. We have been distributing food to Dublin residents since 1966.

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

	85				85.00	Total Program Participants
	52				52.00	Total Dublin residents

0.00	137.00	0.00	0.00	0.00	137.00	TOTAL
------	--------	------	------	------	--------	-------

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

-no answer-

Report 2

Actual demolition and construction have not begun. Our contractor has been meeting with many Dublin city employees trying to secure all the necessary permits to allow work to start. This has been going on since February 2016 it is now June 6, 2016.

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

					0.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
					0.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who

were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

					0.00
0.00	0.00	0.00	0.00	0.00	0.00

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

					0.00	Low Income (50% to 80% Median)
					0.00	Very Low Income (30% to 50% Median)
					0.00	Extremely Low Income (<30% Median)
0.00	0.00	0.00	0.00	0.00	0.00	SUBTOTAL
					0.00	Seniors (62 and older)
					0.00	Disabled
					0.00	Female-Headed Households
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

					0.00	White
					0.00	White + HISPANIC
					0.00	Black/African American
					0.00	Black/African American + HISPANIC
					0.00	Asian
					0.00	Asian + HISPANIC
					0.00	American Indian/Alaskan Native
					0.00	American Indian/Alaskan Native + HISPANIC
					0.00	Native Hawaiian/Other Pacific Islander

					0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
					0.00	American Indian/ Alaskan Native and White
					0.00	American Indian/ Alaskan Native and White + HISPANIC
					0.00	Asian and White
					0.00	Asian and White + HISPANIC
					0.00	Black/African American and White
					0.00	Black/African American and White + HISPANIC
					0.00	American Indian/Alaskan Native and Black/African American
					0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
					0.00	Other/Multi Racial
					0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1
-no answer-

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

					0.00	Number of persons assisted with new access to a service.
--	--	--	--	--	------	--

					0.00	Number of persons assisted with improved access to a service.
					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

- Report 1**
-no answer-
- Report 2**
-no answer-
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

					0.00	Number of persons assisted with new access to a service.
					0.00	Number of persons assisted with improved access to a service.
					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

- Report 1**
-no answer-
- Report 2**
-no answer-
- Report 3**
-no answer-
- Report 4**
-no answer-

Report 5
-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

					0.00	Number of persons assisted with new access to a service.
					0.00	Number of persons assisted with improved access to a service.
					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1
-no answer-

Report 2
I don't have data in this format

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1
-no answer-

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1
-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

CityServe of the TriValley
CityServe of the TriValley

Official Amount

\$ 10,000.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

CityServe exists to coordinate resources between the faith-based community, non-profits, businesses, schools and government agencies to meet human services needs in Dublin and the Tri-Valley. The value of the collaboration we facilitate is proven.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

CityServe estimates that it will serve more than 502 UNDUPLICATED Dublin residents, the majority of whom are low-income or those seeking to serve in Non-profit agencies that reach out to the low income, in the upcoming 2015-2016 year.

Name and Title of Person Completing Report:

Report 1

-no answer-

Report 2

Gloria Gregory, Executive Director

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Program Title:

Report 1

-no answer-

Report 2

CityServe of the Tri-Valley

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Telephone:

Report 1

-no answer-

Report 2

(925) 452-8276

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

E-Mail:

Report 1

-no answer-

Report 2

gloria@cityservetrialley.org

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Please indicate what type of grant funding you are receiving:

General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.

Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.

Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

-no answer-

Report 2

We have continued to provide unavailable human services to Dublin residents such as: coordinated donations made thru churches to enable a single mother w/3 children to remain in home rented through Section 8. Assisted her w/rent,utility bills,gasoline for car. Continued to help a single 20 year old Dublin youth sleeping in east Dublin apt. stairwell. Connected him w/ Alameda County Highway to Work program, purchased cell phone (phone lost on bus), provided bus tickets & 2 nights motel stay. Six meetings w/this youth in August. Continued meetings/contact through Dec. 1. Connected w/mentor who counseled him after youth was arrested twice by Dublin police (trespassing & sexual battery). Made appt. & took him to Axis Community Health Behavioral Health Clinic in Livermore for assessment re: risk re: sexual battery & ability to work.Responded to Carlow Court Resident Manager's request for help to 70 year old African American woman, a new tenant at that senior housing. She had lost everything when could not pay storage in Oakland. We responded: coordinated donations to provide her all furniture except bed & most household goods & took her to WalMart Grocery to purchase basic initial food supply & personal health items for her. These examples represent a few of the most time/cost intense direct human service need requests of the 23 we received 8/1/15-12/12/15. During that time we also sought & received permission to register Dublin families in need for Tri-Valley Haven's Holiday Distributions. We were on site at Wexford Way, Oak Groves & Valley High for those registrations (43 families registered). Continued Valley High Breakfasts. Received 26 requests for volunteers from non-profits, schools & received calls requesting we identify volunteer opportunities for 25 individuals & 14 groups.We received calls advising of 15 items available for donation (washer/dryer,sofa, tv, desk,car) & facilitated pick up/delivery of some. Facilitated food/gift needs re: school families

Report 3

-no answer-

Report 4

-no answer-

Report 5
-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

	384				384.00	Total Program Participants
	224				224.00	Total Dublin residents
0.00	608.00	0.00	0.00	0.00	608.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1
-no answer-

Report 2

Our objectives were: 1) serve as community resource to connect volunteers with human services volunteer needs in the Tri-Valley. We were successful in this timeframe as evidenced by the 26 specific requests we received for volunteers through non-profit, school phone calls to our office & the 15 individuals & 14 groups we received calls from to find volunteer opportunities. We continued to publish our monthly newsletter, which lists timely human services volunteer needs & maintained our website, which includes the newsletters as well as a list of over 30 Tri-Valley human services focused non-profits & volunteer contact info. 2) provide needed assistance to Tri-Valley residents to help w/their unmet human services needs. We were successful in this effort as evidenced by the 23 individual/family requests for help & our example responses as noted in #6 above. Our phone logs document 259 call received in our office in this report timeframe. 3) We have maintained records re: the bi-monthly CityServe Community Meetings documenting how we have increased awareness of each others' work and increased collaboration among non-profits working to address human service needs in the Tri-Valley. New non-profits beginning work here are spotlighted at these meetings (such as the veteran help focused non-profit, Swords to Plowshares, which began work here in September 2015). 4) We continued to be the only donation matching service in the Tri-Valley. We match donated items to those needing the items as noted in #6 above. 5) We continued to collaborate consistently with the Dublin School District to serve school families by being part of the school outreach programs to Wexford Way & Oak Grove families, by participation in the SeeDubWell (Dublin's Health Fair) in August. We provided a resource table at that event, which resulted in a number of families receiving the Tri-Valley Food Resources: Food Pantry & Hot Meals flyer we have created to meet the need for one compilation of that info

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

	502				502.00	A) Numeric GOAL stated in your Agreement for the number of
--	-----	--	--	--	--------	--

Dublin clients to be served THIS FISCAL YEAR (unduplicated)

B) Number of NEW DUBLIN CLIENTS

served by this project during this reporting period (unduplicated)

[NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

TOTAL

	86				86.00
--	----	--	--	--	-------

	223				223.00
--	-----	--	--	--	--------

0.00	811.00	0.00	0.00	0.00	811.00
------	--------	------	------	------	--------

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

Low Income (50% to 80% Median)

Very Low Income (30% to 50% Median)

Extremely Low Income (<30% Median)

Seniors (62 and older)

Disabled

Female-Headed Households

TOTAL

	18				18.00
--	----	--	--	--	-------

	41				41.00
--	----	--	--	--	-------

	24				24.00
--	----	--	--	--	-------

0.00	83.00	0.00	0.00	0.00	83.00
------	-------	------	------	------	-------

	4				4.00
--	---	--	--	--	------

	1				1.00
--	---	--	--	--	------

	19				19.00
--	----	--	--	--	-------

0.00	107.00	0.00	0.00	0.00	107.00
------	--------	------	------	------	--------

SUBTOTAL

TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

	8				8.00	White
	12				12.00	White + HISPANIC
	22				22.00	Black/African American
	6				6.00	Black/African American + HISPANIC
	7				7.00	Asian
	4				4.00	Asian + HISPANIC
	0				0.00	American Indian/Alaskan Native
	0				0.00	American Indian/Alaskan Native + HISPANIC
	3				3.00	Native Hawaiian/Other Pacific Islander
	0				0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
	0				0.00	American Indian/ Alaskan Native and White
	0				0.00	American Indian/ Alaskan Native and White + HISPANIC
	4				4.00	Asian and White
	0				0.00	Asian and White + HISPANIC
	6				6.00	Black/African American and White
	4				4.00	Black/African American and White + HISPANIC
	0				0.00	American Indian/Alaskan Native and Black/African American
	0				0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
	3				3.00	Other/Multi Racial
	7				7.00	Other/Multi Racial + HISPANIC
0.00	86.00	0.00	0.00	0.00	86.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.); should match the unit of service stated in your Agreement/Contract.

Report 1

-no answer-

Report 2

Individual requests for service

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

	204				204.00	Number of persons assisted with new access to a service.
	18				18.00	Number of persons assisted with improved access to a service.
	1				1.00	Number of persons assisted who no longer have access to a substandard service.
0.00	223.00	0.00	0.00	0.00	223.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

	N/A				0.00	Number of persons assisted with new access to a service.
	N/A				0.00	Number of persons assisted with improved

access to a service.

Number of persons assisted who no longer have access to a substandard service.

	N/A				0.00
--	-----	--	--	--	------

0.00	0.00	0.00	0.00	0.00	0.00	TOTAL
------	------	------	------	------	------	--------------

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

Number of persons assisted with new access to a service.

	N/A				0.00
--	-----	--	--	--	------

Number of persons assisted with improved access to a service.

	N/A				0.00
--	-----	--	--	--	------

Number of persons assisted who no longer have access to a substandard service.

	N/A				0.00
--	-----	--	--	--	------

0.00	0.00	0.00	0.00	0.00	0.00	TOTAL
------	------	------	------	------	------	--------------

Please include any additional comments or clarifications here:

Report 1
-no answer-

Report 2
Our focus is to fill the gap regarding Dublin and Tri-Valley unmet human service needs such as: creating collaboration between faith based and other community resources to provide financial assistance for emergency shelter, auto repairs, bus tickets, auto registration and auto insurance fees. We connect residents and organizations with resources in faith-based organizations such as Joblink, a valuable job search support group at St. Raymond Church. Our goal is to identify unmet needs through the relationships we have established with counselors, child welfare staff and principals at Tri-Valley schools, with non-profit staff, with city human services personnel, and with the general population. Those relationships continue to result in more and more referrals of residents with unmet needs being referred to us. When that happens we get to work to find or create resources to meet those needs. We also identify unmet needs as we serve at community locations such as the Open Heart Kitchen site in Dublin or as we participate in community events such as Dublin School outreach programs at below market housing communities, and the Dublin Health Fair.

Report 3
-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

-no answer-

Report 2

The fund were granted for the following purposes: 1) to provide a hot breakfast at Dublin's Valley High continuation school, which provides proven opportunity for students, faculty & staff to communicate and foster closer relationships and for community members such as the Dublin mayor, human services commissioners, Rotarians and others to interact with students, faculty & staff, 2) to provide funds for use in meeting immediate unmet human service needs in Dublin, e.g. temporary shelter in motel for homeless, gasoline for job search, cell phone for homeless youth, payment of delinquent PG&E bill to restore service for family. 3) 1/3 the necessary annual liability insurance premium, 1/3 annual cost of website/technology support, cost of Dublin Chamber of Commerce annual dues, 1/3 cost of annual budgeted rent, 1/3 cost of printing and copying monthly newsletters and other items, 1/3 cost of accounting and auditing services. We are on schedule for use of the entire grant prior to 6/30/16, the end of the period of this grant cycle.

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

-no answer-

Report 2

Accomplishments of the program have been identified in prior question answers. An example of creative methods implemented to meet community needs is our approaching Tri-Valley Haven in August for permission to register Dublin residents for their Thanksgiving & December Holiday Distributions. In the past Dublin residents have had to travel to the Tri-Valley Haven in Livermore to register for the distributions. We collaborated w/the Dublin School District to be part of their October 2015 outreach programs at Wexford Way and Oak Groves to have a CityServe table to do these registrations plus distribute donated clothing & provide resource material to the residents. In collaboration with the Dublin School District we also were on site at Valley High to take Tri-Valley Haven registrations from families throughout the school district & Dublin in general. A flyer was distributed through the school district to advise school personnel and school families of this registration opportunity. 43 families were registered for the distribution though this effort (representing a total of approx. 172 Dublin residents), many of which would not have received the benefit of this assistance without our effort to make participation available to them in this way.

This is the 3rd year we have invited Dublin school personnel to identify families in need of food a gifts in November & December. In November we distributed 18 frozen turkeys & holiday meals to Dublin families a the Valley High distribution site. This December we will serve over 30 Dublin families by connecting them with the Christmas Box food distribution program at Children's Emergency Food Bank & by directly distributing frozen turkeys & chicken to another 10-15 families. We have matched 8 Dublin families to groups/families to provide Christmas gifts.

In October 2015 we initiated and facilitated a Benevolence Summit attended by reps from 14 churches (total of 42 in attendance) to discuss best community care practices

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

Yes, we do feel the program is a success. We measure the success by the number of individuals and families we help (whether by providing direct immediate help for a human service need, or by providing a resource to connect volunteers with volunteer needs or by matching an item available for donation to a need in our communities for that donation), by the positive results of our Community Meetings, which better connect and educate non-profits, city personnel, churches, and schools to meet human service needs in the Tri-Valley, by the highly positive feedback we receive from residents and organizations regarding the work we do.

In the period covered by this report we were successful in matching a single mother with an 11 year old child, who had been living in motel rooms and floors/couches of friends in Pleasanton with a family willing to rent them a room for \$600 per month. We also matched a single 61 year old homeless Dublin resident with a Dublin widow who owns a home and was willing to rent her a room. Both these matches were made through our listing of individuals needing rooms to rent via emails to our database and listing in our monthly newsletter. That is success!

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future year

Report 1

-no answer-

Report 2

No real problems or delays were encountered.

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

Axis Community Health: we receive referrals from Axis' case worker; 1 a Dublin woman needing a cane;we met her at WalMart & purchased the cane for her.

Children's Emergency Food Bank: several years ago we started a food drive to benefit this food bank as part of the annual event, Dublin Pride. We facilitate & arrange for volunteers for this drive each year. We refer clients to the food bank; they advise us when they have food we can help distribute to Dublin residents.

Camp Parks: in 2015 we created the Camp Parks Decal Program for Dublin businesses to display in their windows to recognize & thank Camp Parks military families & those here for training for their sacrifices. A few years ago we created the Camp Parks Welcome Bag program in which we deliver a Welcome Bag filled with city information (including parks & rec guides), bay area maps, gift certificates from Dublin businesses, gifts for children & more. 2-3 years ago we connected the Camp Parks Chaplain with Dublin Pride. That year a Memorial Garden project was included as a Dublin Pride project. Each subsequent year Camp Parks residents have been volunteers in Dublin Pride Volunteer Day.

Dublin Senior Center: we have a representative who volunteers at the senior center & keeps us apprised of volunteer needs & we list them in our newsletter & website.

Easter Seals Kaleidoscope:we have been a strong volunteer partner with this non-profit for 7 yrs. One example:a garden we set up on their site; the students plant the vegetables, water & care for them, then harvest them & make soups, salads.

Hope Hospice-we collaborate with them to provide volunteers

Livermore Homeless Refuge-we provide volunteers & resources

Open Heart Kitchen:we connect volunteers & serve at the Dublin site

Dublin FCI-we participate in the mock job fair & respond to requests like clothing for inmate re: release in Alaska.

Sr Support Program of Tri-Valley:active partner w/this non-profit to serve seniors

Tri-Valley Haven

Tri-Valley YMCA

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

-no answer-

Report 2

The City of Pleasanton granted us \$5,000 specific to use for personnel salaries. None of those funds have been disbursed yet as we are just now establishing our first part-time paid position of Office Administrator.

Other funding has come from church contributions \$14,450 YTD through November 30, 2015 (11 months)

Other funding has come from individual/business contributions of \$33, 520 YTD through November 30, 2015 (11 months)

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Community Resources for Independent Living
Independent Living, Housing & Employment Services for People with Disabilities

Official Amount

\$ 5,000.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

Provide Housing Assistance, Employment Counseling, Advocacy Training and Independent Living Support Services for under-served, low income Dublin residents with disabilities and seniors with functional limitations.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

12 directly; 40 indirectly.

Name and Title of Person Completing Report:

Report 1

Michael Galvan

Report 2

Michael Galvan

Report 3

Michael Galvan

Report 4

Michael Galvan, Program Director

Report 5

Michael Galvan, Program Director

Program Title:

Report 1

Program Director

Report 2

Program Director

Report 3

Program Director

Report 4

Independent Living, Housing & Employment Services for People with Disabilities

Report 5

Independent Living, Housing & Employment Services for People with Disabilities

Telephone:

Report 1

510-881-5743

Report 2

510-881-5743

Report 3

510.881.5743

Report 4

510.881.5743 x31

Report 5

510.881.5743 x31

E-Mail:

Report 1

Michael.Galvan@crilhayward.org

Report 2

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Report 3

Michael.Galvan@crilhayward.org

Report 4

Michael.Galvan@crilhayward.org

Report 5

Michael.Galvan@crilhayward.org

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

Dublin Grant funds were used to help support the costs of providing the Tri-Valley branch office's Housing & IL Program services and training administered by CRIL's Tri-Valley Service Coordinator. Funds covered 15% of the salary and benefits of the Service Coordinator, with a small amount for shared indirect costs associated with necessary program and office operations (e.g., telephone, supplies, insurance, etc.). The Dublin Community Grant funds help support maintaining CRIL's local presence in the Tri-Valley.

Report 2

Dublin Grant funds were used to help support the costs of providing the Tri-Valley branch office's Housing & IL Program services and training administered by CRIL's Tri-Valley Service Coordinator. Funds covered 15% of the salary and benefits of the Service Coordinator, with a small amount for shared indirect costs associated with necessary program and office operations (e.g., telephone, supplies, insurance, etc.). The Dublin Community Grant funds help support maintaining CRIL's local presence in the Tri-Valley.

