



## APPENIX I - THE APPLICATION

Organization Name:

Amount Requested:

**Series 16B – General Assistance**

Grant Funding Period: July 1, 2016 – June 30, 2017

### Applicant Information (Complete all lines)

* Legal Name of Organization:	Fort Bend County
* Mailing Address:	301 Jackson St.
* City/State/County/Zip:	Richmond, TX 77469
Physical Address (if different):	4520 Reading Road, Suite A-900
City/State/County/Zip :	Rosenberg, TX 77471
*Texas Address (if organization headquarters are located out of state):	301 Jackson St.
*City/State/County/Zip:	Richmond, TX 77469
* Website Address:	www.fortbendcountytexas.gov
*Organization Phone Number:	281-238-3506
*EIN number:	1-74-6001969
*DUNS number:	08-1497075

*Applicant Contact (Project Coordinator – Principal Participant):	Anna Gonzales
*Contact Title:	Director of Social Services
*Phone Number:	281-238-3506
*E-Mail Address:	anna.gonzales@fortbendcountytexas.gov

*Applicant Contact (Financial Coordinator – Principal Participant):	Ed Sturdivant
*Contact Title:	County Auditor
*Phone Number:	281-341-3769
*E-Mail Address:	ed.sturdivant@fortbendcountytexas.gov

### \* Required Information



## APPENIX I - THE APPLICATION

Organization Name:

Amount Requested:

**Series 16B – General Assistance**

Grant Funding Period: July 1, 2016 – June 30, 2017

### True and Correct Statement:

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND COMPLETED PER THE DIRECTIONS OUTLINED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS.

THE APPLICANT ORGANIZATION REPRESENTATIVE HAS READ AND UNDERSTANDS ALL REQUIREMENTS AND PROVISIONS NOTED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS, AND WILL COMPLY WITH ALL REQUIREMENTS AND PROVISIONS NOTED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS AND NOTICE OF GRANT AWARD EFFECTIVE UPON SUBMISSION OF THIS APPLICATION AND THROUGHOUT THE LIFETIME OF THE GRANT IF AN AWARD IS MADE.

THE SUBMISSION OF THIS DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT.

*Authorized Signature: (must be original)	
*Name and Title:	Robert E. Hebert, County Judge
*Phone Number:	281-341-8608
*Email:	ann.werlein@fortbendcountytexas.gov
*Date:	10-27-2015

### \* Required Information

All information must be in sufficient detail to ensure the application can be weighed with other application. Do not leave any item blank. Refer to Section V. Grant Application of the accompanying Series 16B RFA document for further instructions.

The grant funding period is based on a 12-month calendar from July 1, 2016 to June 30, 2017. The required expenditure and program performance benchmarks (below) should be used as guidelines when completing the Application.

Date	Grant Period Elapsed	Amount Expended	Performance Met
October 1	25%	15%	15%
January 1	50%	40%	40%
April 1	75%	70%	70%

## **Part I – Proposed Project Information**

### **Proposed Project Name**

1. Provide a name for the Proposed Project.

**Operation Fort Bend Heroes**

### **Amount Requested**

Check the one box for the amount being requested. Applicants must refer to **RFA Section IV. Program Guidelines, H. Funding Amounts and Financial Documentation** to ensure they are able to support request amount with correct financial documentation and other requirements.

- |                          |           |                                     |  |
|--------------------------|-----------|-------------------------------------|--|
| <input type="checkbox"/> | \$5,000   | <input type="checkbox"/>            | \$125,000  |
| <input type="checkbox"/> | \$15,000  | <input checked="" type="checkbox"/> | \$150,000  |
| <input type="checkbox"/> | \$20,000  | <input type="checkbox"/>            | \$200,000  |
| <input type="checkbox"/> | \$50,000  | <input type="checkbox"/>            | \$300,000  |
| <input type="checkbox"/> | \$75,000  |                                     |  |
| <input type="checkbox"/> | \$100,000 | <input type="checkbox"/>            | <b>\$500,000 – <u>This amount may only be requested for Statewide Projects</u></b> |

### **Grant Project Service Category**

Check the one box that best describes the nature of the Proposed Project. See Page 11 of the General Assistance – Series 16B RFA for more information about what may be included in the Service Categories listed below. **This Application is not for Veterans Mental Health programs, Housing 4 Texas Heroes programs, or Veteran Treatment Courts.**

#### Proposed Project Service Category

- Financial Assistance
- Transportation
- Employment
- Family Services
- Legal
- Referral
- Supportive Services

Is this proposed project a new project, an expansion of current services, or continuation of an existing FVA-funded project?

- New
- Expansion
- Continuation

## Geographic Service Area(s)

The counties that will be served by this grant are called the Geographic Service Area(s). All Texas counties are grouped into one of eight regions. Check **all** counties, regardless of region, that the Proposed Project will serve. If the Proposed Project provides services to Veterans living in all counties statewide, only check the statewide box.

Rural Counties, per the Office of Rural Health Policy, are designated below in bold. Rural counties with an asterisk are designated as being part of a Metropolitan Area but are considered Rural based on their census tracks as determined by the Office of Rural Health Policy.