Report 3

Dublin Grant funds were used to help support the costs of providing the Tri-Valley branch office's Housing & IL Program services and training administered by CRIL's Tri-Valley Service Coordinator. Funds covered 15% of the salary and benefits of the Service Coordinator, with a small amount for shared indirect costs associated with necessary program and office operations (e.g., telephone, supplies, insurance, etc.). The Dublin Community Grant funds help support maintaining CRIL's local presence in the Tri-Valley.

Report 4

Dublin Grant funds were used to help support the costs of providing the Tri-Valley branch office's Housing & IL Program services and training administered by CRIL's Tri-Valley Service Coordinator. Funds covered 15% of the salary and benefits of the Service Coordinator, with a small amount for shared indirect costs associated with necessary program and office operations (e.g., telephone, supplies, insurance, etc.). The Dublin Community Grant funds help support maintaining CRIL's local presence in the Tri-Valley. CRIL provides much needed housing search assistance, assistive technology support, mobility training and independent living skills training to persons with disabilities.

Report 5

Dublin Grant funds were used to help support the costs of providing the Tri-Valley branch office's Housing & IL Program services and training administered by CRIL's Tri-Valley Service Coordinator. Funds covered 15% of the salary and benefits of the Service Coordinator, with a small amount for shared indirect costs associated with necessary program and office operations (e.g., telephone, supplies, insurance, etc.). The Dublin Community Grant funds help support maintaining CRIL's local presence in the Tri-Valley. CRIL provides much needed housing search assistance, assistive technology support, mobility training and independent living skills training to persons with disabilities.

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

12	7	3	3	25	50.00	Total Program Participants
12	7	3	3	25	50.00	Total Dublin residents
24.00	14.00	6.00	6.00	50.00	100.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

Yes, CRIL has already met our targeted goal for 2015-16 of 12. We continue to be a full-service disability office. Our mission is to provide advocacy and resources for people with disabilities to improve lives and make communities fully accessible.

Each consumer who seeks CRIL services works with a service coordinator to develop an Independent Living Plan (ILP) with goals and activities to achieve their overall objective. The 12 Dublin consumers with with disabilities set 14 goals. 58% (7 of 12) of CRIL's new consumers sought help with finding affordable and accessible housing.

Report 2

Yes, CRIL has already met our targeted goal for 2015-16 of 12. The first quarter we served 12 Unduplicated Consumers and in the second quarter 7 New Unduplicated Consumers. This brings our total to 19 Unduplicated Consumers. We continue to be a full-service disability office. Our mission is to provide advocacy and resources for people with disabilities to improve lives and make communities fully accessible. CRIL's travel training program continues to increase in usage.

Each consumer who seeks CRIL services works with a service coordinator to develop an Independent Living Plan (ILP) with goals and activities to achieve their overall objective. The 12 Dublin consumers with with disabilities set 14 goals. 58% (7 of 12) of CRIL's new consumers sought help with finding affordable and accessible housing.

Report 3

Yes, CRIL has already met our targeted goal for 2015-16 of 12. The first quarter we served 12 Unduplicated Consumers, in the second quarter 7 New Unduplicated Consumers and in the third quarter 3 new unduplicated consumers.. This brings our total to 22 Unduplicated Consumers. We continue to be a full-service disability office. Our mission is to provide advocacy and resources for people with disabilities to improve lives and make communities fully accessible. CRIL's travel training program continues to increase in usage.

Each consumer who seeks CRIL services works with a service coordinator to develop an Independent Living Plan (ILP) with goals and activities to achieve their overall objective.

Report 4

Yes, CRIL has already met our targeted goal for 2015-16 of 12. The first quarter we served 12 Unduplicated Consumers, in the second quarter 7 New Unduplicated Consumers and in the third quarter 3 new unduplicated consumers.. This fourth quarter saw CRIL assist 3 new unduplicated consumers. This brings our total to 25 Unduplicated Consumers. We continue to be a full-service disability office. Our mission is to provide advocacy and resources for people with disabilities to improve lives and make communities fully accessible. CRIL's travel training program continues to increase in usage.

Each consumer who seeks CRIL services works with a service coordinator to develop an Independent Living Plan (ILP) with goals and activities to achieve their overall objective.

Report 5

Yes, CRIL has already met our targeted goal for 2015-16 of 12. The first quarter we served 12 Unduplicated Consumers, in the second quarter 7 New Unduplicated Consumers and in the third quarter 3 new unduplicated consumers.. This fourth quarter saw CRIL assist 3 new unduplicated consumers. This brings our total to 25 Unduplicated Consumers. We continue to be a full-service disability office. Our mission is to provide advocacy and resources for people with disabilities to improve lives and make communities fully accessible. CRIL's travel training program continues to increase in usage.

Each consumer who seeks CRIL services works with a service coordinator to develop an Independent Living Plan (ILP) with goals and activities to achieve their overall objective.

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

12	12	12	12	12	60.00	A) Numeric GOAL stated in your Agreement for the number of DUBLIN clients to be served THIS FISCAL YEAR (unduplicated)
12	7	5	3	25	52.00	
0	0	0	N/A	0	0.00	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)
24.00	19.00	17.00	15.00	37.00	112.00	TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

0	0	1	3	N/A	4.00	Low Income (50% to 80%)
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1	1	0	0	N/A	2.00	Median Very Low Income (30% to 50% Median)
11	7	2	0	N/A	20.00	Extremely Low Income (<30% Median)
12.00	8.00	3.00	3.00	0.00	26.00	
SUBTOTAL						
4	1	1	1	N/A	7.00	Seniors (62 and older)
12	7	5	3	N/A	27.00	Disabled
0	1	0	1	N/A	2.00	Female- Headed Households
28.00	17.00	9.00	8.00	0.00	62.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

8	1	1	1	N/A	11.00	White
2	2	0	0	N/A	4.00	White + HISPANIC
1	2	0	0	N/A	3.00	Black/African American
0	0	0	1	N/A	1.00	Black/African American + HISPANIC
1	2	2	1	N/A	6.00	Asian
0	0	0	0	N/A	0.00	Asian + HISPANIC
0	0	0	0	N/A	0.00	American Indian/Alaskan Native
0	0	0	0	N/A	0.00	American Indian/Alaskan Native + HISPANIC
0	0	0	0	N/A	0.00	Native Hawaiian/Other Pacific Islander
0	0	0	0	N/A	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0	0	N/A	0.00	American Indian/ Alaskan Native and White
0	0	0	0	N/A	0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0	0	N/A	0.00	Asian and White
0	0	0	0	N/A	0.00	Asian and White + HISPANIC
0	0	0	0	N/A	0.00	Black/African American and White

0	0	0	0	N/A	0.00	Black/African American and White + HISPANIC
0	0	0	0	N/A	0.00	American Indian/Alaskan Native and Black/African American
0	0	0	0	N/A	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
0	0	0	0	N/A	0.00	Other/Multi Racial
0	0	0	0	N/A	0.00	Other/Multi Racial + HISPANIC
12.00	7.00	3.00	3.00	0.00	25.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1

hours of counseling

Report 2

counseling hours

Report 3

counseling hours

Report 4

counseling hours

Report 5

N/A

Please complete the following table regarding the UNIT OF SERVICE listed above:

2	3	3	3	N/A	11.00	Number of persons assisted with new access to a service.
10	4	0	2	N/A	16.00	Number of persons assisted with improved access to a service.
0	0	0	0	N/A	0.00	Number of persons assisted who no longer have access to a substandard service.
12.00	7.00	3.00	5.00	0.00	27.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1

N/A

Report 2

N/A

Report 3

n/a

Report 4

N/A

Report 5

N/A

Please complete the following table regarding the second UNIT OF SERVICE listed above:

0	N/A	N/A	N/A	N/A	0.00	Number of persons assisted with new access to a service.
0	N/A	N/A	N/A	N/A	0.00	Number of persons assisted with improved access to a service.
0	N/A	N/A	N/A	N/A	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter N/A):

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

N/A

Report 5

N/A

Please complete the following table regarding the third UNIT OF SERVICE listed above:

0	N/A	N/A	N/A	N/A	0.00	Number of persons assisted with new access to a service.
0	N/A	N/A	N/A	N/A	0.00	Number of persons assisted with improved access to a service.

0	N/A	N/A	N/A	N/A	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	

Please include any additional comments or clarifications here:

Report 1
N/A

Report 2
N/A

Report 3
N/A

Report 4
N/A

Report 5
N/A

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1
N/A

Report 2
N/A

Report 3
n/a

Report 4
CRIL's Housing, Employment & IL Services for people with disabilities will provide 12 Dublin residents with improved access to affordable housing, peer counseling, employment & benefits counseling, travel & mobility training, I & R, assistive technology info & AT device loans & advocacy. Housing counseling will include local resource info, application assistance, budgeting & credit counseling, landlord mediation and/or applications to the Chronicle Season of Sharing and Dept. of Rehabilitation's housing transition fund. CRIL will also provide indirect information & referral, technical & assistive technology support, ADA & disability law education and community advocacy to 40 additional Dublin residents & businesses to assist them with increasing their knowledge & independence.

CRIL utilizes a national online database management system called CILSuite, which is specifically designed to track data and services for independent living centers such as CRIL. Data can be entered securely from any computer with internet access and CRIL management is able to monitor the timeliness and completeness of every consumer's service record. In addition, the structure of the online Intake form and data logs allows for uniformity and consistency in all consumer service records. CILSuite allows CRIL staff and management to regularly track and monitor each consumer's status with completing steps to achieve their personalized goals, as well as progress toward achieving the defined program outcomes: retention or placement in affordable, accessible housing & an increase in personal independence & self-sufficiency.

Report 5
CRIL's Housing, Employment & IL Services for people with disabilities will provide 12 Dublin residents with improved access to affordable housing, peer counseling, employment & benefits counseling, travel & mobility training, I & R, assistive technology info & AT device loans & advocacy. Housing counseling will include local resource info, application assistance, budgeting & credit counseling, landlord mediation and/or applications to the Chronicle Season of Sharing and Dept. of Rehabilitation's housing transition fund. CRIL will also provide indirect information & referral, technical & assistive technology support, ADA & disability law education and community advocacy to 40 additional Dublin residents & businesses to assist them with increasing their knowledge & independence.

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FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

N/A

Report 2

N/A

Report 3

n/a

Report 4

14 or 56% of the 25 Dublin consumers were provided with 1:1 assistance chose Housing as their primary or secondary goal. Finding affordable and, often accessible, housing frequently takes more than one year. So all of these 14 housing consumers are still trying to achieve their long-range goal of moving into permanent, low-cost housing. CRIL service coordinators continue to work with the consumers who have ongoing goals that have yet to be met.

CRIL participated in several outreach events and facilitated workshops to educate Pleasanton residents with disabilities about benefits, employment opportunities, healthy living options, assistive technology, travel training and more.. CRIL continues to increase Dublin consumers access to Assistive Technology - especially through the Device Lending Library.

Report 5

14 or 56% of the 25 Dublin consumers were provided with 1:1 assistance chose Housing as their primary or secondary goal. Finding affordable and, often accessible, housing frequently takes more than one year. So all of these 14 housing consumers are still trying to achieve their long-range goal of moving into permanent, low-cost housing. CRIL service coordinators continue to work with the consumers who have ongoing goals that have yet to be met.

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FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

N/A

Report 2

N/A

Report 3

n/a

Report 4

Yes, CRIL exceeded our targeted goal for the 2015-2016 by 108% (25 as opposed to 12 consumers served). We continue to be a full-service disability office. Our mission is to provide advocacy and resources for people with disabilities to improve lives and make communities fully accessible. This FY 2015-16, CRIL continued to experience growth in its newest programs: Travel Training.

Each consumer who seeks CRIL services works with a service coordinator to develop an Independent Living Plan (ILP) with goals and activities to achieve their overall objective. Dublin consumers with disabilities set 28 goals last year and met 2 (12%) of them. Also, many goals are longer term, such as locating affordable, accessible housing, achieving economic self-sufficiency or acquiring disability benefits. Longer-term goals often take more than one year to complete

Now that CRIL Tri-Valley is again staffed by 1.5 FTE service providers, CRIL expects continued growth in its programs in the Tri-Valley

Consumers are also asked to complete an annual Satisfaction Survey which allows us to evaluate the type & quality of services provided. Consumers provide management & the board of directors with feedback on the impact that our services & supports have had on their level of independence. Our annual survey return rate has been 12% with a 99% good or higher satisfaction rate.

Report 5

Yes, CRIL exceeded our targeted goal for the 2015-2016 by 108% (25 as opposed to 12 consumers served). We continue to be a full-service disability office. Our mission is to provide advocacy and resources for people with disabilities to improve lives and make communities fully accessible. This FY 2015-16, CRIL continued to experience growth in its newest programs: Travel Training.

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FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

N/A

Report 2

N/A

Report 3

n/a

Report 4

The lack of affordable housing continues to be daunting challenge. The number of landlords who accept Housing Choice Vouchers (Section 8) continues to decline. Most BMR units usually too high of an income or the rent is beyond the amount an SSI recipient can pay.

Report 5

The lack of affordable housing continues to be daunting challenge. The number of landlords who accept Housing Choice Vouchers (Section 8) continues to decline. Most BMR units usually too high of an income or the rent is beyond the amount an SSI recipient can pay.

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

N/A

Report 2

N/A

Report 3

n/a

Report 4

CRIL collaborates with a number of agencies in the Tri-Valley. We are located in a multi-service center which helps provide comprehensive & rapid service delivery.

- ABODE (refer consumers back and forth)
- Alameda County Housing Authority (collaborate to find low-cost housing)
- Alameda County Public Authority (collaborate to match consumers with caregivers)
- Alameda County Public Health (collaborate to find medical services)
- Alameda County Social Services (collaborate to find benefits)
- Alliance Healthcare (affordable health insurance our consumers)
- AXIS Healthcare Center (collaborate to find medical services for consumers)
- Carlow Court at Emerald Vista (collaborate to provide services)
- Carmen Avenue Apartments (collaborate to find low-cost housing for consumers)
- Department of Rehabilitation (refer consumers back and forth)
- Dublin Senior Center (collaborate to provide services)
- ECHO (collaborate to find low-cost housing for consumers)
- Eden I & R (to fight housing discrimination against people with disabilities)
- FERC (collaborated to assist parents of psychotic children)
- Homeless Prevention Program (low-cost housing for consumers)
- Kaiser Permanente – Diablo Valley (medical services for consumers and support for Healthy Living Workshops)
- Legal Assistance for Seniors (legal advice for our consumers)
- Dublin Chamber of Commerce (outreach to businesses)
- Network of Health (medical services for consumers)
- NAMI Tri-Valley (psychological counseling)
- PEERS (mental health support groups)
- Planned Parenthood (collaborate to find medical services)
- Satellite Affordable Housing Associates (low-cost housing for consumers)
- St. Vincent de Paul (food & rental assistance)
- STAND (domestic violence counseling)
- Tri-City Healthcare Center (medical services for consumers)
- United Way of the Bay Area (seasonal tax services)

- WHEELS (para-transit services for consumers)
Wicklow Square

Report 5

CRIL collaborates with a number of agencies in the Tri-Valley. We are located in a multi-service center which helps provide comprehensive & rapid service delivery.

- ABODE (refer consumers back and forth)
- Alameda County Housing Authority (collaborate to find low-cost housing)
- Alameda County Public Authority (collaborate to match consumers with caregivers)
- Alameda County Public Health (collaborate to find medical services)
- Alameda County Social Services (collaborate to find benefits)
- Alliance Healthcare (affordable health insurance our consumers)
- AXIS Healthcare Center (collaborate to find medical services for consumers)
Carlow Court at Emerald Vista (collaborate to provide services)
- Carmen Avenue Apartments (collaborate to find low-cost housing for consumers)
- Department of Rehabilitation (refer consumers back and forth)
- Dublin Senior Center (collaborate to provide services)
- ECHO (collaborate to find low-cost housing for consumers)
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- PEERS (mental health support groups)
- Planned Parenthood (collaborate to find medical services)
- Satellite Affordable Housing Associates (low-cost housing for consumers)
- St. Vincent de Paul (food & rental assistance)
- STAND (domestic violence counseling)
- Tri-City Healthcare Center (medical services for consumers)
- United Way of the Bay Area (seasonal tax services)
- WHEELS (para-transit services for consumers)
Wicklow Square

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

N/A

Report 2

N/A

Report 3

n/a

Report 4

City of Pleasanton-\$14500
 City of Dublin-\$5000
 City of Livermore-7,500
 Gap Cycle 5-\$29,331
 Dept. of Rehabilitation-\$29,549

Report 5

City of Pleasanton-\$14500
 City of Dublin-\$5000
 City of Livermore-7,500
 Gap Cycle 5-\$29,331
 Dept. of Rehabilitation-\$29,549



Powered by ZoomGrants™

City of Dublin
Community Development Department
2015-2016 Community Grants Program

Dublin High School PFSO Every 15 Minutes Program

Official Amount

\$ 6,375.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

"Every 15 Minutes" is a dramatic enactment of a fatal car accident and it's aftermath, designed to instill in teen drivers the consequences of driving under the influence. It also covers distracted driving and offers tools for making better choices.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

"Every 15 Minutes" will be presented to approximately 2500 9th-12th grade students (2380 from Dublin high School; 120 from Valley High School) and up to 100 other community members.

Name and Title of Person Completing Report:

Report 1

Jean Josey

Report 2

Jean Josey, Every 15 Minutes Program Co-Chair

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Program Title:

Report 1

Every 15 Minutes Co-Chair

Report 2

Every 15 Minutes Program

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Telephone:

Report 1
925-819-1250

Report 2
925-819-1250

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

E-Mail:

Report 1
dhse15@gmail.com

Report 2
dhse15@gmail.com

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the qualify of life for Dublin residents?

Report 1
This program is a single event on March 3rd/4th of 2016 that educated every high school student in Dubin, in a very graphic way, on the dangers of drinking and driving. We have been working dilligently on the planning ofthis program for over a year. The only students who have been impacted to date are the approximately 50 students who will have a direct role in the event. the remaining 2350 students in Dublin will see the event unfold on in March.

Report 2
This program educates every high school student in Dublin about the dangers of Drinking and Driving.

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

50	50				100.00	Total Program Participants
----	----	--	--	--	--------	----------------------------

50	50				100.00	Total Dublin residents
100.00	100.00	0.00	0.00	0.00	200.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

We are still in the planning phases of the program, booking vendors, paying invoices, planning the crash scene, coordinating with various police and fire agencies, as well as hospitals, mortuaries, etc.

Please note: We are a parent run organization, and as such legally have no access to the sort of demographic information you are asking for in questions 12 and 13.

Report 2

This program is a 2-day event on March 3rd/4th of 2016. The event is a huge undertaking that takes over a year to plan. The students impacted thus far are those who have been chosen to be participants in the event. The remaining 2350 high school students in Dublin will be served by the program in March.

Please note: As we are a parent-run organization, we do not legally have access to the type of demographic information you are asking for in questions 12 and 13. When I tried to enter n/a, the system wouldn't save my report. Therefore, I am entering "0" for each category this time. That doesn't mean we have served zero students in these categories. It means we don't know.

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

2400	2400				4,800.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
50	50				100.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter

report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

0	0				0.00
2,450.00	2,450.00	0.00	0.00	0.00	4,900.00

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

N/a	0				0.00	Low Income (50% to 80% Median)
N/a	0				0.00	Very Low Income (30% to 50% Median)
n/a	0				0.00	Extremely Low Income (<30% Median)
0.00	0.00	0.00	0.00	0.00	0.00	SUBTOTAL
n/a	0				0.00	Seniors (62 and older)
n/a	0				0.00	Disabled
n/a	0				0.00	Female-Headed Households
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

n/a	0				0.00	White
n/a	0				0.00	White + HISPANIC
n/a	0				0.00	Black/African American
n/a	0				0.00	Black/African American + HISPANIC
n/a	0				0.00	Asian
n/a	0				0.00	Asian + HISPANIC

n/a	0				0.00	American Indian/Alaskan Native
n/a	0				0.00	American Indian/Alaskan Native + HISPANIC
n/a	0				0.00	Native Hawaiian/Other Pacific Islander
n/a	0				0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
n/a	0				0.00	American Indian/ Alaskan Native and White
n/a	0				0.00	American Indian/ Alaskan Native and White + HISPANIC
n/a	0				0.00	Asian and White
n/a	0				0.00	Asian and White + HISPANIC
n/a	0				0.00	Black/African American and White
n/a	0				0.00	Black/African American and White + HISPANIC
n/a	0				0.00	American Indian/Alaskan Native and Black/African American
n/a	0				0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
n/a	0				0.00	Other/Multi Racial
n/a	0				0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.); should match the unit of service stated in your Agreement/Contract.

Report 1

Unit of service is participation in or seeing the presentation in March.

Report 2

Our unit of service is participating in or witnessing the event in March.

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

50	50				100.00	Number of persons assisted with new access to a service.
0	0				0.00	Number of persons assisted with improved access to a service.
0	0				0.00	Number of persons assisted who no longer have access to a substandard service.
50.00	50.00	0.00	0.00	0.00	100.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1

N/a

Report 2

n/a

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

n/a	0				0.00	Number of persons assisted with new access to a service.
n/a	0				0.00	Number of persons assisted with improved access to a service.
n/a	0				0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

Report 1

n/a

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

n/a	0				0.00	Number of persons assisted with new access to a service.
n/a	0				0.00	Number of persons assisted with improved access to a service.
n/a	0				0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1

N/a

Report 2

Please note: As we are a parent-run organization, we do not legally have access to the type of demographic information you are asking for in questions 12 and 13. When I tried to enter n/a, the system wouldn't save my report. Therefore, I am entering "0" for each category this time. That doesn't mean we have served zero students in these categories. it means we odn't know.

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

n/a

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

n/a

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

n/a

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

n/a

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

n/a

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Dublin Partnerships in Education DPIE City of Dublin Community Grant

Official Amount

\$ 12,000.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

This is a request for an Operational Grant to help DPIE continue the work described in our Four Pillars of Service (also known as CARE Grants): 1. Career Exploration; 2. Arts –both visual and Performing Art;3. Resources for Educators; and 4. Educational S

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

9200 Students and their families

Name and Title of Person Completing Report:

Report 1

Susan Campbell

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Program Title:

Report 1

Executive Director

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Telephone:

Report 1

925- 822-2551 Ext. 5435

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

E-Mail:

Report 1

susanconnection@gmail.com

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the qualify of life for Dublin residents?

Report 1

Dublin Partners in Education was able to operate and staff 4 part-time employees Monday through Friday to provide personnel to develop and complete programs for students throughout the school district and to represent the education foundation with the business community in Dublin and the Tri-Valley region. In addition, with the growth of Dublin, the schools have become a focal point in the value of the city of Dublin in relationship to the business community and property values.

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

9151					9,151.00	Total Program
------	--	--	--	--	----------	---------------

All					0.00	Participants Total Dublin residents
9,151.00	0.00	0.00	0.00	0.00	9,151.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

The Operational Grant allows us to maintain (4) regular part-time employees who fund raise, create and administer programs for students throughout the school district, create partnerships between the business, educational and city leadership communities. We were able to represent the Foundation and Dublin in the Tri-Valley. DPIE has a successful STEM Academy for students who wish to pursue more rigorous classes during the summer. DPIE pays monthly rent and utilities for our office space so as to solidify our status as an independent, private organization. Efficiently operating a STEM Academy requires specialized computer programs, which are very expensive. We also offer Scholarships to underserved youth in both the Academy and in our GearUP - Workforce Boot Camp. Our funding of Challenge Day has given the young adults in the community an opportunity to deal with and prevent mental health and bullying issues.

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

9151					9,151.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
881					881.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are

considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

0					0.00
---	--	--	--	--	------

10,032.00	0.00	0.00	0.00	0.00	10,032.00
-----------	------	------	------	------	-----------

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

N/A					0.00
-----	--	--	--	--	------

Low Income (50% to 80% Median)

N/A					0.00
-----	--	--	--	--	------

Very Low Income (30% to 50% Median)

N/A					0.00
-----	--	--	--	--	------

Extremely Low Income (<30% Median)

0.00	0.00	0.00	0.00	0.00	0.00
------	------	------	------	------	------

SUBTOTAL

N/A					0.00
-----	--	--	--	--	------

Seniors (62 and older)

N/A					0.00
-----	--	--	--	--	------

Disabled

N/A					0.00
-----	--	--	--	--	------

Female-Headed Households

0.00	0.00	0.00	0.00	0.00	0.00
------	------	------	------	------	------

TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

N/A					0.00
-----	--	--	--	--	------

White

N/A					0.00
-----	--	--	--	--	------

White + HISPANIC

N/A					0.00
-----	--	--	--	--	------

Black/African American

N/A					0.00
-----	--	--	--	--	------

Black/African American + HISPANIC

N/A					0.00
-----	--	--	--	--	------

Asian

N/A					0.00
-----	--	--	--	--	------

Asian + HISPANIC

N/A					0.00
-----	--	--	--	--	------

American Indian/Alaskan Native

N/A					0.00	American Indian/Alaskan Native + HISPANIC
N/A					0.00	Native Hawaiian/Other Pacific Islander
N/A					0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
N/A					0.00	American Indian/ Alaskan Native and White
N/A					0.00	American Indian/ Alaskan Native and White + HISPANIC
N/A					0.00	Asian and White
N/A					0.00	Asian and White + HISPANIC
N/A					0.00	Black/African American and White
N/A					0.00	Black/African American and White + HISPANIC
N/A					0.00	American Indian/Alaskan Native and Black/African American
N/A					0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
N/A					0.00	Other/Multi Racial
N/A					0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1

N/A

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

N/A					0.00	Number of persons assisted with new access to a service.
N/A					0.00	Number of persons assisted with improved access to a service.
N/A					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1
N/A

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

N/A					0.00	Number of persons assisted with new access to a service.
N/A					0.00	Number of persons assisted with improved access to a service.
N/A					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

Report 1
N/A

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

N/A					0.00	Number of persons assisted with new access to a service.
N/A					0.00	Number of persons assisted with improved access to a service.
N/A					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1
N/A

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1
-no answer-

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4
-no answer-

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1
-no answer-

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

**Easter Seals Bay Area
Zach Lupton**

Official Amount

\$ 5,000.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

The Kaleidoscope program focuses on developing interpersonal communication, social, and independent living skills through participation in community based, athletic, pre-vocational, and recreational activities.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

9

Name and Title of Person Completing Report:

Report 1
-no answer-

Report 2
Zach Lupton

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Program Title:

Report 1
-no answer-

Report 2
Site Supervisor

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Telephone:

Report 1
-no answer-

Report 2
925-828-8857

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

E-Mail:

Report 1
-no answer-

Report 2
zlupton@esba.org

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1
-no answer-

Report 2
This currently project addressing the community needs and improves quality of life for Dublin residents as we provide direct care for special needs participants. Not only are we serving the participant, we are assisting their family members so they can work, attend school, run errands, attend to the care of everyday lives all while their son/daughter is being cared for in a safe and trusted location.

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

	40				40.00	Total Program Participants
--	----	--	--	--	-------	----------------------------

	9				9.00	Total Dublin residents
0.00	49.00	0.00	0.00	0.00	49.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

-no answer-

Report 2

Goals within the application have been met as Lead Teachers have planned calendars, written ISP's, attended IEP meetings, and have provided direct care to the program's participants.

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

	9				9.00
	0				0.00

A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
 B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated)
 [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new

unduplicated clients who were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

		0				0.00
0.00	9.00	0.00	0.00	0.00	0.00	9.00

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

		1				1.00	Low Income (50% to 80% Median)
		1				1.00	Very Low Income (30% to 50% Median)
		0				0.00	Extremely Low Income (<30% Median)
0.00	2.00	0.00	0.00	0.00	0.00	2.00	SUBTOTAL
		0				0.00	Seniors (62 and older)
		0				0.00	Disabled
		1				1.00	Female-Headed Households
0.00	3.00	0.00	0.00	0.00	0.00	3.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

		6				6.00	White
		2				2.00	White + HISPANIC
						0.00	Black/African American
						0.00	Black/African American + HISPANIC
		1				1.00	Asian
						0.00	Asian + HISPANIC
						0.00	American Indian/Alaskan Native
						0.00	American Indian/Alaskan Native + HISPANIC

					0.00	Native Hawaiian/Other Pacific Islander
					0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
					0.00	American Indian/ Alaskan Native and White
					0.00	American Indian/ Alaskan Native and White + HISPANIC
					0.00	Asian and White
					0.00	Asian and White + HISPANIC
					0.00	Black/African American and White
					0.00	Black/African American and White + HISPANIC
					0.00	American Indian/Alaskan Native and Black/African American
					0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
					0.00	Other/Multi Racial
					0.00	Other/Multi Racial + HISPANIC
0.00	9.00	0.00	0.00	0.00	9.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.); should match the unit of service stated in your Agreement/Contract.

- Report 1**
-no answer-
- Report 2**
Hours Provided
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

	9				9.00	Number of persons
--	---	--	--	--	------	-------------------

assisted with new access to a service.

Number of persons assisted with improved access to a service.

Number of persons assisted who no longer have access to a substandard service.

	0				0.00
--	---	--	--	--	------

	0				0.00
--	---	--	--	--	------

0.00	9.00	0.00	0.00	0.00	9.00	TOTAL
------	------	------	------	------	------	--------------

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter N/A);

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

Number of persons assisted with new access to a service.

Number of persons assisted with improved access to a service.

Number of persons assisted who no longer have access to a substandard service.

	N/A				0.00
--	-----	--	--	--	------

					0.00
--	--	--	--	--	------

					0.00
--	--	--	--	--	------

0.00	0.00	0.00	0.00	0.00	0.00	TOTAL
------	------	------	------	------	------	--------------

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter N/A);

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

	N/A				0.00	Number of persons assisted with new access to a service.
					0.00	Number of persons assisted with improved access to a service.
					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

-no answer-



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Eden I&R, Inc.
2-1-1 Alameda County Communications System

Official Amount

\$ 10,000.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

2-1-1 Alameda County is a free, 24/7, multilingual phone line that connects individuals and families (particularly low-income, at-risk people) with referrals to city and countywide health, housing & human service resources.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

Our goal is to assist 600 callers. It is not possible to discern whether all callers are unduplicated because callers often are rushed and only share their city of residency but may not provide additional demographic information.

Name and Title of Person Completing Report:

Report 1
Barbara Bernstein, Executive Director

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
Sarah Finnigan, Deputy Director

Program Title:

Report 1
2-1-1 Alameda County Communications System

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
2-1-1 Alameda County Communications System

Telephone:

Report 1
510-573-2710 x8

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
510-537-2710 x8

E-Mail:

Report 1
bbernstein@edenir.org

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
sfinnigan@edenir.org

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1
-no answer-

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
2-1-1 Alameda County assists the most vulnerable individuals and families residing in Dublin and is a resource for their advocates to help connect people with health, housing, and human services resources that help improve livelihoods. During FY 2015/2016, 2-1-1 operated 24 hours a day, seven days a week, and 365 days a year. 2-1-1 was available to all residents and employees of Alameda County, in multiple languages, by either dialing the easy to remember three-digit number, 2-1-1, or 1 (888) 886-9660. During the report period, 2-1-1 Alameda County handled 101,523 calls. Of the unduplicated 2-1-1 callers, 75% were female, 38% were living with a disability, and 27% were single mothers with a minor child. 2-1-1 offered 156,527 service/housing referrals between July 2015 and June 2016. Over half of all calls were related to emergency shelter and housing needs. Other top needs included information services, legal aid, food, individual and family support services, public assistance programs, utility assistance, substance abuse services, tax organizations and services, material goods, mental health evaluation and treatment.

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

				101523	101,523.00	Total Program Participants
				541	541.00	Total Dublin residents
0.00	0.00	0.00	0.00	102,064.00	102,064.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1
-no answer-

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
We successfully achieved our goal of serving as the point of access for Dublin residents and employees for referrals to health, housing, and human services resources, 24/7/365 days a year and in multiple languages. The Information Management Department maintained the health and human services database, consisting of 1,143 agencies and 2,918 free or low-cost program resources. To provide the most current and verified information to our callers, the Information Management Resource Specialists requested updates on all resources in the database and worked to verify annually resource information to provide accurate and comprehensive information on health, housing and human services programs. Additionally, the Housing Department maintained and updated regularly the housing database, containing 84,032 units of affordable housing units as of June 30, 2016. During the report period, 3,868 new units county-wide were added to the Housing Resource Database, greatly surpassing the goal of adding a minimum of 450 new units to the database. 2-1-1 staff participated in weekly in-service and training presentations throughout the year, inviting 22 community partners to present to 2-1-1 staff information about their services and resources. In addition to maintaining critical housing, health, and human services information in the two databases and operating the 24/7 call center, 2-1-1 staff assisted in promoting the 2-1-1 program to Dublin residents at resource fairs, including the Dublin Senior Center Fair, Dublin Health Fair, Dublin Pride Volunteer Day, and Emergency Management Professionals Disaster Summit, in addition to numerous other events and fairs within the Tri-valley area. By request, outreach materials were distributed to organizations and government agencies, including Dublin City Hall and the ALCO Emergency Managers Association. The impact of the 2-1-1 service is evident by the appreciative feedback gathered from callers and by the number of linkages made to services.

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

				600	600.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
--	--	--	--	-----	--------	--

B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

				541	541.00
--	--	--	--	-----	--------

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

				101523	101,523.00
--	--	--	--	--------	------------

0.00	0.00	0.00	0.00	102,664.00	102,664.00
------	------	------	------	------------	------------

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

				N/A	0.00
--	--	--	--	-----	------

Low Income (50% to 80% Median)

				N/A	0.00
--	--	--	--	-----	------

Very Low Income (30% to 50% Median)

				N/A	0.00
--	--	--	--	-----	------

Extremely Low Income (<30% Median)

0.00	0.00	0.00	0.00	0.00	0.00
------	------	------	------	------	------

SUBTOTAL

				N/A	0.00
--	--	--	--	-----	------

Seniors (62 and older)

				N/A	0.00
--	--	--	--	-----	------

Disabled

				N/A	0.00
--	--	--	--	-----	------

Female-Headed Households

0.00	0.00	0.00	0.00	0.00	0.00
------	------	------	------	------	------

TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

				N/A	0.00
--	--	--	--	-----	------

White

				N/A	0.00
--	--	--	--	-----	------

White + HISPANIC

				N/A	0.00	Black/African American
				N/A	0.00	Black/African American + HISPANIC
				N/A	0.00	Asian
				N/A	0.00	Asian + HISPANIC
				N/A	0.00	American Indian/Alaskan Native
				N/A	0.00	American Indian/Alaskan Native + HISPANIC
				N/A	0.00	Native Hawaiian/Other Pacific Islander
				N/A	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
				N/A	0.00	American Indian/ Alaskan Native and White
				N/A	0.00	American Indian/ Alaskan Native and White + HISPANIC
				N/A	0.00	Asian and White
				N/A	0.00	Asian and White + HISPANIC
				N/A	0.00	Black/African American and White
				N/A	0.00	Black/African American and White + HISPANIC
				N/A	0.00	American Indian/Alaskan Native and Black/African American
				N/A	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
				N/A	0.00	Other/Multi Racial
				N/A	0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.); should match the unit of service stated in your Agreement/Contract.

Report 1
-no answer-

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
N/A

Please complete the following table regarding the UNIT OF SERVICE listed above:

				N/A	0.00	Number of persons assisted with new access to a service.
				N/A	0.00	Number of persons assisted with improved access to a service.
				N/A	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1
-no answer-

Report 2
-no answer-

Report 3
-no answer-

Report 4
-no answer-

Report 5
N/A

Please complete the following table regarding the second UNIT OF SERVICE listed above:

				N/A	0.00	Number of persons assisted with new access to a service.
				N/A	0.00	Number of persons assisted with improved access to a service.
				N/A	0.00	Number of persons assisted who no longer have

access to a substandard service.

0.00	0.00	0.00	0.00	0.00	0.00	0.00	TOTAL
------	------	------	------	------	------	------	--------------

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter N/A);

- Report 1**
-no answer-
- Report 2**
-no answer-
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
N/A

Please complete the following table regarding the third UNIT OF SERVICE listed above:

				N/A	0.00	Number of persons assisted with new access to a service.
				N/A	0.00	Number of persons assisted with improved access to a service.
				N/A	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

- Report 1**
-no answer-
- Report 2**
-no answer-
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
N/A

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

- Report 1**
-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

2-1-1 Alameda County fulfills a critical need in our community: to link people to vital resources. Our dedicated and caring staff connects callers to resources that keep individuals and families housed, help children excel in school, and provide health assistance and food access to those most vulnerable in Alameda County. Our callers gain access to financial, job, education and other life skills to become, and remain, economically stable and self-sufficient. Through your generosity, Eden I&R continues to serve residents and service providers throughout Alameda County, including Dublin and the Tri-Valley area, and continues to build upon the foundation of our services so that we can better support the high call volume and respond to the always growing need for housing and human services resource referrals.