Statewide

### Region 1 – Panhandle

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> <b>Armstrong *</b>   | <input type="checkbox"/> <b>Bailey</b>   | <input type="checkbox"/> <b>Briscoe</b>      | <input type="checkbox"/> <b>Brown</b>     | <input type="checkbox"/> Callahan          |
| <input type="checkbox"/> <b>Carson *</b>      | <input type="checkbox"/> <b>Castro</b>   | <input type="checkbox"/> <b>Childress</b>    | <input type="checkbox"/> <b>Cochran</b>   | <input type="checkbox"/> <b>Coleman</b>    |
| <input type="checkbox"/> <b>Collingsworth</b> | <input type="checkbox"/> <b>Comanche</b> | <input type="checkbox"/> Crosby              | <input type="checkbox"/> <b>Dallam</b>    | <input type="checkbox"/> <b>Deaf Smith</b> |
| <input type="checkbox"/> <b>Dickens</b>       | <input type="checkbox"/> <b>Donley</b>   | <input type="checkbox"/> <b>Eastland</b>     | <input type="checkbox"/> <b>Fisher</b>    | <input type="checkbox"/> <b>Floyd</b>      |
| <input type="checkbox"/> <b>Garza</b>         | <input type="checkbox"/> <b>Gray</b>     | <input type="checkbox"/> <b>Hale</b>         | <input type="checkbox"/> <b>Hall</b>      | <input type="checkbox"/> <b>Hansford</b>   |
| <input type="checkbox"/> <b>Hartley</b>       | <input type="checkbox"/> <b>Haskell</b>  | <input type="checkbox"/> <b>Hemphill</b>     | <input type="checkbox"/> <b>Hockley</b>   | <input type="checkbox"/> <b>Hutchinson</b> |
| <input type="checkbox"/> Jones                | <input type="checkbox"/> <b>Kent</b>     | <input type="checkbox"/> <b>King</b>         | <input type="checkbox"/> <b>Knox</b>      | <input type="checkbox"/> <b>Lamb</b>       |
| <input type="checkbox"/> <b>Lipscomb</b>      | <input type="checkbox"/> Lubbock         | <input type="checkbox"/> Lynn                | <input type="checkbox"/> <b>Mitchell</b>  | <input type="checkbox"/> <b>Moore</b>      |
| <input type="checkbox"/> <b>Motley</b>        | <input type="checkbox"/> <b>Nolan</b>    | <input type="checkbox"/> <b>Ochiltree</b>    | <input type="checkbox"/> <b>Oldham *</b>  | <input type="checkbox"/> <b>Parmer</b>     |
| <input type="checkbox"/> Potter               | <input type="checkbox"/> Randall         | <input type="checkbox"/> <b>Roberts</b>      | <input type="checkbox"/> <b>Runnels</b>   | <input type="checkbox"/> <b>Scurry</b>     |
| <input type="checkbox"/> <b>Shackelford</b>   | <input type="checkbox"/> <b>Sherman</b>  | <input type="checkbox"/> <b>Stephens</b>     | <input type="checkbox"/> <b>Stonewall</b> | <input type="checkbox"/> <b>Swisher</b>    |
| <input type="checkbox"/> Taylor               | <input type="checkbox"/> <b>Terry</b>    | <input type="checkbox"/> <b>Throckmorton</b> | <input type="checkbox"/> <b>Wheeler</b>   | <input type="checkbox"/> <b>Yoakum</b>     |

### Region 2 – West Texas

- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> <b>Andrews</b> | <input type="checkbox"/> <b>Borden</b>     | <input type="checkbox"/> <b>Brewster</b>   | <input type="checkbox"/> <b>Crane</b>  | <input type="checkbox"/> <b>Culberson</b> |
| <input type="checkbox"/> <b>Dawson</b>  | <input type="checkbox"/> Ector             | <input type="checkbox"/> El Paso           | <input type="checkbox"/> <b>Gaines</b> | <input type="checkbox"/> <b>Glasscock</b> |
| <input type="checkbox"/> <b>Howard</b>  | <input type="checkbox"/> <b>Hudspeth *</b> | <input type="checkbox"/> <b>Jeff Davis</b> | <input type="checkbox"/> <b>Loving</b> | <input type="checkbox"/> Martin           |
| <input type="checkbox"/> Midland        | <input type="checkbox"/> <b>Pecos</b>      | <input type="checkbox"/> <b>Presidio</b>   | <input type="checkbox"/> <b>Reeves</b> | <input type="checkbox"/> <b>Terrell</b>   |
| <input type="checkbox"/> <b>Upton</b>   | <input type="checkbox"/> <b>Ward</b>       | <input type="checkbox"/> <b>Winkler</b>    |  |   |

### Region 3 - Alamo

- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Atascosa         | <input type="checkbox"/> <b>Bandera</b>  | <input type="checkbox"/> <b>Bexar</b>      | <input type="checkbox"/> <b>Coke</b>     | <input type="checkbox"/> <b>Comal</b>    |
| <input type="checkbox"/> <b>Concho</b>    | <input type="checkbox"/> <b>Crockett</b> | <input type="checkbox"/> <b>Dimmit</b>     | <input type="checkbox"/> <b>Edwards</b>  | <input type="checkbox"/> <b>Frio</b>     |
| <input type="checkbox"/> <b>Gillespie</b> | <input type="checkbox"/> Guadalupe       | <input type="checkbox"/> <b>Gonzales</b>   | <input type="checkbox"/> <b>Irion *</b>  | <input type="checkbox"/> <b>Karnes</b>   |
| <input type="checkbox"/> Kendall          | <input type="checkbox"/> <b>Kerr</b>     | <input type="checkbox"/> <b>Kimble</b>     | <input type="checkbox"/> <b>Kinney</b>   | <input type="checkbox"/> <b>La Salle</b> |
| <input type="checkbox"/> <b>Mason</b>     | <input type="checkbox"/> <b>Maverick</b> | <input type="checkbox"/> <b>McCulloch</b>  | <input type="checkbox"/> <b>Medina</b>   | <input type="checkbox"/> <b>Menard</b>   |
| <input type="checkbox"/> <b>Reagan</b>    | <input type="checkbox"/> <b>Real</b>     | <input type="checkbox"/> <b>Schleicher</b> | <input type="checkbox"/> <b>Sterling</b> | <input type="checkbox"/> <b>Sutton</b>   |
| <input type="checkbox"/> Tom Green        | <input type="checkbox"/> <b>Uvalde</b>   | <input type="checkbox"/> <b>Val Verde</b>  | <input type="checkbox"/> <b>Wilson</b>   | <input type="checkbox"/> <b>Zavala</b>   |

### Region 4 – South Texas

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> <b>Aransas</b>  | <input type="checkbox"/> <b>Bee</b>       | <input type="checkbox"/> <b>Brooks</b> | <input type="checkbox"/> <b>Calhoun</b> | <input type="checkbox"/> <b>Cameron</b>      |
| <input type="checkbox"/> <b>DeWitt</b>   | <input type="checkbox"/> <b>Duval</b>     | <input type="checkbox"/> <b>Goliad</b> | <input type="checkbox"/> <b>Hidalgo</b> | <input type="checkbox"/> <b>Jackson</b>      |
| <input type="checkbox"/> <b>Jim Hogg</b> | <input type="checkbox"/> <b>Jim Wells</b> | <input type="checkbox"/> <b>Kenedy</b> | <input type="checkbox"/> <b>Kleberg</b> | <input type="checkbox"/> <b>Lavaca</b>       |
| <input type="checkbox"/> <b>Live Oak</b> | <input type="checkbox"/> <b>McMullen</b>  | <input type="checkbox"/> <b>Nueces</b> | <input type="checkbox"/> <b>Refugio</b> | <input type="checkbox"/> <b>San Patricio</b> |
| <input type="checkbox"/> <b>Starr</b>    | <input type="checkbox"/> <b>Victoria</b>  | <input type="checkbox"/> <b>Webb</b>   | <input type="checkbox"/> <b>Willacy</b> | <input type="checkbox"/> <b>Zapata</b>       |

### Region 5 – Gulf Coast

- |                                    |                                   |                                   |                                    |   |
|------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Austin *  | <input type="checkbox"/> Brazoria | <input type="checkbox"/> Chambers | <input type="checkbox"/> Colorado  | <input checked="" type="checkbox"/> Fort Bend |
| <input type="checkbox"/> Galveston | <input type="checkbox"/> Harris   | <input type="checkbox"/> Liberty  | <input type="checkbox"/> Matagorda | <input type="checkbox"/> Montgomery           |
| <input type="checkbox"/> Walker    | <input type="checkbox"/> Waller   | <input type="checkbox"/> Wharton  |                                    |   |

Region 6 – Central Texas

- |                                    |                                    |                                   |                                     |                                     |
|------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bastrop   | <input type="checkbox"/> Bell      | <input type="checkbox"/> Blanco   | <input type="checkbox"/> Bosque     | <input type="checkbox"/> Brazos     |
| <input type="checkbox"/> Burleson  | <input type="checkbox"/> Burnet    | <input type="checkbox"/> Caldwell | <input type="checkbox"/> Coryell    | <input type="checkbox"/> Falls      |
| <input type="checkbox"/> Fayette   | <input type="checkbox"/> Freestone | <input type="checkbox"/> Grimes   | <input type="checkbox"/> Hamilton   | <input type="checkbox"/> Hays       |
| <input type="checkbox"/> Hill      | <input type="checkbox"/> Lampasas  | <input type="checkbox"/> Lee      | <input type="checkbox"/> Leon       | <input type="checkbox"/> Limestone  |
| <input type="checkbox"/> Llano     | <input type="checkbox"/> Madison   | <input type="checkbox"/> McLennan | <input type="checkbox"/> Milam      | <input type="checkbox"/> Mills      |
| <input type="checkbox"/> Robertson | <input type="checkbox"/> San Saba  | <input type="checkbox"/> Travis   | <input type="checkbox"/> Washington | <input type="checkbox"/> Williamson |

Region 7- East Texas

- |                                    |                                    |                                   |  |                                      |
|------------------------------------|------------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Anderson  | <input type="checkbox"/> Angelina  | <input type="checkbox"/> Bowie    | <input type="checkbox"/> Camp          | <input type="checkbox"/> Cass        |
| <input type="checkbox"/> Cherokee  | <input type="checkbox"/> Delta     | <input type="checkbox"/> Franklin | <input type="checkbox"/> Gregg         | <input type="checkbox"/> Hardin      |
| <input type="checkbox"/> Harrison  | <input type="checkbox"/> Henderson | <input type="checkbox"/> Hopkins  | <input type="checkbox"/> Houston       | <input type="checkbox"/> Jasper      |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Lamar     | <input type="checkbox"/> Marion   | <input type="checkbox"/> Morris        | <input type="checkbox"/> Nacogdoches |
| <input type="checkbox"/> Newton    | <input type="checkbox"/> Orange    | <input type="checkbox"/> Panola   | <input type="checkbox"/> Polk          | <input type="checkbox"/> Rains       |
| <input type="checkbox"/> Red River | <input type="checkbox"/> Rusk      | <input type="checkbox"/> Sabine   | <input type="checkbox"/> San Augustine | <input type="checkbox"/> San Jacinto |
| <input type="checkbox"/> Shelby    | <input type="checkbox"/> Smith     | <input type="checkbox"/> Titus    | <input type="checkbox"/> Trinity       | <input type="checkbox"/> Tyler       |
| <input type="checkbox"/> Upshur    | <input type="checkbox"/> Van Zandt | <input type="checkbox"/> Wood     |  |                                      |

Region 8 – North Texas

- |                                  |                                     |                                    |                                   |                                    |
|----------------------------------|-------------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Archer  | <input type="checkbox"/> Baylor     | <input type="checkbox"/> Clay      | <input type="checkbox"/> Collin   | <input type="checkbox"/> Cooke     |
| <input type="checkbox"/> Cottle  | <input type="checkbox"/> Dallas     | <input type="checkbox"/> Denton    | <input type="checkbox"/> Ellis    | <input type="checkbox"/> Erath     |
| <input type="checkbox"/> Fannin  | <input type="checkbox"/> Foard      | <input type="checkbox"/> Grayson   | <input type="checkbox"/> Hardeman | <input type="checkbox"/> Hood      |
| <input type="checkbox"/> Hunt    | <input type="checkbox"/> Jack       | <input type="checkbox"/> Johnson   | <input type="checkbox"/> Kaufman  | <input type="checkbox"/> Montague  |
| <input type="checkbox"/> Navarro | <input type="checkbox"/> Palo Pinto | <input type="checkbox"/> Parker    | <input type="checkbox"/> Rockwall | <input type="checkbox"/> Somervell |
| <input type="checkbox"/> Tarrant | <input type="checkbox"/> Wichita    | <input type="checkbox"/> Wilbarger | <input type="checkbox"/> Wise     | <input type="checkbox"/> Young     |

**Proposed Project Services**

- Briefly describe the Proposed Project. Be specific in your answer and include the *Who*, *What*, *Where*, *When*, and *Why* of the Project.