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

2-1-1 Alameda County provided Dublin callers referrals to housing, health and human services resources, 24/7/365 days a year and in multiple languages. Dublin residents and employees continued to benefit from 2-1-1's critical service during times of personal crisis and need. 2-1-1 handled 541 total calls from 144 Dublin client callers (Callers who declined to participate in the 2-1-1 call assessment are considered to be "general" callers and are not included in the "client caller" figure. 2-1-1 cannot determine whether or not general callers have called previously, but do capture that these callers identified themselves as living or residing in Dublin. Whenever possible, 2-1-1 Resource Specialists make every effort to complete full assessments with callers so that additional referrals may be offered, given the caller's unique circumstances, and additional information may be gathered and recorded to reference on future calls.)

Eden I&R's Information Management Department program added 75 new programs during FY 15/16. In addition to annual verifications, the Department updated records as needed throughout the year.

3,868 new units county-wide were added to the Housing Resource Database during FY15/16.

In addition to the attending resource fairs, staff participate at meetings with other service providers at numerous collaborative meetings and networking opportunities throughout Alameda County. Eden I&R staff represented the program and participated in Dublin-based meetings and drills related to disaster preparedness and response, including: Alameda County Emergency Managers' Association meetings and the Bay Area Business Continuity & Emergency Management Professionals Disaster Summit.

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

Eden I&R's quality assurance methods and processes align with national information and referral service delivery standards, as set by American Information and Referral Systems (AIRS). Eden I&R collects and analyzes a variety of service data including overall call volume, wait times, number of

calls handled per staff member, call volume at different times of day and days of the week, etc. Based upon this data, the agency makes adjustments as necessary to such things as staffing and break schedules, targeted outreach efforts etc. A critical objective measure of the impact of 2-1-1 is the statistical data that is collected from 2-1-1 callers at the end of each intake. Currently, 2-1-1 staff uses three methods for capturing caller feedback and statistical data. One is at the end of the initial call, the 2-1-1 Resource Specialist asks two questions related to the call:

1. Have you received enough information to help you with your search?
2. Is the information that you have received more helpful than what you have found elsewhere?

A second method is the caller is invited to leave a message on the caller feedback line. Callers who wish to leave such feedback are given the opportunity to leave an anonymous message on a separate line at the conclusion of their call. Third, at the end of each call, if appropriate (some callers are not asked because of the nature of the call, e.g., crisis call or calls for emergency assistance), callers are asked if 2-1-1 can conduct a follow-up call at a later date to inquire if the referrals were helpful to that caller. 2-1-1 staff conducts regular quality assurance follow-up calls to previous callers to inquire if they were successful in attaining the help they needed and if 2-1-1 may provide any additional referrals. The data collected from both the two quality assurance questions asked at the end of each 2-1-1 call as well as via follow-up calls assists in monitoring how satisfied callers are with our service and resource referrals.

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

The biggest challenge that we continue to face is funding to provide adequate staffing to be able to answer all calls and update resources more frequently in both our services and housing resources databases. Though our Phone Resource Specialists handle a high number of calls, 101,523 in FY 15/16, we are unable to answer 10%-12% each month of our incoming calls. Since 2-1-1 was launched in 2007, 2-1-1 Alameda County's call volume has grown from 10,000 calls a year to over 100,000 calls a year. Despite this huge increase, Eden I&R has not requested an increase of funding from any of the 14 cities or various county departments over the per capita amount set forth in the fair and equitable leveraged 2-1-1 funding plan that was established in Alameda County. Management staff are constantly working to try and increase our funding stream from diverse sources. The agency has hired a Development Consultant to assist with grant writing and seeking additional funding opportunities so that we may be able to hire additional staff to help cover the high call volume. With additional staff, we will be able to better meet all of our goals. We will be able to make more follow up calls to assess whether or not the service referrals were helpful as well as follow up with service providers/landlords more frequently to confirm if services/programs have changed and thus need to be updated in our databases. With full support from all cities and additional diversified funding, Eden I&R endeavors to gain the means to improve upon the percent of calls abandoned and increase overall 2-1-1 program capacity. Eden I&R appreciates City of Dublin's continued support for 2-1-1 Alameda County and for the city's assistance in helping us to achieve our goals.

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

Eden I&R relies upon its mutual and longstanding partnerships with landlords and services providers across Alameda County. The agency works directly with numerous organizations and participates in many collaborative groups. For example, the agency is one of nine Bay Area 2-1-1s partnering to develop mutual support systems and data sharing agreements; is an active member/participant of emergency preparedness and planning groups with the County's Office of Emergency Services and the Public Health Department, among others; is involved in EveryOne Home Ending Homelessness in Alameda County; the Workforce Development Board to serve unemployed callers; outreach for Medi-Cal; the County Probation Department to better serve reentry clients and help reduce recidivism rates; and EITC and CA Free Tax Assistance Events to provide callers information on free tax return preparation events. Eden I&R/2-1-1 Alameda County continued to collaborate with various community agencies and organizations to provide a number of programs designed to empower vulnerable populations and increase economic security; including conducting outreach for First 5's Help Me Grow (HMG) program by transferring parents to HMG to receive specialized information and referral for children age five and younger.

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

Dublin's funding was combined and leveraged with other public and private dollars that enabled 2-1-1 to handle a total of 101,523 calls from 20,685 unduplicated clients countywide during the FY 15/16 year. It is only through leveraged funding that 2-1-1 is able to maintain its 24/7, multilingual, service.

This funding for FY15/16 breaks down as follows:

City of Oakland 120,000

City of Alameda 22,000

City of Albany 5,000

City of Berkeley 35,000

City of Dublin 10,000

City of Emeryville 5,000

City of Fremont 10,840

City of Hayward 50,000

City of Livermore 15,000

City of Newark 15,000

City of Piedmont 5,000

City of Pleasanton 0*

City of San Leandro 25,000

City of Union City 10,000

*Due to a former employee's failure, this funding source was not awarded in FY 15/16. Pleasanton will be funding 2-1-1 in FY 16/17.

2-1-1 is currently funded by several county departments. These departments, and funding amounts, have varied since 2007 depending on contractual requirements, assorted needs of mutual clients, etc.:

Alameda County Behavioral Health \$60,000

Alameda County Probation Department \$35,000

Alameda County Social Services Agency \$150,379 (4 separate contracts)

Alameda County Workforce Investment Board \$25,000

Alameda County Public Health/MAA \$157,814 (invoiced for FY)

AC Transit \$120,000

Private Sector: In addition to support from individual donors and income from the sale of the Big Blue Book, 2-1-1 receives funding from assorted foundations and corporations:

AT&T \$1,000

Computers and Communications Industry Association \$20,000

Eden Area Foundation \$11,000

Eden Heath District \$14,000

Firedoll Foundation \$20,000

First 5 \$20,183

Fremont Bank \$10,000

Hitachi High Technologies \$2,500

PG&E \$25,000

Ross Dress for Less \$5,000

Safeway Foundation \$1,500

SanDisk \$15,000

Simpson Strong Tie \$2,500

StopWaste \$2,500

Thomas J Long Foundation \$100,000

United Way \$50,000

Walter and Elise Haas Foundation \$30,000

Wells Fargo \$2,500

Western Digital Foundation \$5,000



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Kidango, Inc.
Emerald Vista Enrichment Program

Official Amount

\$ 3,500.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

The Emerald Vista Enrichment Program will provide a range of enrichment workshops for low-income preschoolers. This will support Kindergarten-readiness and provide exciting avenues for academic, creative and physical development.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

Approximately 80 preschool children will be served by this project. A majority of these will be extremely or very low income (30-50% of median income).

Name and Title of Person Completing Report:

Report 1

-no answer-

Report 2

Pepyn van Houwelingen

Report 3

-no answer-

Report 4

-no answer-

Report 5

Izzy Goodwin

Program Title:

Report 1

-no answer-

Report 2

Emerald Vista Enrichment Program

Report 3

-no answer-

Report 4

-no answer-

Report 5

Emerald Vista Enrichment Program

Telephone:

Report 1

-no answer-

Report 2

510 897 6934

Report 3

-no answer-

Report 4

-no answer-

Report 5

5108976959

E-Mail:

Report 1

-no answer-

Report 2

pvanhouwelingen@kidango.org

Report 3

-no answer-

Report 4

-no answer-

Report 5

egoodwin@kidango.org

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

-no answer-

Report 2

The project will provide enrichment activities for low-income preschool children. This will aid in their development and enhance school-readiness when they enter Kidergarten. We will commence activities for this project during January-June 2016.

Report 3

-no answer-

Report 4

-no answer-

Report 5

Access to high quality early education programs for low-income families has many barriers. By providing workshops for preschool-aged children from low-income families, Kidango helped remove barriers to entry that exist when families wish to expose their children to early education programs but do not have the means. Kidango's workshops encouraged an environment for children to learn and explore, supported kindergarten readiness and provided avenues for academic, creative, and physical development.

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

	0			188	188.00	Total Program Participants
	0			77	77.00	Total Dublin residents
0.00	0.00	0.00	0.00	265.00	265.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

-no answer-

Report 2

N/A - project will commence soon.

Report 3

-no answer-

Report 4

-no answer-

Report 5

The workshops were a great success. Our attendance goal was reached, and the impact as stated in our goals was realized through workshops which provided high quality early learning experiences for children who otherwise would not have access to such programs.

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

	80			80	160.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
	0			77	77.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the

subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

	0			188	188.00
0.00	80.00	0.00	0.00	345.00	425.00

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

	0			29	29.00	Low Income (50% to 80% Median)
	0			39	39.00	Very Low Income (30% to 50% Median)
	0			9	9.00	Extremely Low Income (<30% Median)
0.00	0.00	0.00	0.00	77.00	77.00	SUBTOTAL
	0				0.00	Seniors (62 and older)
	0				0.00	Disabled
	0				0.00	Female-Headed Households
0.00	0.00	0.00	0.00	77.00	77.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

	0			29	29.00	White
					0.00	White + HISPANIC
				17	17.00	Black/African American
					0.00	Black/African American + HISPANIC
				30	30.00	Asian
					0.00	Asian + HISPANIC
					0.00	American Indian/Alaskan Native

					0.00	American Indian/Alaskan Native + HISPANIC
				1	1.00	Native Hawaiian/Other Pacific Islander
					0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
					0.00	American Indian/ Alaskan Native and White
					0.00	American Indian/ Alaskan Native and White + HISPANIC
					0.00	Asian and White
					0.00	Asian and White + HISPANIC
					0.00	Black/African American and White
					0.00	Black/African American and White + HISPANIC
					0.00	American Indian/Alaskan Native and Black/African American
					0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
					0.00	Other/Multi Racial
					0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	77.00	77.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1

-no answer-

Report 2

enrichment workshops

Report 3

-no answer-

Report 4

-no answer-

Report 5

Kidango utilized workshops to enrich the lives of low income children.

Please complete the following table regarding the UNIT OF SERVICE listed above:

	0			188	188.00	Number of persons assisted with new access to a service.
	0				0.00	Number of persons assisted with improved access to a service.
	0				0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	188.00	188.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

- Report 1**
-no answer-
- Report 2**
N/A
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
N/A

Please complete the following table regarding the second UNIT OF SERVICE listed above:

	0			N/A	0.00	Number of persons assisted with new access to a service.
					0.00	Number of persons assisted with improved access to a service.
					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

- Report 1**
-no answer-
- Report 2**
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
N/A

Please complete the following table regarding the third UNIT OF SERVICE listed above:

	0			N/A	0.00	Number of persons assisted with new access to a service.
					0.00	Number of persons assisted with improved access to a service.
					0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1
-no answer-

Report 2
Apologies for the delay in submitting this report - a notification email from our system was not sent where it should have been. This has been addressed internally. In addition, we are looking forward to starting with delivery of the workshops.

Report 3
-no answer-

Report 4
-no answer-

Report 5
No additional comments.

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
Kidango sought to provide workshops for low-income children to provide access to high-quality learning environments that would typically not be accessible to children from low-income families. This original purpose was met.

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

The workshops provided free access to a high quality learning environment. The curriculum encouraged children to learn and explore, with a focus on helping the children establish a foundation on which to enter kindergarten. By prioritizing adult-children interactions, exploration, and creativity, children were provided the tools required for a lifetime of learning that begins in kindergarten and lasts throughout adulthood.

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Kidango is very proud of the workshops made possible through the Community Grants program. We are pleased to report that we achieved our attendance goal. Additionally, by preparing students for kindergarten, we have played a role in helping ensure their success as students in the first few years of school, all the way through graduation.

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Kidango did not encounter any problems or delays with this project.

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

We did not collaborate with other agencies.

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

We did not utilize any other sources of funding.



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Open Heart Kitchen Dublin Meal Programs

Official Amount

\$ 12,600.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

We are seeking funding for the three Dublin meal programs. The hot meal program, the senior meal program, and the children's weekend box lunch program. Dublin Funds will be used for direct meal cost.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

350 to 400 clients

Name and Title of Person Completing Report:

Report 1

Linda McKeever Executive Director

Report 2

Linda McKeever

Report 3

Linda McKeever Executive Director

Report 4

Linda McKeever Executive Director

Report 5

-no answer-

Program Title:

Report 1

Dublin Meal Programs

Report 2

Executive Director

Report 3

Dublin meal program

Report 4

Dublin meal program

Report 5

-no answer-

Telephone:

Report 1

925 580 1616

Report 2

925 580 1616

Report 3

925 580 1616

Report 4

925 580 1616

Report 5

-no answer-

E-Mail:

Report 1

executivedirector@openheartkitchen.org

Report 2

executivedirector@openheartkitchen.org

Report 3

executivedirector@openheartkitchen.org

Report 4

executivedirector@openheartkitchen.org

Report 5

-no answer-

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

Open Heart Kitchen served nutritious hot meals to low income residents of Dublin and Weekend Box Lunches to low income Dublin children in Dublin schools and low income residents of the Groves and camellia Place (new program) This reporting period Served a total of 1,768 hot meals and 5960 box lunches. This year we also added the senior meal program in Dublin. we served 1,657 senior meals. total Dublin meals. 9385

Report 2

Open Heart Kitchen served nutritious hot meals to low income residents of Dublin and Weekend Box Lunches to low income Dublin children in Dublin schools and low income residents of the Groves and camellia Place (new program) This reporting period Served a total of 1,678 hot meals and 10,840 box lunches and we served 1,625 senior meals. total Dublin meals. 14,143 this reporting period.

Report 3

Open Heart Kitchen served nutritious hot meals to low income residents of Dublin and Weekend Box Lunches to low income Dublin children in Dublin schools and low income residents of the Groves and camellia Place (new program) This reporting period Served a total of 1,634 hot meals and 12,188 box lunches and we served 2,013 senior meals. total Dublin meals. 15,835 this reporting period.

Report 4

Open Heart Kitchen served nutritious hot meals to low income residents of Dublin and Weekend Box Lunches to low income Dublin children in Dublin schools and low income residents of the Groves and camellia Place (new program) This reporting period Served a total of 1,310 hot meals and 12,022 box lunches and we served 2,093 senior meals. total Dublin meals. 15,425 this reporting period.

Report 5

-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

489	515	387	325		1,716.00	Total Program Participants
446	485	319	307		1,557.00	Total Dublin residents
935.00	1,000.00	706.00	632.00	0.00	3,273.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

We successfully served 9385 meals to those in need. Through proper nutrition we help improve the quality of life and the overall health of the Dublin community. Through volunteer opportunities in our programs we bring the community together showing compassion for their fellow Dublin neighbors.

Report 2

We successfully served 14,143 meals to those in need. Through proper nutrition we help improve the quality of life and the overall health of the Dublin community. Through volunteer opportunities in our programs we bring the community together showing compassion for their fellow Dublin neighbors

Report 3

We successfully served 15,835 meals to those in need. Through proper nutrition we help improve the quality of life and the overall health of the Dublin community. Through volunteer opportunities in our programs we bring the community together showing compassion for their fellow Dublin neighbors

Report 4

We successfully served 15,425 meals to those in need. Through proper nutrition we help improve the quality of life and the overall health of the Dublin community. Through volunteer opportunities in our programs we bring the community together showing compassion for their fellow Dublin neighbors

Report 5

-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

400	400	400	400		1,600.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
446	79	57	28		610.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter

report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

489	120	93	39		741.00
1,335.00	599.00	550.00	467.00	0.00	2,951.00

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

82	20	17	9		128.00	Low Income (50% to 80% Median)
285	33	20	15		353.00	Very Low Income (30% to 50% Median)
79	26	20	4		129.00	Extremely Low Income (<30% Median)
446.00	79.00	57.00	28.00	0.00	610.00	SUBTOTAL
236	40	15	10		301.00	Seniors (62 and older)
11	5	2	1		19.00	Disabled
32	19	5	2		58.00	Female-Headed Households
725.00	143.00	79.00	41.00	0.00	988.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

122	14	15	6		157.00	White
60	12	7	2		81.00	White + HISPANIC
10	2				12.00	Black/African American
					0.00	Black/African American + HISPANIC
75	17	17	6		115.00	Asian
					0.00	Asian + HISPANIC

					0.00	American Indian/Alaskan Native
					0.00	American Indian/Alaskan Native + HISPANIC
					0.00	Native Hawaiian/Other Pacific Islander
					0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
7					7.00	American Indian/ Alaskan Native and White
					0.00	American Indian/ Alaskan Native and White + HISPANIC
49			4		53.00	Asian and White
					0.00	Asian and White + HISPANIC
					0.00	Black/African American and White
					0.00	Black/African American and White + HISPANIC
					0.00	American Indian/Alaskan Native and Black/African American
					0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
96	31	12	10		149.00	Other/Multi Racial
27	3	6			36.00	Other/Multi Racial + HISPANIC
446.00	79.00	57.00	28.00	0.00	610.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1
Meals served

Report 2
meals served

Report 3
Meals served

Report 4
meals served

Report 5
-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

446	0	0	0		446.00	Number of persons assisted with new access to a service.
446	0	0	0		446.00	Number of persons assisted with improved access to a service.
0	0	0	0		0.00	Number of persons assisted who no longer have access to a substandard service.
892.00	0.00	0.00	0.00	0.00	892.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter N/A):

Report 1

n/a

Report 2

N/A

Report 3

N/A

Report 4

N/A

Report 5

-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

N/A	0	0	0		0.00	Number of persons assisted with new access to a service.
N/A	0	0	0		0.00	Number of persons assisted with improved access to a service.
N/A	0	0	0		0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter N/A):

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

N/A

Report 5

-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

N/A	0	0	0		0.00	Number of persons assisted with new access to a service.
N/A	0	0	0		0.00	Number of persons assisted with improved access to a service.
N/A	0	0	0		0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1

on question # 11 the clients is based on hot meals and senior meals only it does not include our Dublin box lunch totals.