**Who:** Fort Bend County Social Services (FBCSS) proposes to target all veterans, veteran spouses and surviving spouses of veterans who currently live within the geographic boundaries of Fort Bend County.

**What:** FBCSS proposes to provide financial assistance to include one-time rental assistance, one time utility assistance, transportation assistance, and childcare.

**Where:** Services will be provided at three already existing locations to include: West End location at 4520 Reading Road Ste.A-900, Rosenberg, Texas 77471, the East End location at 307 Texas Parkway Ste. 235, Missouri City, Texas 77459, North End location at 22333 Grand Corner Dr., Katy, Texas 77494.

**When:** Services will be provided Monday through Friday from 8:00 am-5:00pm.

**Why:** According to the Texas Veterans Commission (2015) there are 33,075 veterans living in Fort Bend County. In 2013, Think Progress, (Bryce Covert, November 13, 2013) reported that the four biggest economic challenges facing veterans are unemployment, poverty, homelessness, and mortgage problems. More recently in fiscal year 2015 FBCSS provided services to 89 veterans with 24 receiving rental assistance, 30 receiving utility assistance,

6 receiving medication assistance, 17 receiving emergency shelter assistance, 7 receiving food voucher assistance, 4 receiving benefits bank application assistance and 1 receiving transitional supportive housing assistance. Of the 89 veterans served 8 of them received duplicate services due to homelessness or financial instability. Additional services were: food assistance, medication assistance, utility assistance, rental deposit, birth certificate, social security card, Texas identification card, supplement security income, and benefit bank assistance. Of the 89 veterans 43% reported an annual income of less than \$6,000, 20% reported an annual income of \$6,000-12,000, 20% reported an annual income of \$12,000-\$24,000, 10% reported annual income of \$24,000-\$36,000 and 7% reported annual income of more than \$36,000.

2. Briefly describe how Beneficiaries will access and/or be provided with Project services by your organization. Be specific in your answer and include the How of the Project.

Currently FBCSS provides services in three locations in Fort Bend County. All three locations are accessible and available Monday through Friday from 8:00-5:00pm. FBCSS works closely with the Fort Bend County Veterans Services Department (FBCVSD) and both departments are co-located in all three locations. Within the last year both departments have worked together to ensure that every veteran is seen by either department and/or is informed of the services provided by the other. This collaboration has ensured that veterans are service connected and are further assisted with services provided through FBCSS. All clients seen by FBCSS are screened for veteran status at intake by asking the very basic question "Are you a veteran?" Once the veteran has identified himself/herself as a veteran, the eligibility worker will request his/her military identification card and/or DD214. FBCVSD is contacted by FBCSS to verify veteran status of all veterans seeking services through FBCSS. Financial assistance services will be provided to veterans who can demonstrate they are facing financial hardship. This is demonstrated by a beneficiary's ability to provide proof of bank statement, pay check stubs, reason for crisis, and the ability to demonstrate how existing financial resources have been exhausted. Once eligibility is determined, FBCSS will begin the process of payment to appropriate vendors. FBCSS proposes to assist eligible beneficiaries with up to \$1200 in rental/mortgage assistance, \$500 in utility assistance to include, electricity, water and gas. In addition, transportation assistance will be provided by filling the beneficiaries' tank with gas if necessary. Currently this is done by following the beneficiary to the nearest gas station and the County procurement card is used to purchase the gas. One month of childcare assistance of up \$1,000 will be provided to the families of beneficiary's when necessary. All services provided through this grant will be provided one time and all services will be paid directly to the vendor. FBCSS aims to assist clients to become self-sufficient and to assist them to improve their own quality of life from a long-term perspective.

### **Need Identified**

1. What is the community need(s) or existing service gap(s) that the Proposed Project will address? Be specific in your answer and sufficiently describe the need that your service area faces.

Presently, there are no agencies in Fort Bend County that specifically target the unmet needs of veterans, their spouses or surviving spouses. According to a needs assessment (A report on the Demographic Changes and Changing Needs of Fort Bend County by The George Foundation) conducted in Fort Bend County in the summer of 2011, using focus groups, interviews and randomized telephone surveys, respondents identified food and housing as the most critical needs in Fort Bend County in the area of human services. Furthermore, participants listed affordable housing, homeless shelters, food assistance and basic needs as not being met by current services in the region. When comparing FBCSS fiscal year 2014 to fiscal year 2015 it was noted that there was a 24% increase in the number of families/ individuals living at or below 100% poverty level. In fiscal year 2015 (October 2014 through September 2015) Fort Bend County Social Services (FBCSS) served 341 clients with rent/mortgage assistance, 1,161 with utility assistance and 332 with food assistance. In addition to these services FBCSS implemented the Benefits Bank program whereby clients were assisted in completing the SNAP, TANF, CHIP, Medicaid and Medicare applications. A total of 245 clients were assisted with this service. Of the clients served in the same fiscal year, 88% reported living at or below 100% of the poverty level (\$24,250.00 annually for a family of 4). The U.S. Census Bureau in 2010 reported that 8% of Fort Bend County's Population lives in poverty (46,344). More recently the Department of Housing and Urban Development (HUD) in 2014 reported low-and moderate income data indicated the number of low-income residents county-wide was roughly 72,000, or about 14 percent of the total population. Of that number some 50,900 individuals were estimated to be living below the federal pov-

erty level. The need to service veterans specifically has come as result of findings from FBCSS 2015 fiscal year end report that showed 89 veterans requested services. Between October 1st of 2014 and September 31st of 2015, FBCSS provided 105 services to these veterans consisting of 22 % in rental/mortgage assistance, 32% utility assistance, 9.8% required food assistance and 4.5% were assisted in completion of government benefits applications such as SNAP and 31.7% received other services. In fiscal year 2015, 50% of the veterans served lived at 100% or below the federal poverty level. Even more alarming was that 43% of the veterans served reported annual incomes of less than \$6,000 a year. According to the Texas Veterans Commission there are 33,075 veterans residing in Fort Bend County in 2015. These beneficiaries were able to receive services solely because of their ability to seek out FBCSS. As a result FBCSS has identified an unmet veteran need within Fort Bend County. Like many communities throughout the state and nation, transportation is a major barrier of service delivery along with a fragmented system of care. For those veterans and their families seeking financial assistance or other benefit assistance they must travel approximately 30-50 miles one way to receive services in the Houston Metropolitan area. Upon their arrival they are usually met with barriers, complicated systems, long lines and potentially turned away because they forgot one document only to have to start the process again. Operation Fort Bend Heroes will enable FBCSS to expand the reach of services to a greater proportion of the underserved Fort Bend County veteran population and make a substantial impact to veteran resident.

2. How did you identify the community need(s) or problem(s)? Be specific in your answer and sufficiently describe any methods used to identify that the need described above in **Need Identified #1** is present in your service area (example: current client experiences, word of mouth, client surveys). Include references to data that may substantiate and support that this need exists in your service area.

Within the last three years FBCSS began collecting and tracking demographic and need-based data annually. This data is examined and utilized to determine gaps in services. In fiscal year 2014 FBCSS was approached by a local organization about addressing the needs of local veterans. While FBCSS was unclear of the number of veterans it served it began to review cases files and progress notes to identify the veterans served. It was at this time that FBCSS had identified approximately 20 veterans served by FBCSS. It was further discovered that most veterans do not provide this information on their own. As a result, in fiscal year 2015, FBCSS began to ask every client that entered its doors "Are you a veteran?." As a result, 89 were identified in this last year. Furthermore FBCSS has collaborated with other organizations and participates in various networking meetings to include the United Way Fort Bend Veterans Network. The Fort Bend Veterans Network too has identified a fragmented system and has identified that services specifically targeted at veterans are either non-existent or veterans must travel long distances to receive services. While providers in the Houston/Harris County area extend services to the veterans living in Fort Bend County, services may only be provided one or two days out of the week, making it difficult for the veterans to receive services at the time he/she is in crisis. Veterans too often comment about the red tape and barriers faced at the Veterans Administration and the difficulty in navigating the system, as a result many will go without services. Many providers agree (Fort Bend Veterans Network) that there is a need to provide financial assistance to veterans nevertheless the need is not well documented. One simple reason for this is that the non-profit organizations and/or social services have not documented the number of veteran served. FBCSS recently created the Fort Bend County Collaborative Information System (FBCCIS) where 7 non-profit organizations (to include The County) will be connected electronically utilizing the same computer software program. In addition partners of the collaborative will all ask the same questions to clients to include: "Are you a veteran?." Through this collaborative veterans will be easily identified and referred quickly to FBCSS in addition to having access to other services. It is anticipated that through this collaborative Fort Bend County will be in a unique position to better document financial needs and other needs faced by veterans.

3. How will the Proposed Project address the identified need(s) or problem(s)? Be specific in your answer and sufficiently describe how the components of the Proposed Project as described above in **Proposed Project Services #1** will assist in attempting to resolve the need described above in **Need Identified #1**.

For over 30 years FBCSS has provided financial assistance programs. In the last three years it has gradually modified its approach to go beyond simply paying an individual or families rent or electricity bill but rather take a holistic approach and examine what is the root cause of the client's crisis. As a result FBCSS has discovered clients are facing recurring issues such as a water leaks, high kilowatt usage, no gas for transportation, no identification,

eviction history, lack of medications, mental health issues, etc. and unfortunately are unable to get back on their feet. The Operation Fort Bend Heroes Project will address needs by first determining need and eligibility and following through with assistance, when needed FBCSS may have to refer to outside agencies or even agencies within the collaboration. In the last three years FBCSS has provided case management to assist the client and identify the root cause of the problem. Case management services are provided at a minimum of six months. During this time the caseworker develops a rapport with the client, creating a connection whereby the client feels comfortable asking questions and disclosing other needs the client is facing. Operation Fort Bend Heroes Project is proposing to provide financial services along with case management services to insure the beneficiary is assisted and prevent major crisis from re-occurring.

4. How is the Proposed Project unique from other similar services that may be available in your proposed service area? Be specific with details about what sets your Proposed Project apart.

FBCSS takes a comprehensive approach when assisting Fort Bend County clients. FBCSS does in depth screening and intake and is better able to determine true cause of issues in order to better service the client. If a client comes in seeking assistance with a utility bill, FBCSS is not just looking at the utility, it approaches the case as a whole, in that it determines if rent is too high, has income decreased, is there a loss of employment, is the client unaware of resources available to them, such as government resources which may alleviate some of the strain on clients financial status. It has been FBCSS number one goal to asses each client to determine what else can be done to prevent this individual from returning for services, address the root of the problem, and identify other services in the community the client can be connected too. In the last two years FBCSS has implemented its Unmet Emergency Assistance services. This service is currently funded by two local foundations and provides funds to be utilized to assist veterans, the elderly and the homeless with the following services fees and/or incidentals to include as appropriate: obtaining a birth certificate, identification card, application fees, housing, utility deposits, gas cards, personal hygiene items, one month of day care, diapers, shoes, undergarments, minor home repairs, water leaks, yard work, housekeeping, smoke detectors, carbon monoxide detector, tire repairs, minor car repairs, Laundromat, air conditioner (window units), and/or any additional services that may prevent the veteran from becoming self-sufficient. The unmet emergency assistance services will be made available to the veterans served under the Operation Fort Bend Heroes project when necessary. Another unique feature of this project is that beneficiaries will have immediate contact with the Fort Bend County Veterans Services office. Since both departments are co-located in the same building (next door to each other) access to additional services is more readily available. In addition Fort Bend County's FBCCIS also allows for beneficiaries to access additional services to include: food assistance, medication assistance, clothing assistance, and/or other unmet needs the beneficiary may need.