Here is the complete break down. during this service period we served 1768 hot meals to 210 clients. Senior meal program we served 1657 senior meals to 236 senior clients. Children box lunch program in Dublin we served 5960 lunches to 1986 children. During this school year we are serving 5960 bag lunches with two lunches in a bag each week to six Dublin schools.

on question 7 this does not include box lunch

Report 2

on question # 11 the clients is based on hot meals and senior meals only it does not include our Dublin box lunch totals.

Here is the complete break down. during this service period we served 1678 hot meals to 160 clients. Senior meal program we served 1625 senior meals to 189 senior clients. Children box lunch program in Dublin we served 5960 lunches to 1986 children. During this school year we are serving 10,840 bag lunches with two lunches in a bag each week to six Dublin schools. we serve over 400 Dublin children each Friday.

on question 7 this does not include box lunch

Report 3

on question # 11 the clients is based on hot meals and senior meals only it does not include our Dublin box lunch totals.

Here is the complete break down. during this service period we served 1634 hot meals to 129 clients. Senior meal program we served 2013 senior meals to 190 senior clients. Children box lunch program in Dublin we served 12,188 lunches , we serve over 400 Dublin children each Friday

on question 7 this does not include box lunch

Report 4

on question # 11 the clients is based on hot meals and senior meals only it does not include our Dublin box lunch totals.

Here is the complete break down. during this service period we served 1310 hot meals to 89 clients. Senior meal program we served 2093 senior meals to 190 senior clients. Children box lunch program in Dublin we served 1310 lunches , we serve over 400 Dublin children each Friday

on question 7 this does not include box lunch

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1
N/A

Report 2
N/A

Report 3
N/A

Report 4
The Goal was to feed healthy meals to low income residents in Dublin. The funds have all been spent and the goal was met.

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1
N/A

Report 2
N/A

Report 3
N/A

Report 4
Our programs continue to grow with the needs of the community. We work with the local social service agencies and school district to access the community need for healthy meals for the low income population of Dublin. The senior meal program continues to grow meeting the nutritional need of seniors. We will be dropping off weekend box lunches to Dublin school children at the Groves, Camilla Place and the summer school locations.

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1
N/A

Report 2
N/A

Report 3
N/A

Report 4
We feel the program was a success. We measure success in two ways: Have we met the meal goal for units of service and are we within budget. We successfully exceeded the meal count goal and we stayed within budget.
We are now serving the weekend box lunch program all summer long.
So we feel we are meeting the goals by expanding our service to match the Dublin community needs.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

We have not had major problem with the program. The largest issue is transportation to the programs for clients and we continue to work with wheels and our clients on this issue.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

Local Food Pantries, Church Groups, Dublin Senior Center, Local volunteers and corporate volunteers. The local community is very involved with our programs they provide volunteers, local food drives and funding.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

We use our General donations for the Dublin Programs. This includes corporate grant, Foundation Grants, individual donations, Churches, Community Groups, special events, and for the senior program funding from Alameda Aging Agency.

Report 5

-no answer-



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Senior Support Program of the Tri Valley Case Management

Official Amount

\$ 11,646.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

The Case Management Team develops individual plans, implements, coordinates, monitors and evaluates the options and services required to meet seniors' health and human service needs, promoting quality and cost effective interventions and outcomes.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

We anticipate serving 57 unduplicated Dublin clients with this funding.

Name and Title of Person Completing Report:

Report 1

Marlene Petersen

Report 2

Marlene Petersen, Executive Director

Report 3

Marlene Petersen, Executive Director

Report 4

Marlene Petersen, Executive Director

Report 5

-no answer-

Program Title:

Report 1

Executive Director

Report 2

Case Management

Report 3

Case Management

Report 4

Case Management

Report 5

-no answer-

Telephone:

Report 1
925-931-5378

Report 2
925-931-5378

Report 3
925-931-5378

Report 4
925-931-5378

Report 5
-no answer-

E-Mail:

Report 1
mpetersen@ssptv.org

Report 2
mpetersen@ssptv.org

Report 3
mpetersen@ssptv.org

Report 4
mpetersen@ssptv.org

Report 5
-no answer-

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

The case management program successfully responds to unmet community needs by serving as a one-stop-resource shop. With the addition of senior housing in Dublin, our case managers have received more and more requests for services. We found more seniors in Dublin speak Mandarin or Cantonese, thus we have staff/volunteers to help interpret and provide services. Our case managers continue to receive referrals of isolated, low-income seniors who do not have many friends or family in the area. For example, Mr. R is an existing client who called very upset at noon on a Friday, stating his senior housing site manager told Mr. R he would be evicted at 2 PM that day for a rent check (from 3 months ago) that bounced. Mr. R had no idea the check bounced and does not have any family/friends in the area who could help figure out what to do next. Thus, a case manager went to Mr. R's apartment immediately, where they approached staff. The site manager was in a meeting, but it was evident the eviction notice was not in writing. The case manager facilitated a negotiation, where Mr. R would write a check on-the-spot for half the amount due and write another check for the remaining balance when he received his next social security payment. This event was very upsetting and confusing to Mr. R, but he was so relieved once the case manager helped him navigate this situation. Mr. R is very happy in his home and appreciates that he can call a case manager for guidance.

Case managers are key in identifying, coordinating, and carrying out appropriate services to meet seniors' needs. We continue to see an increasing need is requests to help manage needs for loved ones diagnosed with Parkinson's and/or dementia/Alzheimer's. Senior Support runs a Caregiver Program and support groups, which provide resources and assistance specifically catering to the needs of caregivers to Tri-Valley seniors.

Report 2

Case Management successfully responds to unmet community needs by connecting seniors to the resources/assistance they need to thrive. This quarter, we especially saw an increase in isolated, low-income seniors experiencing complex medical issues and in need of case management. For example, Ms. P is a 78-year-old Dublin resident, living in a senior housing complex, who has lost all of her family, friends, and boyfriend to cancer. Unfortunately, Ms. P was diagnosed with stage 4 cancer in October; she was given 1 year to live. A case manager coordinated and drove Ms. P to her doctor appointments. The case manager also helped Ms. P make comprehensive end-of-life arrangements, including plans for her beloved pet cat. The case manager discovered and drove Ms. P to a free wig-fitting/giveaway and makeover session for cancer patients; this truly brightened Ms. P's spirits during a difficult time. Low and behold, Ms. P's doctor tried a new, experimental, oral chemo medicine for Ms. P; her tumor markers have shrunk! She is now able to

function independently, does not have to go to the hospital for chemo treatment, and is expected to live at least 5 more years. Ms. P feels so appreciative of this turn of events and for her case manager, who continues to walk her through every step of this journey. Ultimately, case management has proven to be key in identifying, coordinating, and carrying out appropriate services to meet seniors' needs.

Report 3

Case Management successfully responds to unmet community needs by connecting seniors to the resources/assistance they need to thrive. This quarter, we especially saw an increase in low-income seniors struggling with complex financial issues. Ms. Y is an existing, seventy-eight-year-old client who lives independently in Dublin. Without any friends or family in the area, Ms. Y turned to her case manager for advice. Her case manager discovered Ms. Y's landlord was financially taking advantage of Ms. Y, leaving her with very little money to live on and feeling overwhelmed. Her case manager was able to get a Power of Attorney (POA) in place and have a "cease and desist" letter sent to the landlord. This has lifted a huge burden off Ms. Y and solved the issue. Her case manager now assists in managing her bills and making trips to the bank. Ms. Y's financial situation is stable, and she looks forward to focusing on improving her health, which she was simply too overwhelmed to deal with before. The case manager referred Ms. Y to our nutrition and in-home exercise programs to help Ms. Y set realistic health goals. This is just one example of how case management is key in identifying, coordinating, and carrying out appropriate services to meet seniors' needs.

Report 4

Case Management successfully responds to unmet community needs by connecting seniors to the resources/assistance they need to thrive. This quarter, we especially saw an increase in low-income seniors dealing with language barriers. Ms. J was referred to Senior Support by a social worker at UCSF; her husband underwent major surgery for cancer and was in need of support to recover at home. While Ms. J understands some English, her husband only speaks Mandarin; thus, our case manager and Mandarin-interpreter met with the couple at their apartment. We learned Ms. J has several of her own health issues, making it nearly impossible for her to keep up with caring for her husband. The case manager was able to help the couple apply for and receive a caregiver as well as apply for CalFresh. Ms. J was also referred to group exercise, where she enjoys a small break from her caregiver role and feels this is improving her blood pressure. The case manager also referred the couple to nutrition consults in Mandarin, which have been beneficial for both. Ms. J's husband is recovering as expected, and Ms. J feels relieved to have much needed help. This is just one example of how case management is key in identifying, coordinating, and carrying out appropriate services to meet seniors' needs.

Report 5

-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

35	20	23	18		96.00	Total Program Participants
35	20	23	18		96.00	Total Dublin residents
70.00	40.00	46.00	36.00	0.00	192.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

Our case managers continue to make a difference in the lives of the seniors we serve. Senior Support Program of the Tri-Valley (SSPTV) provides greatly needed services to our clients. Our seniors' needs continue to grow and become more complex as they age in our community. This quarter, SSPTV case managers served 11 new seniors with full case management and 24 seniors with one-time-serves, totaling 35 seniors. We also provided information and referral to approximately 82 Dublin residents and provided 82 information and referral calls.

Success in case management is defined by the improvement in the quality of life for the seniors who have received our services. This improvement may be evident in a cleaner living environment or simply in the relationship forged between the case manager and senior client. Case management is all about small successes. Our primary function is to provide seniors the tools and support that will enable them to make the choices necessary to maintain their independence, improve their quality of life and ensure their safety and well being with dignity. This program's success can be measured by the fact that all seniors served this quarter were provided with one or more services to assist them in remaining independent.

Report 2

Our case managers continue to make a difference in the lives of the seniors we serve. Senior Support Program of the Tri-Valley (SSPTV) provides greatly needed services to our clients. Our seniors' needs continue to grow and become more complex as they age in our community. This quarter, SSPTV case managers served 9 new seniors with full case management and 12 seniors with one-time-serves, totaling 20 seniors. We also provided 131 contacts, which include calls to seniors, home visits, and/or directly contacting resources for clients.

Success in case management is defined by improvement in the quality of life for the seniors who have received our services. This improvement may be evident in a cleaner living environment or simply in the relationship forged between the case manager and senior client. Case management is all about small successes. However, sometimes we see huge life changes, like in Ms. P's case; with case management, Ms. P was able to manage her cancer diagnosis, punctually attend her appointments, and provided the opportunity at an experimental treatment that has extended her life by 4 extra years. Ultimately, our primary function is to provide seniors the tools and support enabling them to make the choices necessary to maintain their independence, improve their quality of life and ensure their safety and well being with dignity.

This program's success can also be measured by the fact that all seniors served this quarter were provided with one or more services to assist them in remaining independent. Just one tool, whether this is completing the process to receive a caregiver or resolving a medical billing issue placing the client in debt, can make all the difference.

Report 3

Our case managers continue to make a difference in the lives of the seniors we serve. Senior Support Program of the Tri-Valley (SSPTV) provides greatly needed services to our clients. Our seniors' needs continue to grow and become more complex as they age in our community. This quarter, SSPTV case managers served 5 new seniors with full case management and 18 seniors with one-time-serves, totaling 23 seniors. We also provided 105 contacts, which include calls to seniors, home visits, and/or directly contacting resources for clients.

Success in case management is defined by improvement in the quality of life for the seniors who have received our services. This improvement may be evident in a cleaner living environment or simply in the relationship forged between the case manager and senior client. Case management is all about small successes. However, sometimes we see huge life changes, like in Ms. P's case; with case management, Ms. P was able to manage her cancer diagnosis, punctually attend her appointments, and provided the opportunity at an experimental treatment that has extended her life by 4 extra years. Ultimately, our primary function is to provide seniors the tools and support enabling them to make the choices necessary to maintain their independence, improve their quality of life and ensure their safety and well being with dignity.

This program's success can also be measured by the fact that all seniors served this quarter were provided with one or more services to assist them in remaining independent. Just one tool, whether this is completing the process to receive a caregiver or resolving a medical billing issue placing the client in debt, can make all the difference.

Report 4

Our case managers continue to make a difference in the lives of the seniors we serve. Senior Support Program of the Tri-Valley (SSPTV) provides greatly needed services to our clients. Our seniors' needs continue to grow and become more complex as they age in our community. This quarter, SSPTV case managers served 8 new seniors with full case management and 10 seniors with one-time-serves, totaling 18 seniors. We also provided 204 contacts, which include calls to seniors, home visits, and/or directly contacting resources for clients.

Success in case management is defined by improvement in the quality of life for the seniors who have received our services. This improvement may be evident in a cleaner living environment or simply in the relationship forged between the case manager and senior client. Case management is all about small successes. However, sometimes we see huge life changes. Ultimately, our primary function is to provide seniors the tools and support enabling them to make the choices necessary to maintain their independence, improve their quality of life and ensure their safety and well being with dignity.

This program's success can also be measured by the fact that all seniors served this quarter were provided with one or more services to assist them in remaining independent. Just one tool, whether this is completing the process to receive a caregiver or resolving a medical billing issue placing the client in debt, can make all the difference.

Report 5

-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

		27	27	27		81.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
	11	9	5	8		33.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated)

[NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

11	0	0	0		11.00
22.00	36.00	32.00	35.00	0.00	125.00

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

1	1	1	1		4.00	Low Income (50% to 80% Median)
4	5	3	4		16.00	Very Low Income (30% to 50% Median)
6	3		3		12.00	Extremely Low Income (<30% Median)
11.00	9.00	4.00	8.00	0.00	32.00	
					SUBTOTAL	
11	9	5	8		33.00	Seniors (62 and older)
11	9	5			25.00	Disabled
5	3	4	6		18.00	Female-Headed Households
38.00	30.00	18.00	22.00	0.00	108.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

5	8	2	6		21.00	White
1			1		2.00	White + HISPANIC
2	1				3.00	Black/African American
					0.00	Black/African American + HISPANIC
3		2			5.00	Asian

					0.00	Asian + HISPANIC
					0.00	American Indian/Alaskan Native
					0.00	American Indian/Alaskan Native + HISPANIC
					0.00	Native Hawaiian/Other Pacific Islander
					0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
					0.00	American Indian/ Alaskan Native and White
					0.00	American Indian/ Alaskan Native and White + HISPANIC
					0.00	Asian and White
					0.00	Asian and White + HISPANIC
					0.00	Black/African American and White
					0.00	Black/African American and White + HISPANIC
					0.00	American Indian/Alaskan Native and Black/African American
					0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
		1	1		2.00	Other/Multi Racial
					0.00	Other/Multi Racial + HISPANIC
11.00	9.00	5.00	8.00	0.00	33.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1
visits/contacts

Report 2
visits/contacts

Report 3
visits/contacts

Report 4
visits/contacts

Report 5

-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

11	9	5	8		33.00	Number of persons assisted with new access to a service.
	9	N/A	0		9.00	Number of persons assisted with improved access to a service.
	N/A	N/A	0		0.00	Number of persons assisted who no longer have access to a substandard service.
11.00	18.00	5.00	8.00	0.00	42.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

- Report 1**
One-time-only
- Report 2**
one-time-only
- Report 3**
one-time-only
- Report 4**
one-time-only
- Report 5**
-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

24	12	18	10		64.00	Number of persons assisted with new access to a service.
	12	N/A			12.00	Number of persons assisted with improved access to a service.
	N/A	N/A			0.00	Number of persons assisted who no longer have access to a substandard service.
24.00	24.00	18.00	10.00	0.00	76.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

N/A

Report 5

-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

N/A	N/A	N/A	N/A		0.00	Number of persons assisted with new access to a service.
N/A	N/A	N/A	N/A		0.00	Number of persons assisted with improved access to a service.
N/A	N/A	N/A	N/A		0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1

We are very thankful to have Dublin's support and this funding, which allows us to deliver essential services.

Due to seniors' requests, we have continued a group exercise class at Carlow Court in Dublin. We continue to receive case management requests from participants, especially those who speak Mandarin. Fortunately, we have staff, volunteers and fellow participants who are able to help interpret information. This class has provided a great platform for Dublin seniors to learn about Senior Support's programs, and we anticipate receiving more requests for case management services.

Report 2

We are very thankful to have Dublin's support and this funding, which allows us to deliver essential services.

Due to seniors' requests, we have continued a group exercise class at Carlow Court in Dublin. We continue to receive case management requests from participants, especially those who speak Mandarin. Fortunately, we have staff, volunteers and fellow participants who are able to help interpret information. This class has provided a great platform for Dublin seniors to learn about Senior Support's programs, and we anticipate receiving more requests for case management services.

Report 3

In number 7, the total of 23 Dublin seniors served consists of 5 seniors receiving full case management and 18 seniors receiving one-time-only case management services.

We are very thankful to have Dublin's support and this funding, which allows us to deliver essential services.

Due to seniors' requests, we started a brand new tai chi class at Carlow Court in Dublin this quarter. We have received case management requests from participants, especially those who speak Mandarin. Fortunately, we have staff, volunteers and fellow participants who are able to help interpret information. This class has provided yet another great platform for Dublin seniors to learn about Senior Support's programs, and we anticipate receiving more requests for case management services.

Report 4

In number 7, the total of 18 Dublin seniors served consists of 8 seniors receiving full case management and 10 seniors receiving one-time-only case management services.

We are very thankful to have Dublin's support and this funding, which allows us to deliver essential services.

Due to seniors' requests, we started a brand new tai chi class at Carlow Court in Dublin this quarter. We have received case management requests from participants, especially those who speak Mandarin. Fortunately, we have staff, volunteers and fellow participants who are able to help interpret information. This class has provided yet another great platform for Dublin seniors to learn about Senior Support's programs, and we anticipate receiving more requests for case management services.

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1
N/A

Report 2
N/A

Report 3
N/A

Report 4
The original purpose for the case management program was to deliver free, comprehensive services to seniors aged 60 and older in Dublin to foster independence, promote safety and well-being, preserve dignity, and improve quality of life. With our case management department and support from over 125 volunteers, we are able to carry out this goal.