### **Beneficiaries**

1. Related to the information provided in **Need Identified** above, Applicants may elect to restrict Proposed Project services to particular groups to address needs by narrowing the eligibility of who can receive services through the Proposed Project. Examples include, but are not limited to:
  - Veterans of a particular era (such as Vietnam or OEF/OIF era Veterans);
  - Veterans with a specific discharge status (such as Honorable);
  - Veterans' duty status (such as National Guard, Reservist, or Active Duty); or
  - Particular Veteran dependents (such as dependents of newly separated veterans, or surviving spouses of reservists or Guards Members).

Provide a definition below for each applicable category that will be eligible to receive services, listing any service restrictions of the Proposed Project. Be specific.

Veterans: Services will be provided to all veterans without regard to the era in which they served and what military branch they served. Only those veterans who have been honorably discharged will be assisted. Veteran Dependents: Services will be provided to dependents of veterans to include: spouse, their children and/or any immediate family member currently living with the veteran to include his/her biological parent(s).

Surviving Spouses: Services will be provided to the surviving spouse(s) of a veteran with proof of supportive documentation (award letter for pension, death certificate).

2. Describe any other restrictions on eligibility, if applicable (example: income level, beneficiaries living in a specific service area like a county or region, or referral from VA or other such organization).

There is no income restriction; however, there is a needs assessment which will need to be completed at time of intake. The service area for participants in the program is restricted to the Fort Bend County area. Fort Bend County Appraisal district website can be utilized to determine eligibility with regards to county.

3. If your organization receives grant funds, it will be responsible for tracking each individual Veteran, their dependents, and survivors that receive grant-funded service(s). The number of unduplicated Veterans, dependents and survivors, as well as cumulative totals, will be reported to the FVA quarterly.

a. Estimated Number of Clients to be Served 100

Enter the estimated number of unduplicated Veterans, Dependents, and Surviving Spouses to be served by the Proposed Project. The information to be entered is a number. Do not enter a percentage and do not enter a range.

Performance Measure	Estimated Number of Clients to be Served
Number of Veterans served. (Required performance measure for all applicants.)	60 Veterans
Number of Dependents served. (Required performance measure if served.)	20 Dependents
Number of Veterans' Surviving Spouses served. (Required performance measure if served.)	20 Surviving Spouses
<b>Total Estimated Number of Clients to be Served</b>	100 Total Unduplicated Beneficiaries

b. Additional Performance Measures and Estimated Volume of Services Provided to Clients

1. First enter additional performance measures that align with and are related to the Proposed Project in the Performance Measure column. For example, if the Proposed Project is to provide free transportation services via a dial-a-ride van service, an additional performance measure may be "number of rides provided to beneficiaries."

Then, provide the estimated volume over the grant funding period for the additional performance measure listed. For example, "500 rides."

Additional lines may be added.

Performance Measure	Estimated Volume of Services Provided to Clients
<i>Example:</i> <i>Number of rides to be provided to beneficiaries.</i>	<i>Example:</i> <i>500 rides</i>
Number of Beneficiaries who receive rental assistance	30 beneficiaries will be assisted with rental assistance of up to \$1,200.00.
Number of Beneficiaries who receive utility assistance	60 beneficiaries will be assisted with electricity, water, and/or gas with up to \$500.00.
Number of Beneficiaries who receive transportation assistance	60 beneficiaries will be assisted with transportation assistance with up to \$40-50.00 to fill a tank of gas.
Number of Beneficiaries who receive childcare assistance	10 beneficiaries will be assisted with childcare cost of up to \$1,000.

c. Goals and Anticipated Outcomes

1. First enter goals that align with and are related to the Proposed Project in the Goals column. For example, if the Proposed Project is to provide free transportation services via a dial-a-ride van service, a goal may

be “clients provided with rides were able to regularly attend medical appointments, and health and independence was improved.”

Then provide the anticipated outcome for the goal listed in the “Anticipated Outcomes” column. For example, “85% of clients had improvements in health and independence.”

Additional lines may be added.

Goals	Anticipated Outcomes
<i>Example:</i> Clients provided with rides were able to regularly attend medical appointments and health and independence was improved.	<i>Example:</i> 85% of clients had improvements in health and independence.
Beneficiaries provided with rental assistance were able to maintain stable living condition.	85% of the clients had stable living conditions.
Beneficiaries assisted with electricity, water, and gas were able to maintain their services.	85% of the clients were able to maintain their services without risk of disconnection.
Beneficiaries assisted with transportation were able to attend scheduled appointments.	80% of the clients were able to increase outside resources.
Beneficiaries assisted with childcare were able to seek and maintain employment.	80% of the beneficiaries were able to maintain employment.

- Next, describe how you will determine if anticipated outcomes are met. Examples may include using a client satisfaction survey, following up with clients 30-90 days after receiving services to determine status, tracking pertinent client data.

FBCSS will utilize a client satisfaction survey as well as follow –up with clients at 3 months and 6 months of receiving services. Follow-up will be conducted either face to face or by phone. Beneficiaries will be encouraged to contact caseworker upon change of address or change of phone number.