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1
N/A

Report 2
N/A

Report 3
N/A

Report 4
Senior Support's case management team has helped coordinate several volunteer events. For instance, the Dublin Rotary project helped seniors with tasks they could not safely accomplish on their own. Various companies, church groups, and other generous community members volunteered their time to assist with household tasks. From cleaning windows and gutters to removing weeds from a hilly backyard, these events successfully responded to older adults' needs. Connecting seniors to resources within their community is one way we help meet their needs. Additionally, our case management team must come up with creative assistance methods customized for each senior. For example, Ms. H is a low-income senior living in Dublin with multiple chronic health conditions, including diabetes. When we met Ms. H, a primary concern was her struggle to comply with doctor's recommended medication regimen; Ms. H would frequently sleep through her morning or evening and fail to take her medications. While the case manager referred Ms. H to our Medication Safety and In-Home Counseling Programs, Ms. H was struggling to keep regularly scheduled medical appointments as well. The case manager connected Ms. H to our Transportation Program, which was able to provide extra reminder phone calls. Ms. H's case manager took the time to create "Day Plans," outlining small goals and times for Ms. H to accomplish daily tasks. Ms. H liked being able to check things off her list and report the good news when her case manager followed-up regularly. She had a taste of success and found her diabetes was also becoming under control. Now, Ms. H is making her own Day Plans, complying more with her medication regimen, and does not require as many reminder phone calls to go to her doctor appointments; she is even making time for hobbies, such as ancestry research, she previously felt were impossible to fit into her daily schedule.

Report 5
-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1
N/A

Report 2

N/A

Report 3

N/A

Report 4

Senior Support feels the case management program is a great success, as the goals outlined on the application were met and exceeded. We measure success by tracking progress thorough pre/post and annual assessments, in conjunction with vital observations. In-home visits are key in helping case managers assess needs and progress. As case managers work with seniors through telephone consultations and repeat in-home visits, improvements in activities of daily living (ADLs) and indirect activities of daily living (IADLs) are seen. Progress is evident in various ways, such as when a senior: remains independent in their home, no longer makes frequent calls to emergency services, and has a cleaner living environment. These quality of life improvements confirm our program's success.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

Fortunately, we did not encounter any problems or delays.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

From over 34 years of experience as an organization, we realize the importance of coordinating as a team to deliver services older adults need most. We have relationships with numerous senior housing facilities, Adult Protective Services, Kaiser, Valley Care, Tri-Valley senior centers, Livermore-Pleasanton Fire Department, Open Heart Kitchen, Dial-a-Ride, Paratransit, community churches, Meals-on-Wheels, community food banks, and Tri-Valley emergency responders. While we often receive referrals from these agencies, we also rely on these relationships to serve as valuable resources for our seniors. Overall, these partnerships help us better understand the unique challenges seniors face and deliver services addressing the whole person.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

Our program fortunately received a small grant from the Area Agency on Aging and private donations to serve Tri-Valley seniors; however, we rely on support from Tri-Valley cities to fund this program. We continually seek additional funding, but grants funding case management services for older adults are scarce. The Eastern Alameda County Needs Assessment confirms there is a misconception that the Tri-Valley is generally prosperous, and there is no need to expand behavioral health services. In reality, the majority of seniors we serve are considered "near poor," meaning they do not qualify for federal assistance but are not able to make ends meet.

We have seen so many improvements through Senior Support's case management program and recognize the need for these services to continue. On behalf of Senior Support's board, staff, volunteers, and seniors, thank you so much for your continued support; you have truly helped us make a difference in the lives of so many seniors.

Report 5

-no answer-



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Spectrum Community Services
Meals on Wheels for Dublin's Homebound Seniors

Official Amount

\$ 8,350.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

Meals on Wheels provides a vital service of 4,500+ meals to over 45 homebound seniors in Dublin, without which nutritional status and quality of life may suffer. Spectrum is requesting funding to cover mileage, personnel costs in order to continue providi

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

45

Name and Title of Person Completing Report:

Report 1

Samantha Finkelstein, RD - Senior Nutrition Program Manager

Report 2

Samantha Finkelstein, RD - Senior Nutrition Program Manager

Report 3

Jillian Schafer, RD Senior Nutrition Program Manager

Report 4

Jillian Schafer, RD

Report 5

-no answer-

Program Title:

Report 1

Meals on Wheels

Report 2

Meals on Wheels

Report 3

Meals on Wheels

Report 4

Senior Nutrition Program Manager

Report 5

-no answer-

Telephone:

Report 1

510-881-0300 ext. 222

Report 2

510-881-0300 x 222

Report 3

510-881-0300 x 222

Report 4

510-376-6901

Report 5

-no answer-

E-Mail:

Report 1

sfinkelstein@spectrumcs.org

Report 2

sfinkelstein@spectrumcs.org

Report 3

jschafer@spectrumcs.org

Report 4

jschafer@spectrumcs.org

Report 5

-no answer-

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

Spectrum's Meals on Wheels program is serving fresh, nutritious meals to homebound Dublin seniors. This fiscal year, we have agreed to serve 4500+ meals to 45 Dublin seniors.

Report 2

Spectrum's Meals on Wheels program is serving fresh, nutritious meals to homebound Dublin seniors. This fiscal year, we have agreed to serve 4500+ meals to 45 Dublin seniors.

Report 3

Spectrum's Meals on Wheels Program is serving fresh, nutritious meals to homebound Dublin seniors along with a safety check. No other program meets the needs of our elderly neighbors' nutrition and social interaction. Meals on Wheels of America reports 87% of California senior recipients say Meals on Wheels makes them feel safe and secure. This fiscal year, we have agreed to serve 4,500+ meals to 45 Dublin seniors.

Report 4

Spectrum's Meals on Wheels program is serving fresh, nutritious meals to homebound Dublin seniors. This fiscal year, we have agreed to serve 4500+ meals to 45 Dublin seniors.

Report 5

-no answer-

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

163	170	203	161		697.00	Total Program Participants
27	30	40	36		133.00	Total Dublin residents
190.00	200.00	243.00	197.00	0.00	830.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

As of the end of this quarter, we have served 27 unduplicated Dublin residents, which is 60% of our goal per our contract with the City of Dublin. At this time, we have also served 1652 meals. Due to the high need for this service in Dublin and the rest of Alameda County, we expect our number to continue growing.

Report 2

As of the end of this quarter, we have served 30 total unduplicated Dublin residents, which is 67% of our goal per our contract with the City of Dublin. At this time, we have also served 3356 meals. Due to the high need for this service in Dublin and the rest of Alameda County, we expect our number to continue growing.

Report 3

We are on track to meet the goals of 45 homebound seniors and 4,500 meals in 2015/2016. As of the end of this quarter, we have served 40 total unduplicated Dublin residents, which is 88% of our goal per our contract with the City of Dublin. At this time we have served 5,429 meals, exceeding the goal by over 900 meals yet will continue to serve for another quarter.

Report 4

We set a goal to serve 45 homebound Dublin Seniors at least 4,500 nutritious meals. We exceeded our goals by serving 8,488 meals to 63 seniors in FY 2015-16. Spectrum's Meals on Wheels program has been successful in reaching Dublin seniors in need of nutritious, home delivered meals.

Report 5

-no answer-

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

45	45	45	45		180.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
27	7	13	13		60.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the

1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

163	49	69	85		366.00
-----	----	----	----	--	--------

235.00	101.00	127.00	143.00	0.00	606.00	TOTAL
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Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

21					21.00	Low Income (50% to 80% Median)
----	--	--	--	--	-------	--------------------------------

6	26	12	11		55.00	Very Low Income (30% to 50% Median)
---	----	----	----	--	-------	-------------------------------------

0	4	1	2		7.00	Extremely Low Income (<30% Median)
---	---	---	---	--	------	------------------------------------

27.00	30.00	13.00	13.00	0.00	83.00	SUBTOTAL
-------	-------	-------	-------	------	-------	-----------------

27	7	13	13		60.00	Seniors (62 and older)
----	---	----	----	--	-------	------------------------

27	7	13			47.00	Disabled
----	---	----	--	--	-------	----------

5	0	0			5.00	Female-Headed Households
---	---	---	--	--	------	--------------------------

86.00	44.00	39.00	26.00	0.00	195.00	TOTAL
-------	-------	-------	-------	------	--------	--------------

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

21	4	8	5		38.00	White
----	---	---	---	--	-------	-------

3	0		5		8.00	White + HISPANIC
---	---	--	---	--	------	------------------

2	1	1			4.00	Black/African American
---	---	---	--	--	------	------------------------

0	0				0.00	Black/African American + HISPANIC
---	---	--	--	--	------	-----------------------------------

1	2	3	2		8.00	Asian
---	---	---	---	--	------	-------

0	0				0.00	Asian + HISPANIC
---	---	--	--	--	------	------------------

0	0		1		1.00	American Indian/Alaskan Native
0	0				0.00	American Indian/Alaskan Native + HISPANIC
0	0	1			1.00	Native Hawaiian/Other Pacific Islander
0	0				0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0				0.00	American Indian/ Alaskan Native and White
0	0				0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0				0.00	Asian and White
0	0				0.00	Asian and White + HISPANIC
0	0				0.00	Black/African American and White
0	0				0.00	Black/African American and White + HISPANIC
0	0				0.00	American Indian/Alaskan Native and Black/African American
0	0				0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
0	0				0.00	Other/Multi Racial
0	0				0.00	Other/Multi Racial + HISPANIC
27.00	7.00	13.00	13.00	0.00	60.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1
Meals

Report 2
Meals

Report 3
Meals

Report 4
Meals Served

Report 5
-no answer-

Please complete the following table regarding the UNIT OF SERVICE listed above:

163	49	69	161		442.00	Number of persons assisted with new access to a service.
163	49	69	161		442.00	Number of persons assisted with improved access to a service.
			0		0.00	Number of persons assisted who no longer have access to a substandard service.
326.00	98.00	138.00	322.00	0.00	884.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1
N/A

Report 2
N/A

Report 3
N/A

Report 4
n/a

Report 5
-no answer-

Please complete the following table regarding the second UNIT OF SERVICE listed above:

N/A	N/A	N/A	n/a		0.00	Number of persons assisted with new access to a service.
N/A	N/A	N/A	n/a		0.00	Number of persons assisted with improved access to a service.
N/A	N/A	N/A	n/a		0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

n/a

Report 5

-no answer-

Please complete the following table regarding the third UNIT OF SERVICE listed above:

N/A	N/A	N/A	n/a		0.00	Number of persons assisted with new access to a service.
N/A	N/A	N/A	n/a		0.00	Number of persons assisted with improved access to a service.
N/A	N/A	N/A	n/a		0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

n/a

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

The grant funds were intended to cover the travel cost of Meals and Wheels delivery in Dublin. Specifically, grant funds will help to cover 1) the mileage for one route, estimated to be 6,000 miles a year at a reimbursement rate of \$0.54 per mile, 2) a portion of the part-time salary and benefits of the Meals On Wheels Delivery Driver who covers that route, two hours each weekday, and 3) a portion of the part-time salary and benefits of the Meals On Wheels Coordinator.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

Spectrum was able to provide 8,488 meals to 63 Dublin clients over this last fiscal year. The Meals on Wheels program helps to increase Dublin senior's chances of remaining independent in their homes. The program provides up to 7 healthy, balanced meals each week. This program not only helps with nutrition but provides a safety check. The client can rely on the Meals on Wheels driver to come by each day and check in on their safety and wellbeing.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

We set a goal to serve 45 homebound Dublin Seniors at least 4,500 nutritious meals. We exceeded our goals by serving 8,488 meals to 63 seniors in FY 2015-16. Spectrum's Meals on Wheels program has been successful in reaching Dublin seniors in need of nutritious, home delivered meals.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

Near the end of our last fiscal year we were approached by more seniors across the Tri-Valley than we had resources to serve. At that time we were able to obtain funding from outside sources but we did need to tighten our intake process to ensure our highest priority, most vulnerable clients were fed. The process of scaling back the previous fiscal year had an impact on this year's client count and meals served. We were not able to recover as quickly as we had anticipated yet still met the goals set for the program.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

Alameda County Meals on Wheels: This agency assists Spectrum with fundraising and provides program support

Stanford Valley Care Health Systems: Valley Care prepares the meals that we deliver to the clients.

Alameda County Area Agency on Aging: This agency provides us with oversight and federal and county funding.

Report 5

-no answer-

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

N/A

Report 2

N/A

Report 3

N/A

Report 4

Senior Donations

Corporate, Individual, and Foundation Donors

Report 5

-no answer-



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Tri-Valley Haven
Tri-Valley Haven's Domestic Violence Services Program

Official Amount

\$ 8,000.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

Tri-Valley Haven's Domestic Violence Services Project will provide assistance with DV related issues through Crisis Line and Domestic Violence Shelter.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

65

Name and Title of Person Completing Report:

Report 1

-no answer-

Report 2

Cynthia Cunningham Morales

Report 3

-no answer-

Report 4

-no answer-

Report 5

Cynthia Cunningham Morales

Program Title:

Report 1

-no answer-

Report 2

Data Manager

Report 3

-no answer-

Report 4

-no answer-

Report 5

Data Manager

Telephone:

Report 1

-no answer-

Report 2

925-449-5846

Report 3

-no answer-

Report 4

-no answer-

Report 5

925-449-5845

E-Mail:

Report 1

-no answer-

Report 2

cynthia@trivalleyhaven.org

Report 3

-no answer-

Report 4

-no answer-

Report 5

cynthia@trivalleyhaven.org

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

-no answer-

Report 2

Tri-Valley Haven offers the only domestic violence shelter in a confidential location and which accepts boys over the age of ten in the Tri-Valley area. When a survivor comes into our shelter, they are offered a wide array of services, including case management, educational and support groups and legal assistance to help them plan for life after the shelter. This grant supports part of the salary of our Bilingual Case Manager, who helps make the program more responsive to the needs of Latino survivors who speak little or no English. Our shelter staff and crisis line volunteers provide a unique level of expertise, everyone having successfully completed a 65-hour state-approved training in domestic violence and sexual assault. The crisis line offers crisis counseling, safety planning, information about options and Tri-Valley Haven programs, referrals to other resources as needed, and initial screenings for intake into our shelter.

Report 3

-no answer-

Report 4

-no answer-

Report 5

Shiloh and the Tri-Valley Haven Crisis line address three of the areas of concern identified in the 2011 East County Needs Assessment Report: Homelessness, Domestic Violence and Child Abuse , and Food and Nutrition. By providing safe shelter to survivors of domestic violence and their children at Shiloh, homelessness, as well as further abuse, is prevented. Survivors who call the crisis line but do not come into shelter receive safety planning, crisis counseling and information and referrals as appropriate. Residents at Shiloh have access to case management, counseling and educational and support groups to further assist them in rebuilding their lives. Shiloh residents receive most of their food during their stay from our Haven Pantry. This not only provides nutrition, but allows residents to save money during their stay.

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

	589			943	1,532.00	Total Program Participants
	46			59	105.00	Total Dublin residents
0.00	635.00	0.00	0.00	1,002.00	1,637.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

-no answer-

Report 2

We are well on track to meet and exceed the goals outlined in our original application. We projected that we would serve 65 Dublin residents through our crisis line and shelter, and five months into the grant year we have already served 46 Dublin residents. The program is carried out very efficiently through the use of volunteers as well as paid staff. Our crisis line is diverted to volunteers overnight, and other volunteers come into the shelter to provide childcare while the moms are attending groups. We conduct outreach throughout the year at events and through community education to get the word out to Dublin residents about the many services we have to offer.

Report 3

-no answer-

Report 4

-no answer-

Report 5

The program was very successful. We met and exceeded our goal of serving 65 Dublin residents by providing services to 105 Dublin residents through our crisis line and shelter. The program is carried out in a very efficient manner. Twenty-four hour crisis line coverage is ensured by augmenting our paid staff with a team of volunteers who have successfully completed 65 hours of State-approved training for Domestic Violence and Sexual Assault Counselors. Calls are always answered by a live human being, never a recording. Other volunteers provide childcare for residents' children while their mothers attend groups. Access to services for monolingual/limited English Spanish-speaking clients was provided primarily by a Bilingual Case Manager who was supported by this grant.

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

	65			65	130.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
--	----	--	--	----	--------	--

B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]

	46			59	105.00
--	----	--	--	----	--------

C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)

	543			884	1,427.00
--	-----	--	--	-----	----------

0.00	654.00	0.00	0.00	1,008.00	1,662.00
------	--------	------	------	----------	----------

TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

	n/a			n/a	0.00
--	-----	--	--	-----	------

Low Income (50% to 80% Median)

	n/a			n/a	0.00
--	-----	--	--	-----	------

Very Low Income (30% to 50% Median)

	n/a			n/a	0.00
--	-----	--	--	-----	------

Extremely Low Income (<30% Median)

0.00	0.00	0.00	0.00	0.00	0.00
------	------	------	------	------	------

SUBTOTAL

	n/a			n/a	0.00
--	-----	--	--	-----	------

Seniors (62 and older)

	n/a			n/a	0.00
--	-----	--	--	-----	------

Disabled

	n/a			n/a	0.00
--	-----	--	--	-----	------

Female-Headed Households

0.00	0.00	0.00	0.00	0.00	0.00
------	------	------	------	------	------

TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

	n/a			n/a	0.00
--	-----	--	--	-----	------

White

	n/a			n/a	0.00
--	-----	--	--	-----	------

White + HISPANIC

	n/a			n/a	0.00	Black/African American
	n/a			n/a	0.00	Black/African American + HISPANIC
	n/a			n/a	0.00	Asian
	n/a			n/a	0.00	Asian + HISPANIC
	n/a			n/a	0.00	American Indian/Alaskan Native
	n/a			n/a	0.00	American Indian/Alaskan Native + HISPANIC
	n/a			n/a	0.00	Native Hawaiian/Other Pacific Islander
	n/a			n/a	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
	n/a			n/a	0.00	American Indian/ Alaskan Native and White
	n/a			n/a	0.00	American Indian/ Alaskan Native and White + HISPANIC
	n/a			n/a	0.00	Asian and White
	n/a			n/a	0.00	Asian and White + HISPANIC
	n/a			n/a	0.00	Black/African American and White
	n/a			n/a	0.00	Black/African American and White + HISPANIC
	n/a			n/a	0.00	American Indian/Alaskan Native and Black/African American
	n/a			n/a	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
	n/a			n/a	0.00	Other/Multi Racial
	n/a			n/a	0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
N/A

Please complete the following table regarding the UNIT OF SERVICE listed above:

	n/a			n/a	0.00	Number of persons assisted with new access to a service.
	n/a			n/a	0.00	Number of persons assisted with improved access to a service.
	n/a			n/a	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
N/A

Please complete the following table regarding the second UNIT OF SERVICE listed above:

	n/a			n/a	0.00	Number of persons assisted with new access to a service.
	n/a			n/a	0.00	Number of persons assisted with improved access to a service.
	n/a			n/a	0.00	Number of persons assisted who no longer have

access to a substandard service.

0.00	0.00	0.00	0.00	0.00	0.00	TOTAL
------	------	------	------	------	------	--------------

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
N/A

Please complete the following table regarding the third UNIT OF SERVICE listed above:

	n/a			n/a	0.00	Number of persons assisted with new access to a service.
	n/a			n/a	0.00	Number of persons assisted with improved access to a service.
	n/a			n/a	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
Not applicable.

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1
-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

The funds from this grant were used to support the position of Bilingual Case Manager. Our Spanish-speaking bilingual/bicultural case manager makes our services accessible to clients who speak little or no English both in the shelter and on our crisis line. The entire grant was spent.

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

The program served 105 Dublin residents through our crisis line and shelter. To better meet the needs of a diverse community, our Bilingual Case Manager provides culturally and linguistically appropriate services to Spanish-speaking clients who speak little or no English.

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

The program was very successful, both quantitatively and qualitatively. Not only did we exceed our stated goal by 62%, and provide services to Spanish speakers in their own language, but the feedback that we received from Shiloh residents on anonymous surveys indicates that 94% felt that the program was helpful to them, and 82% said that they had learned more about community resources available to them.

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

There were no problems or delays with the program.

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

We conduct annual briefings at Dublin Police Services to update them on the services we provide and build a good working relationship with local law enforcement that results in more referrals. We conducted Cal Fresh registration at the Dublin Library and Senior Center, which helped to raise awareness of all our services. We also provide classes in Dublin schools on anti-bullying and healthy relationships.

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Federal: \$57,371
State: \$377,226
Local: \$25,000
Donations: \$6,469
In-kind: \$9,273



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Tri-Valley Haven
Tri-Valley Haven's Homeless Services Program

Official Amount

\$ 10,000.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

Tri-Valley Haven's Homeless Services Program will provide assistance with issues related to Homelessness through the Shelter, job readiness/job search Life Skills education and the Food Pantry.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

270

Name and Title of Person Completing Report:

Report 1

-no answer-

Report 2

Cynthia Cunningham Morales

Report 3

-no answer-

Report 4

-no answer-

Report 5

Cynthia Cunningham Morales

Program Title:

Report 1

-no answer-

Report 2

Data Manager

Report 3

-no answer-

Report 4

-no answer-

Report 5

Data Manager

Telephone:

Report 1

-no answer-

Report 2

925-449-5845

Report 3

-no answer-

Report 4

-no answer-

Report 5

925-449-5845

E-Mail:

Report 1

-no answer-

Report 2

cynthia@trivalleyhaven.org

Report 3

-no answer-

Report 4

-no answer-

Report 5

cynthia@trivalleyhaven.org

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

-no answer-

Report 2

Tri-Valley Haven's Homeless and Family Support Services program offers assistance to clients through Sojourner House, our homeless shelter, and our Food Pantry.

Sojourner House provides shelter for up to 180 days to families (both single parent and two parent) and single women. Clients are provided with job readiness and search assistance, life skills and parenting education and case management.

The Tri-Valley Haven Food Pantry provides free food and personal necessities to low income, homeless, and "at risk of becoming homeless" Tri-Valley residents. Clothing vouchers, referrals to other social services and emergency assistance with housing and transportation is also provided.

We collaborate with the ACCFB to provide Food Stamp Outreach and the Valley Humane Society to provide free pet food twice a month.

We continue to network with the local community to gain donors and to outreach to local communities to educate residents about our services.

Report 3

-no answer-

Report 4

-no answer-

Report 5

Tri-Valley Haven's Homeless and Family Support Services program offers assistance to Dublin residents through Sojourner House, our family homeless shelter, and at our Food Pantry.

Tri-Valley Haven's Sojourner House provides homeless clients (women, women with children, two parent families with children) with shelter and support services to help them to overcome the barriers that led to their homelessness and to assist them in securing stable housing. Program participants are offered up to six months shelter residency.

Adult shelter clients are provided case management, life skills classes and counseling services. Assessments are made on each client with regards to individual needs, i.e. health, mental health, housing, employment, public entitlements. Case management staff will then provide referrals to the appropriate public/private community resources. Weekly group parenting classes are held to address issues and concerns that parents are experiencing with their children. Recent topics have included Teaching Your Child Self Control and Family Celebrations and Traditions. Weekly Life Skills groups are held for discussion on such topics as Making Healthy Food Choices, How to Overcome Barriers to Your Goals, Budgeting Considerations – Making Hard Choices and Stress Relievers – Tips to Tame Stress. Counseling services are available to both individuals and families at Tri-Valley Haven's community building, while developmental assessments (Ages & Stages) are available to shelter children age 0-5.

Tri-Valley Haven's Food Pantry provides free food and personal necessities to low income, homeless, and "at risk of becoming homeless" Tri-Valley residents. The Food Pantry is open Monday through Wednesday (1:00pm – 5:00pm) and Thursday (1:00pm – 7:00pm). On average 30-50 households are provided assistance each day. In addition to government USDA and Emergency Food Box items clients are provided donated food, including fresh bread, meat and produce donated from local stores such as Whole Foods, Trader Joe's, Walmart, Target and Safeway. Clothing vouchers to be used at Tri-Valley Haven's Thrift Store, emergency assistance with motel vouchers and gas coupons, and referrals to other social services is also provided. Food Pantry clients are also referred to Tri-Valley Haven's "Parents Creating Change" Program Case Manager for assistance with parenting issues. This office is conveniently located in the same building as the Food Pantry. Assistance was also provided through our CalFresh Advocate who is located in an office adjacent to the Food Pantry. The CalFresh Advocate assists food pantry customers in applying for state CalFresh program benefits.

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

	2304			1127	3,431.00	Total Program Participants
	239			234	473.00	Total Dublin residents
0.00	2,543.00	0.00	0.00	1,361.00	3,904.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

-no answer-

Report 2

This agency believes that our Homeless and Family Support Services are a success. Success is defined by our ability to meet, and hopefully exceed, the needs of our program participants from the Tri-Valley community.

Tri-Valley Haven is on track to meet, if not exceed, the original objective of serving 270 Dublin homeless or near-homeless individuals. During the first five months of the fiscal year we served 239 unduplicated Dublin clients at the Food Pantry. 232 of these individuals were extremely low income, 14 were disabled head of households, 28 were female headed households, and 85 were seniors. We provided 15 social service referrals to Dublin clients during the reporting period.

Report 3

-no answer-

Report 4

-no answer-

Report 5

We believe that our Homeless and Family Support Services are a success. We define success in terms of both the quality of our services and in our ability to meet, and hopefully exceed, the needs of our program participants from the Tri-Valley community. Tri-Valley Haven has now exceeded the original objective of serving 270 Dublin homeless or near-homeless individuals. During the reporting period we served 234 unduplicated Dublin clients at the Food Pantry (473 for the fiscal year).

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
 Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

	270			270	540.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated) B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.] C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)
	239			234	473.00	
	2065			893	2,958.00	
0.00	2,574.00	0.00	0.00	1,397.00	3,971.00	

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

	n/a			0	0.00	Low Income (50% to 80% Median)
	n/a			0	0.00	Very Low Income (30% to 50% Median)
	n/a			234	234.00	Extremely Low Income (<30%)

Median)

0.00	0.00	0.00	0.00	234.00	234.00	SUBTOTAL
	n/a			69	69.00	Seniors (62 and older)
	n/a			10	10.00	Disabled
	n/a			45	45.00	Female-Headed Households
0.00	0.00	0.00	0.00	358.00	358.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

	n/a			64	64.00	White
	n/a			0	0.00	White + HISPANIC
	n/a			31	31.00	Black/African American
	n/a			0	0.00	Black/African American + HISPANIC
	n/a			78	78.00	Asian
	n/a			0	0.00	Asian + HISPANIC
	n/a			9	9.00	American Indian/Alaskan Native
	n/a			0	0.00	American Indian/Alaskan Native + HISPANIC
	n/a			4	4.00	Native Hawaiian/Other Pacific Islander
	n/a			0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
	n/a			0	0.00	American Indian/ Alaskan Native and White
	n/a			0	0.00	American Indian/ Alaskan Native and White + HISPANIC
	n/a			0	0.00	Asian and White
	n/a			0	0.00	Asian and White + HISPANIC
	n/a			0	0.00	Black/African American and White
	n/a			0	0.00	Black/African American and White + HISPANIC
	n/a			0	0.00	American Indian/Alaskan Native and Black/African American

	n/a			0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
	n/a			40	40.00	Other/Multi Racial
	n/a			8	8.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	234.00	234.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

- Report 1**
-no answer-
- Report 2**
N/A
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
N/A

Please complete the following table regarding the UNIT OF SERVICE listed above:

	n/a			n/a	0.00	Number of persons assisted with new access to a service.
	n/a			n/a	0.00	Number of persons assisted with improved access to a service.
	n/a			n/a	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

- Report 1**
-no answer-
- Report 2**
N/A
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
N/A

Please complete the following table regarding the second UNIT OF SERVICE listed above:

	n/a			n/a	0.00	Number of persons assisted with new access to a service.
	n/a			n/a	0.00	Number of persons assisted with improved access to a service.
	n/a			n/a	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

Report 1
-no answer-

Report 2
N/A

Report 3
-no answer-

Report 4
-no answer-

Report 5
N/A

Please complete the following table regarding the third UNIT OF SERVICE listed above:

	n/a			n/a	0.00	Number of persons assisted with new access to a service.
	n/a			n/a	0.00	Number of persons assisted with improved access to a service.
	n/a			n/a	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Not applicable.

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Tri-Valley Haven's Homeless Services Program provides assistance to Dublin residents with issues related to homelessness through its family shelter and Food Pantry. The entire grant was spent down.

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Tri-Valley Haven's Food Pantry continues to provide any household in need with food (Alameda County Community Food Bank allocations and donated food), personal hygiene items, clothing vouchers to be used at Tri-Valley Haven's Thrift Store, emergency gas and/or motel vouchers, and referrals to local social service programs and agencies. New customers, on-going customers and returning customers who had been self-sustaining but unfortunately found themselves requiring help again, continue to receive our services. We actively network and outreach to the local community to solicit food donations to meet the needs of our program participants. We continue to provide customers with Parenting Consultations at our Food Pantry site. This service is made possible through a First 5 Alameda County grant. We also continued to assist our Food Pantry customers in applying for state CalFresh program benefits. This service is made possible through an Alameda County Social Services Agency grant administered by the Alameda County Community Food Bank. We continue to collaborate with the Valley Humane Society to provide free pet supplies once a month at our Food Pantry site. We continue to provide a Mobile Food Pantry service each month at two Pleasanton and two Livermore locations. In April we added a Mobile Food Pantry service location in Dublin. Tri-Valley Haven holds both a Summer and Winter Outreach event to provide customers with seasonal supplies, as well as Thanksgiving and December programs to provide holiday food and gifts. Additionally, Tri-Valley Haven holds an annual Back to School Backpack event in August at the Food Pantry location.

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Yes, we believe our Food Pantry program is a success. This success is defined by our ability to meet, and hopefully exceed, the needs of our program participants from the Tri-Valley community. The Food Pantry exceeded the original objective of serving 270 Dublin homeless or near-homeless individuals. The Pantry actually served 473 unduplicated Dublin residents during the fiscal year.

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

There were no problems or delays encountered with the project.

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

The Tri-Valley Haven Food Pantry receives a monthly food delivery from the Alameda County Community Food Bank consisting of USDA and Emergency Food Box allocations. TVH's Food Pantry is a member of the Tri-Valley Hunger Coalition along with other Tri-Valley food pantries. This allows our agency to share resources with local food pantries and work together to meet the growing needs of our community. A consortium of local churches funds the ESTA (Emergency Short Term Assistance) Program, administered by TVH's Food Pantry Coordinator, which allows our agency to provide emergency motel vouchers and gas coupons for homeless and/or near homeless clients that utilize the Food Pantry. Tri-Valley Haven's Food Pantry benefits from food drives sponsored by local churches, businesses and schools. Numerous long-term volunteers pick up food donated from local stores and manage the counter, welcome customers and distribute food during Food Pantry hours. Private donors provide gift cards to local stores which allow the Food Pantry Coordinator to purchase items in low supply or items to meet special dietary needs. We also assist the Valley Humane Society with their "AniMeals" program to provide community members free pet food once a month.

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

-no answer-

Report 2

N/A

Report 3

-no answer-

Report 4

-no answer-

Report 5

Federal: \$46,209

County: \$231,482

Local: \$57,000

Foundation: \$27,800

Donation: \$32,195

In-kind: \$3,705

The foundation funding purchased a new truck for the Food Pantry which is used to pick up grocery store donations and used to deliver food to Dublin clients served through the mobile food pantry.

The federal funding was for Sojourner House.

All of the other funding was for both Sojourner House and the Food Pantry.



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

Valley Children's Museum
Mobile Museum Children's Activities 15-16

Official Amount

\$ 5,125.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

Hands-on learning activities for youngsters with themes including local history, water, environment, food healthy choices, art, culture and play, as well as fourth grade California Mission studies activities with hands-on components.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

4055

Name and Title of Person Completing Report:

Report 1

Report 2

Linda Spencer, Volunteer Grant Writer

Report 3

-no answer-

Report 4

-no answer-

Report 5

Linda Spencer, Volunteer Grant Writer

Program Title:

Report 1

Report 2

Mobile Museum Children's Activities 2015-16

Report 3

-no answer-

Report 4

-no answer-

Report 5

Mobile Museum Activities 2015-16

Telephone:

Report 1

Report 2
925 828 2892

Report 3
-no answer-

Report 4
-no answer-

Report 5
925-828-2892

E-Mail:

Report 1

Report 2
linda@valleychildrensmuseum.org

Report 3
-no answer-

Report 4
-no answer-

Report 5
linda@valleychildrensmuseum.org

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

Report 2
Activities at the museum in Emerald Glen Park have provided Dublin and other Tri-Valley children the opportunity to experience the valuable benefits of the play-based learning concept which have made children's museums an important supplement to the formal education community.

The free, public hands-on activities stimulate the creativity, spatial skills and self-awareness of children under the age of 10. Activity themes reflect areas relevant to the children's experience in the Tri-Valley: heritage, innovation, diversity, nature, plants and animals, art and music.

Children develop creative learning and problem-solving skills in an informal learning environment that enhance their formal classroom education. Marketing and communication, including social media, embrace the variety of cultures in Dublin and bring together multi-generational families from diverse cultures.

Report 3
-no answer-

Report 4
-no answer-

Report 5
The grant-supported activities at the museum in Emerald Glen Park have provided Dublin and other Tri-Valley children the opportunity to experience the valuable benefits of the play-based learning concept which have made children's museums an important supplement to the formal education community.

The free, public hands-on activities are designed to stimulate the creativity, spatial skills and self-awareness of children under the age of 10. Activity themes change monthly and reflect areas relevant to the children's experience in the Tri-Valley: heritage, innovation, diversity, nature, plants and animals, art and music.

Children develop creative learning and problem-solving skills in an informal learning environment that enhance their formal classroom education. Marketing and communication, including social media, embrace the variety of cultures in Dublin and bring together multi-generational families from diverse cultures.

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

	2501			7,121	9,622.00	Total Program Participants
	1875 est			See #23	0.00	Total Dublin residents
0.00	2,501.00	0.00	0.00	7,121.00	9,622.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1
-no answer-

Report 2
The planned activities outlined in the application are two-fold: 1) free public programs for children conducted in Emerald Glen Park and 2) fee based fourth grade field trip for study of California Missions.

The delayed reinstallation of VCM's activity trailer (moved offsite due to construction of Emerald Glen aquatic park), impacted those goals. Free public activity was successfully offered weekly at the Dublin Farmers Market through the end of September, using a "festival style" set up rather than the trailer.

However, the California Mission field trip, which requires the use of the exhibit within the trailer, was not offered in the Fall semester. Inquiries have been received from numerous teachers and administrators, and it is expected that schools will be extra responsive when the program is announced for the Spring session.

Report 3
-no answer-

Report 4
-no answer-

Report 5
The content of both the children's activities and the Mission Experience field trip programs were carried out as outlined in the application.

The programmatic and learning experiences of the free children's activities were successfully achieved through design and successful implementation of creative, hand-on activities for children up to age 10.

- As expressed in Valley Children's Museum's vision, its three goals are:
1. Provide a welcoming place for young children to experience play-based learning;
 2. Support the local schools with education-based programs;
 3. Provide a gathering place for children, families and caretakers to meet and share.

The absence of the VCM trailer for three-quarters of the fiscal year (where activities and field trips are conducted) necessitated by the beginning of aquatic center construction, described in Question #24, impeded the successful achievement of all three goals and impacted the total attendance figures. However, once the trailer was reinstalled in April, enthusiastic attendance at the free public activities soared. Unfortunately, the reinstallation came too late in the school year for classes to take advantage of the field trip opportunity.