### Project Eligibility

- Eligibility to receive services must be verified and documented. List the **specific forms** your organization staff will use to verify eligibility of clients who can receive services and ensure that it is applicable to beneficiary definitions above in **Beneficiaries #1** (Veteran, dependent, surviving spouse related) and **#2** (any other applicable eligibility requirements). If dependents and surviving spouses are listed as eligible beneficiaries, include how their eligibility will be verified. Types of forms can include, but are not limited to:
  - DD Form 214, Certificate of Release or Discharge from Active Duty
  - NGB-22, National Guard Report of Separation and Record of Service
  - Department of Veterans Affairs (VA) official letter or disability letter
  - State of Texas Issued Driver License with Veteran designation
  - E-Benefits summary
  - Honorable discharge certificate
  - Uniform Services Identification Card

All veterans and their family members living in Fort Bend County will be eligible to apply for services. Those beneficiary’s eligible to receive services must be able to demonstrate that they currently reside in Fort Bend County and that they have served in the military or are related to service member. The following items will be requested to receive services:

Veterans must show one of the above forms, valid ID, if valid ID does not show the beneficiary lives in the Fort Bend he/she may show a rental/lease agreement, an electric, water, gas bill, and/or children school records.

Veteran Dependents (spouses only) their picture id, marriage license, spouses document linking them as a veteran. (any of the above documents)

Surviving Spouse – Death certificate, and any valid picture ID, as well as any documentation regarding Spouse is a veteran.

2. Describe how the eligibility verification documents will be retained (example: as listed in your organization's retention policy) **and** maintained (example: in locked filing cabinet or electronically on your organization's server).

FBCSS will store all needed documents electronically in the FBCSS database network which is only accessed by password and user id and documents are restricted to only be viewed by FBCSS agency.

### Project Principal Participants

List the principal participants in the organization. Indicate which principal(s), if any, are Veterans. **Refer to the RFA Section III. Definitions of Key Terms for who is considered a Principal Participant.** Résumés are to be included for each Principal Participant and should describe applicable experience by position

**Principal Participants are: Project Coordinator and Financial Coordinator, and executive director and or any other stakeholders in proposed Projects.**

Name of Principal Participant	Title	Veteran (Y/N)	# of years of experience in position	Résumé Attached (Y/N)
1. Anna M. Gonzales	Director of Social Services	N	3	Y
2. Jeannette Varnado	Program Coordinator	N	2	Y
3. Ed Sturdivant	County Auditor	N	15	N
4. Dwight Marshall	Veteran Services Officer	Y	12	Y
5.				

1. What are the roles and responsibilities of the Principal Participants listed in the table above as related to the Proposed Project? For example, a CFO may be listed as a principal participant, but the description should reference his/her role and responsibility to the Proposed Project.

Principal Participant #1: Anna M. Gonzales will be responsible for the overall implementation of the project to include: staff training, budget, implementation, policy and procedures and program evaluation.

Principal Participant #2: Jeannette Varnado will be responsible for supervision of caseworker the day to day operations of the program.

Principal Participant #3: Ed Sturdivant will be responsible for payment of bills and to detect deficient controls, duplicated effort, extravagance, fraud, or non-compliance with laws, regulations, and management policies. Mr. Sturdivant has held the position of County Auditor for the past 15 years. He has a Bachelor's degree in Business Administration from Angelo State University and has been a certified Public Accountant since 1997. Principal Participant #4: Dwight Marshall currently serves as the Veteran Services Officer for Fort Bend County. He is a retired Marine and has served as the Veterans Services Officer for the past 10 years.

Principal Participant #5:

Principal Participant #5:

### Partnerships

List agencies and/or organizations that your organization partners with to assist in serving Beneficiaries as part of the Proposed Project. Use additional page(s) if needed.

Name of Partner Organization	Address	Telephone	Website
Fort Bend County Veterans Services Office	4520 Reading Rd Ste.A-300, Rosenberg, Texas 77471	281-238-3587	www.fortbendcountytexas.gov
Career Recovery Services	12300 Parc Crest, Stafford, Texas	281-207-2535	www.careerandrecovery.org
Katy Christian Ministries	5011 E 5 <sup>th</sup> St.,	281-391-9623	www.ktcm.org

	Katy, Texas		
Access Health	400 Austin St., Richmond, TX 77469	281-342-4530	<a href="http://www.myaccesshealth.org">www.myaccesshealth.org</a>
Texana Center	4910 Airport Ave., Rosenberg, TX 77471	281-239-1300	<a href="http://www.texanacenter.com">www.texanacenter.com</a>
Second Mile Mission	1135 US-90 ALT, Missouri City, TX 77489	281-261-9199	<a href="http://www.secondmile.org">www.secondmile.org</a>
East Fort Bend Human Needs	425 Stafford Run Rd., Stafford, TX 77477	281-261-1006	<a href="http://www.humanneeds.org">www.humanneeds.org</a>
Rosenberg/Richmond Helping Hands	909 Collins Rd., Richmond, TX 77469	281-232-4904	<a href="http://www.roserichhelpinghands.org">www.roserichhelpinghands.org</a>

### Marketing and Outreach

- Does your organization have an outreach and/or marketing plan to ensure your organization is able to reach and provide services to the Estimated Number of Clients to be Served as listed in the table for **Beneficiaries #3**?  
 Yes       No
- If yes, sufficiently describe the outreach and/or marketing plan and how it will ensure that your organization is able to reach and provide services to the Estimated Number of Clients to be Served as listed in the table for **Beneficiaries #3**.

FBCSS current marketing plan is ongoing and currently markets the following organizations or sectors of the county to include businesses, social services agencies, junior colleges/universities, veteran service providers, clinics, Texas Workforce, churches, local health fairs, social media and attend monthly networking meetings. Program staff will attend United Way Connect monthly network meetings and the quarterly United Way Fort Bend Veterans Network. FBCSS works very closely with the Fort Bend County Veterans Department and they will play an integral role in referring beneficiaries to FBCSS. In addition FBCSS plans to print up flyers regarding services as well as providing brochures and making them available to other agencies as well as “hand out” at any functions where Veterans may congregate.

### Sustainability after the Grant

- If your organization were to receive a one-year FVA grant, will the Proposed Project continue after the one-year grant period if you did not receive additional FVA funding?  
 Yes       No
- If Yes, please describe how the Proposed Project will continue. Be specific. Include in your answer what other funding will be available to your organization and what other organizations with whom you may be partnering or working to carry on the work of the Proposed Project after June 30, 2017:

The proposed project will continue, however the number of veterans assisted would be reduced as well as the amount of funding per service depending on the veterans situation. FBCSS will utilize department budget to assist in meeting the immediate needs of the veteran. A reduction in funds will not change the primary goal of the project which is to help veterans, veteran spouses and surviving spouses and dependents, but it will have an impact on the number of veterans that can be assisted. Plans for maintaining the project include securing funding from state and federal funding sources, local foundations, corporate and individual contributions.