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

	4055			4,055	8,110.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
	1875			see #23	1,875.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]
	2501			see #23	2,501.00	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)
0.00	8,431.00	0.00	0.00	4,055.00	12,486.00	TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

	0			na	0.00	Low Income (50% to 80% Median)
	0			na	0.00	Very Low Income (30% to 50% Median)
	0			na	0.00	Extremely Low Income (<30% Median)

0.00	0.00	0.00	0.00	0.00	SUBTOTAL	0.00
	0			na		0.00
	0			na		0.00
	0			na		0.00
0.00	0.00	0.00	0.00	0.00	TOTAL	0.00

Seniors (62 and older)
 Disabled
 Female-Headed Households

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

	0			na	0.00	White
	0			na	0.00	White + HISPANIC
	0			na	0.00	Black/African American
	0			na	0.00	Black/African American + HISPANIC
	0			na	0.00	Asian
	0			na	0.00	Asian + HISPANIC
	0			na	0.00	American Indian/Alaskan Native
	0			na	0.00	American Indian/Alaskan Native + HISPANIC
	0			na	0.00	Native Hawaiian/Other Pacific Islander
	0			na	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
	0			na	0.00	American Indian/ Alaskan Native and White
	0			na	0.00	American Indian/ Alaskan Native and White + HISPANIC
	0			na	0.00	Asian and White
	0			na	0.00	Asian and White + HISPANIC
	0			na	0.00	Black/African American and White
	0			na	0.00	Black/African American and White + HISPANIC
	0			na	0.00	American Indian/Alaskan Native and Black/African American
	0			na	0.00	American Indian/Alaskan Native and

	0			na	0.00	Black/African American + HISPANIC
	0			na	0.00	Other/Multi Racial
	0			na	0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

Report 1
-no answer-

Report 2
0

Report 3
-no answer-

Report 4
-no answer-

Report 5
na

Please complete the following table regarding the UNIT OF SERVICE listed above:

	0			na	0.00	Number of persons assisted with new access to a service.
	0			na	0.00	Number of persons assisted with improved access to a service.
	0			na	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

Report 1
-no answer-

Report 2
0

Report 3
-no answer-

Report 4
-no answer-

Report 5
na

Please complete the following table regarding the second UNIT OF SERVICE listed above:

	0			na	0.00	Number of persons assisted with new access to a service.
	0			na	0.00	Number of persons assisted with improved access to a service.
	0			na	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter “N/A”):

- Report 1**
-no answer-
- Report 2**
0
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
na

Please complete the following table regarding the third UNIT OF SERVICE listed above:

	0			na	0.00	Number of persons assisted with new access to a service.
	0			na	0.00	Number of persons assisted with improved access to a service.
	0			na	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please include any additional comments or clarifications here:

- Report 1**
-no answer-
- Report 2**
0

Report 3

-no answer-

Report 4

-no answer-

Report 5

na

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

xxx

Report 2

0

Report 3

-no answer-

Report 4

-no answer-

Report 5

To provide hands-on learning activities for youngsters at the museum site in Emerald Glen Park on Thursdays during the Farmers Market season and on one Saturday per month year-round, and to carry out a 4th grade field trip program supporting the mandated student of California missions. Grant funds were entirely expended on those programs.

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

xxx

Report 2

0

Report 3

-no answer-

Report 4

-no answer-

Report 5

Programs were complicated by the absence of the VCM trailer due to the construction in Emerald Glen Park, with relocation in April 2016, 3/4 through the 2015-16 grant period. How that impacted the program will be described below and in #23 and #24.

During the grant period, VCM offered 24 4-hour sessions at the Farmers Market. In the absence of the museum trailer from July-Sept 2015, Farmers Market activities were undertaken with pop up tent and tables. Subsequent conditions hampered both the implementation and enjoyment of the visitors' experience.

However, with the trailer at the Gleason Drive plaza, directly adjacent to the Farmers Market, attendance soared, and it was possible to present a variety of activities not feasible at an outside table/tent. Attendance is in the hundreds weekly (compared to fewer than 100 at previous locations). City staff commented that VCM was actually attracting visitors to the Farmers Market.

The third Saturday sessions which had been discontinued due to the absence of the trailer were reestablished in May 2016 and subsequent attendance has increased monthly. For the field trip program, under the assumption that the trailer (with Mission exhibit) would be in place by January 2016, promotion by email and website began in late Summer 2015. 2 field trips that were booked for Winter 2016 had to be canceled. Promotion was put on hold due to relocation uncertainty. In May, Green Elementary booked the field trip for all 5 4th-grade classes. As an alternative to the trailer field trip, a Missions-To-Go kit was created for classroom use. It uses the same workbook, activities and objects from the trailer exhibit. The Kit is "checked out" by a classroom teacher, delivered to the class for one week, and picked up. All consumable materials for activities are provided for the students' use. It is self-explanatory to be incorporated into the classroom lessons over the course of the week. In 2015-16 11 classes used the To-Go Kit.

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

xxx

Report 2

0

Report 3

-no answer-

Report 4

-no answer-

Report 5

Program activities did not take place exactly as planned in the application, only because of the revised schedule of the trailer installation. Without the use of the structure, necessitating tent-and-table activities at the Farmers Market, discontinuation of Saturday events, and suspension of the California Mission field trips, attendance did not meet projections. However, participation and enthusiasm were sustained, and attendance exceeded expectations once the trailer was in place in April 2016. The new location, adjacent to the Farmers Market and with 24/7 visibility from Gleason Drive, is much improved from its previous location in Emerald Glen Park, and it is expected that the community's familiarity with VCM activities will grow. While we continue to garner new names for the database, it is difficult to determine their residence as they often enter only their mailing addresses.

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

xxx

Report 2

0

Report 3

-no answer-

Report 4

-no answer-

Report 5

The major problem encountered in 2015-16 was the absence of the VCM trailer, impacting both attendance at free children's activities and classroom field trip visits. However, VCM's maintained its regular presence at the Farmers Market, and the Mission-to-go kit was created to substitute for field trips, so every effort was made to fulfill the obligations for the year and visibility in the community.

It has already become evident that the installation of the trailer in Emerald Glen Park has resulted in four-fold increase of attendance at the Farmers Market activity, as well as increased attendance at stand-alone Saturday events. As of August 2016, requests for field trips are coming in from classroom teachers and that promotion is underway.

Programming can now become more creative and expansive with more space, and the 24/7 visibility of the structure will give VCM credibility in the community, serving as a landmark and destination for children and families to come out a play!

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

xxxx

Report 2

0

Report 3

-no answer-

Report 4

-no answer-

Report 5

National Charity League - volunteers for all children's activities at the museum and at festivals.

Dublin, San Ramon, Pleasanton and Livermore school districts - distribution of field trip program information and scheduling.

City of Dublin - providing museum site in Emerald Glen Park.

City of Dublin, Farmers Market - promotion of Thursday children's activities.

San Ramon Chamber of Commerce - participation in community information fair.

City of Pleasanton - Make a Difference Day for information distribution and volunteer recruitment.

Dublin Chamber of Commerce – promotion of events

Dublin Senior Center – participation in community information fair

Dougherty Valley High School - volunteers

Whole Foods Market - promotion, participation in programs, in-kind donations

Los Positas College - program participation, in-kind donation.

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

xxx

Report 2

0

Report 3

-no answer-

Report 4

-no answer-

Report 5

Mike Byron: \$1,200

Studio Blue: in-kind printing \$2,000

Cash donations: \$247

VCM Board of Directors: \$2,500

Supervisor Scott Haggerty: \$5,000

Aztec Construction: in-kind services trailer relocation \$6,600

School fees \$2205



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City of Dublin
Community Development Department
2015-2016 Community Grants Program

YMCA of the East Bay, Tri-Valley YMCA
Behavioral Health Care Services for Kids with Special Needs

Official Amount

\$ 9,900.00

Provide a brief summary of the project for which your agency is seeking funding (no more than three sentences or 250 characters). This text will be used widely during the review and implementation process to describe your project.

We are seeking funding to expand our ability to provide behavioral health care services for children and families in Dublin. We specifically focus our services on low-income families who have kids with special needs.

Estimate the total number of UNDUPLICATED Dublin residents to be served by this project. (UNDUPLICATED: client is counted only once regardless of number of services received in a year.)

36

Name and Title of Person Completing Report:

Report 1

-no answer-

Report 2

Kenny Altenburg, Branch Operations Director

Report 3

-no answer-

Report 4

-no answer-

Report 5

Kenny Altenburg, Branch Operations Director

Program Title:

Report 1

-no answer-

Report 2

Behavioral Health Care Services for Kids with Special Needs

Report 3

-no answer-

Report 4

-no answer-

Report 5

Behavioral Health Care Services for Kids with Special Needs

Telephone:

Report 1

-no answer-

Report 2

925.263.4444

Report 3

-no answer-

Report 4

-no answer-

Report 5

925.263.4444

E-Mail:

Report 1

-no answer-

Report 2

kaltenburg@ymcaeastbay.org

Report 3

-no answer-

Report 4

-no answer-

Report 5

kaltenburg@ymcaeastbay.org

Please indicate what type of grant funding you are receiving:

- General Fund - If you checked here, please continue to answer questions 6 through 11 and 21-26 only. After that, you are through: you do not have to enter anything in the remaining question boxes.
- Community Development Block Grant (CDBG) - if you checked here, please continue to answer questions 6-20 for quarterly reports. For the FINAL report, you must answer all questions.
- Housing In-Lieu Fund - If you checked here, please continue to answer questions 6-11 and 21-26 only.

How has the PROJECT/PROGRAM addressed an unmet community need & improved the quality of life for Dublin residents?

Report 1

-no answer-

Report 2

Our behavioral health care services program is well underway throughout the Tri-Valley. This includes one-on-one therapy with youth, family support, play therapy, crisis counseling, case management services, counseling support, parent education classes, and more.

Our MFT intern is now a licensed clinician, as she passed all of her exams and completed her hours. We are now developing the program for interns to work underneath her license.

- We have families that we directly serve on a weekly basis with direct counseling services (either youth or family counseling)
- We serve ~15 households per month with our parent education classes
- We provide behavior management training to parents
- We offer case management and counseling support for families
- We work with local agencies to get kids assessed so that their parents can know what treatments are best for them
- We provide website and book recommendations to parents who aren't open to counseling
- We are starting to work with Wexford Way again, as they have reached out to us for more information on our mental health services and parental education and support

As you can see, this department is up and running and yet, there is still WAY MORE need in the community that we still don't have the capacity to serve.

Report 3

-no answer-

Report 4

-no answer-

Report 5

This grant funding was used to expand our clinical staffing so that we could increase the services we provide to a wide variety of Dublin residents that needed mental and behavioral health care services.

Our behavioral and mental health care services programs are thriving throughout the Tri-Valley. These services include one-on-one therapy with youth, family support, play therapy, crisis counseling, case management services, counseling support, parent education classes, and more.

At least 75 Dublin residents have received access to these services that they would not have been able to obtain anywhere else. We are incredibly proud of this, and can clearly see the impact we are making with these families.

How many TOTAL participants were served by this PROJECT/PROGRAM THIS QUARTER? How many of those participants are Dublin residents?

	150			390	540.00	Total Program Participants
	35			75	110.00	Total Dublin residents
0.00	185.00	0.00	0.00	465.00	650.00	TOTAL

Please evaluate the success of your PROJECT/PROGRAM. Were the goals outlined in the application met? Was the PROJECT/PROGRAM carried out efficiently? Please use the objectives identified in your application to discuss the success and impact.

Report 1

-no answer-

Report 2

We are thrilled with how this program has been running, and about the wealth of services we have been able to provide (see answer to number 6).

Report 3

-no answer-

Report 4

-no answer-

Report 5

We fill that this program has been a huge success so far!

Some of our individual outcome measures for each client included decreased symptomatology, improved functionality at school, improved stability/functionality at home, increased self-esteem, and increased internal and external assets. There is not one person that has gone through our services that hasn't seen a significant improvement in at least one of these outcome measures, and most of our clients experience improvement across the board - especially those that are able to receive consistent, individual treatment.

Additionally, the vast majority of our client base was low income, so we truly felt like we were impacting the residents that needed us the most.

Now that our Mental Health Department is established and is growing, we have the ability to expand these services in a very efficient way. We need to continue raising funds so that we can offer them on a sliding scale basis, but are very excited about the potential impact once we do.

Were any Dublin grant funds expended for this project during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

Please indicate how client data are reported for this project (please keep consistent for questions 11 through 13 and with your original application):

- Persons
- Households

Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

	20			36	56.00	A) Numeric GOAL stated in your Agreement for the number of Dublin clients to be served THIS FISCAL YEAR (unduplicated)
	35			75	110.00	B) Number of NEW DUBLIN CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st quarter report, all unduplicated clients are considered to be new. In the subsequent 3 quarterly reports, include only new unduplicated clients who were not included in the previous report.]
	150			315	465.00	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Dublin clients, enter a zero)
0.00	205.00	0.00	0.00	426.00	631.00	TOTAL

Please indicate the number of new, unduplicated DUBLIN clients served during this reporting period, as reported in 11B above, who met the following special categories (note that some clients may meet multiple categories and some not any):

	n/a			n/a	0.00	Low Income (50% to 80% Median)
				n/a	0.00	Very Low Income (30% to 50% Median)
				n/a	0.00	Extremely Low Income (<30% Median)
0.00	0.00	0.00	0.00	0.00	0.00	SUBTOTAL
				n/a	0.00	Seniors (62 and older)
				n/a	0.00	Disabled

					n/a	0.00	Female-Headed Households
0.00	0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

List the number of new, unduplicated Dublin clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

	n/a				n/a	0.00	White
					n/a	0.00	White + HISPANIC
					n/a	0.00	Black/African American
					n/a	0.00	Black/African American + HISPANIC
					n/a	0.00	Asian
					n/a	0.00	Asian + HISPANIC
					n/a	0.00	American Indian/Alaskan Native
					n/a	0.00	American Indian/Alaskan Native + HISPANIC
					n/a	0.00	Native Hawaiian/Other Pacific Islander
					n/a	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
					n/a	0.00	American Indian/ Alaskan Native and White
					n/a	0.00	American Indian/ Alaskan Native and White + HISPANIC
					n/a	0.00	Asian and White
					n/a	0.00	Asian and White + HISPANIC
					n/a	0.00	Black/African American and White
					n/a	0.00	Black/African American and White + HISPANIC
					n/a	0.00	American Indian/Alaskan Native and Black/African American
					n/a	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
					n/a	0.00	Other/Multi Racial

				n/a	0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

Please define the primary UNIT OF SERVICE you use when tracking this project, submitting invoices, etc. (e.g., hours of counseling, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your Agreement/Contract.

- Report 1**
-no answer-
- Report 2**
-no answer-
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
n/a

Please complete the following table regarding the UNIT OF SERVICE listed above:

				n/a	0.00	Number of persons assisted with new access to a service.
				n/a	0.00	Number of persons assisted with improved access to a service.
				n/a	0.00	Number of persons assisted who no longer have access to a substandard service.
0.00	0.00	0.00	0.00	0.00	0.00	TOTAL

If you had TWO unit of service types, please define the second UNIT OF SERVICE here (if you did not have a second unit of service, enter “N/A”):

- Report 1**
-no answer-
- Report 2**
-no answer-
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
n/a

Please complete the following table regarding the second UNIT OF SERVICE listed above:

				n/a	0.00	Number of
--	--	--	--	-----	------	-----------

persons assisted with new access to a service.

Number of persons assisted with improved access to a service.

Number of persons assisted who no longer have access to a substandard service.

				n/a	0.00
				n/a	0.00
0.00	0.00	0.00	0.00	0.00	0.00

TOTAL

If you had THREE unit of service types, please define the third UNIT OF SERVICE here (if you did not have a third unit of service, enter N/A):

- Report 1**
-no answer-
- Report 2**
-no answer-
- Report 3**
-no answer-
- Report 4**
-no answer-
- Report 5**
n/a

Please complete the following table regarding the third UNIT OF SERVICE listed above:

Number of persons assisted with new access to a service.

Number of persons assisted with improved access to a service.

Number of persons assisted who no longer have access to a substandard service.

				n/a	0.00
				n/a	0.00
				n/a	0.00
0.00	0.00	0.00	0.00	0.00	0.00

TOTAL

Please include any additional comments or clarifications here:

- Report 1**
-no answer-
- Report 2**
-no answer-
- Report 3**
-no answer-

Report 4

-no answer-

Report 5

n/a

FOR THE FINAL REPORT ONLY: Describe the original purpose for which the funds were granted. If applicable, explain why your agency did not spend the entire grant.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

Recognizing that there is a significant shortage of mental health services in Dublin, we sought funding to expand our mental health staff to be able to provide additional services for children and families in Dublin. We specifically focus our services on low-income families who have kids with special needs.

All of the grant funds were spent.

FOR THE FINAL REPORT ONLY: Describe the accomplishments of the program funded. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

Our mental health services are fully up and running, and we are thrilled with how many Dublin residents we have been able to serve! Our list of accomplishments this year include:

-Our previously MFT "intern" is now a fully licensed clinician

-Our direct counseling and case management services are currently being offered to 5 Dublin families (7 adults, 8 children/youth), though we have had more cycle through over the course of this past year. This includes parenting coaching, weekly play therapy sessions, and monthly family therapy sessions. Treatment also included providing local support service referrals, and case consultation/collaboration with other providers such as psychiatrists and MDs. Focus of treatment includes divorce support, single parenting and co-parenting, special education needs, ADHD and ASD (Autism Spectrum Disorder) treatment, trauma treatment, and behavior management.

-As part of our client support services, our MFT regularly meets with other professionals who may be working directly with her clients. The majority of these are teachers, school counselors, and school psychologists. She also makes herself available to any client's teachers for consultation phone calls or in person meetings, and this happens an average of 2-3 times a month.

-We provided case management referrals to local support services and goods distribution directly to 20 families through our MFT, many of them residents at Emerald Vista/Wexford Way.

-We provide weekly visits to each our camp site in summer for staff coaching and consulting, and social/emotional skill building support for kids. We provide behavior plans, behavior charts, and attend meetings between the camp staff and kids families as needed.

-Additionally, our MFT led a regional training on "Using Art therapy for Social Emotional Learning" that was Attended by 35 child care providers/staff (not just YMCA participants)

FOR THE FINAL REPORT ONLY: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, wh

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

We think this program has been an incredible success so far, and we are looking to keep building it as the community needs it.

As far as measuring the statistics, we looked at the goals and outcomes that we originally described, and realized that we exceeded those by quite a bit.

Furthermore, we feel like our Mental Health Services are more robust than ever, and are effectively adapting to meet the needs of the community members that need them the most... While it is important to hit our metrics, this is how we really judge our success!

FOR THE FINAL REPORT ONLY: Describe any problems/delays encountered with the project. How were they handled? What effects were there on project costs? Describe any changes that made the project successful or will make it successful in future yea

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

None.

FOR THE FINAL REPORT ONLY: List agencies you collaborated with on this project. Describe the nature of the collaboration.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

DUSD - see items listed in #22

CityServe - received referrals for families that needed our services

Tri-Valley Anti-Poverty Collaborative - participate in monthly meetings on the Health & Education Committee

Various providers that we refer people to externally (for example, an organization such as "Trumpet Behavioral Health" for kids on the Autism Spectrum)

FOR THE FINAL REPORT ONLY: Did you obtain other funding sources for this particular project? If so, list sources and amounts.

Report 1

-no answer-

Report 2

-no answer-

Report 3

-no answer-

Report 4

-no answer-

Report 5

City of Livermore - \$5,000

City of Pleasanton - \$16,000

YMCA Board and Staff Contributions - \$10,000

YMCA Special Event Proceeds - \$25,000