- If your organization has received FVA funding in the past for the Proposed Project, describe why you are applying for a grant again.

Fort Bend County has not received funding in the past from FVA.

## **Part II – Organization Background**

### **Organization Overview**

1. What is the purpose or mission of your organization?

The Mission of Social Services is to provide quality social services to maintain and enhance the live of all persons served.

2. What year was your organization established?

The county of Fort Bend was established in 1837. The department of Fort Bend County Social Services was created by Commissioner Court in the 1950's.

3. What types of programs/services does your organization as a whole currently provide? Provide examples and briefly describe program components.

Currently the department provides utility, rent/mortgage, emergency shelter, food, medication, pauper and indigent burial services, Transitional Supportive Housing, Case Management, Unmet Emergency Needs and Benefits Bank (assist with completing SNAP, TANF, CHIP, Medicaid and Medicare applications) to the residents of Fort Bend County. In addition, the department plans and implements the "Walk With Pride" (WWP) Shoe Program for school age children whose household incomes are at or below 150% of the poverty level.

4. Who is currently served by the programs/services your organization currently offers?

All persons who currently live within the geographic boundaries of Fort Bend County and who can demonstrate a need at the time they are requesting services.

### **Organizational Structure**

1. What type of organization is applying?

- City/Municipal government  
 County government  
 Nonprofit organization  
 Other, please describe:

2. What type of governing body does your organization have?

- City Council/Mayor/City Manager  
 County Commissioners' Court/County Judge  
 Board of Directors/Board Officers/Executive Director  
 Other, please describe:

### **Previous FVA Grant Awards**

List any previous grants your organization was awarded from the FVA.

Amount Awarded	Grant/Contract #	Begin Date	End Date	Was previous funding for the same Proposed Project under this application? (Y/N)
Non-applicable	Non-applicable	Non-applicable	Non-applicable	N

**\$00 Total FVA Grant Awards**

### **Other Grants and TVC Contracts**

1. List all grants and TVC contracts your organization received within the last two (2) years. Do not include FVA grants listed above. Do not list in-kind donations. Use additional pages if needed.

Amount Awarded	Grantor	Grant/Contract #	Begin Date	End Date	Audit Performed (Yes or No)
\$216,030	Federal Emergency Management Agency U. S. Dept. of Homeland Security (Emergency Food and Shelter Program)	LRO# 782800-006	4-28-15	10-31-15	Yes
\$191,292	Office of Homeland Security (Emergency Food and Shelter Program)	LRO# 782800-006	12-4-13	4-30-14	Yes
\$10,000	Henderson Wessendorff Foundation	2014-0022	6-27-14	03-31-17	Yes
\$25,000	Henderson Wessendorff Foundation	2015-0017	6-1-15	6-1-17	Yes
\$25,000	The George Foundation	2015-0044	6-1-15	6-1-17	Yes
\$2,500	Fort Bend Women's Charity	None	8-5-14	ongoing	Yes

**\$469,822 Total Other Grant Awards**

2. Provide a brief narrative for each TVC contract that is listed in the above table.  
Non-applicable.

**Fiscal Management**

Answer each question below and do not leave any item unanswered.

1. What software does your organization used to record accounting transactions?  
QuickBooks  Sage MIP  Fundware  Other (If other, list software) Lawson
2. Does your organization have written accounting policies and procedures for the following? Please be aware that you may be asked to provide copies of the below policies and procedures to FVA staff should you be awarded a grant. Do not list N/A.

	YES	NO
A. Procurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Vendor Payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Payroll	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Grants Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Cash Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Capitalization and Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Indicate if each statement is true or false for your organization. Do not list N/A.

	TRUE	FALSE
A. There has been no staff turnover or reorganization in the past 6 months.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. The organization uses a Chart of Accounts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Time sheets are approved and signed by supervisory personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. An A-133 Single Audit has been performed in the past 2 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Travel receipts are submitted for travel reimbursement requests.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. At what amount does your organization capitalize equipment?	\$5,000.00	

**Performance Reporting**

1. What type(s) of data collection tools will your organization use to document Beneficiaries receiving services (required performance measure) and any additional performance measures noted in **Beneficiaries #3 a., b., and c.**?

FBCSS collects basic demographic information, along with assessment questions. A client satisfaction questionnaire will be administered after services are provided. A follow-up questionnaire will be administered at three and 6 months of follow-up.

2. How will your organization consolidate the collected data **to ensure that beneficiaries that are reported to the FVA are unduplicated?**

Currently FBCSS utilizes a computer software system entitled Caseworthy data collection and tracking of services. The program has the capacity of tracking duplication of clients by date of birth, social security number, address etc. Since all clients are asked "Are you a veteran?" the software has the capability of generating a report of those clients who responded "yes."

### **Part III – Budget Tables and Budget Narratives**

The budget is broken up into Direct and Indirect Costs. Within Direct Costs there are seven allowable sections. Indirect Costs has one section. Each section represents a Budget Category that will make up your Total Grant Amount Request. The total grant amount request must equal the Amount Requested checked in **Part I – Proposed Project**.

Complete each Table as applicable to your Proposed Project. Costs must be broken out in Tables to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the grant project. Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Following each table, a narrative description supporting and discussing each budget item must be entered, as well as a calculation demonstrating how the cost was arrived at. For example, if there is travel in the budget, the narrative must discuss travel and the appropriateness of travel to the project, and the narrative must include calculations to support how the cost was determined.

Costs claimed as direct costs that appear indirect in nature or budgets claiming no indirect costs will be scrutinized for accuracy. Any such costs claimed as direct need to be fully explained, supported, be reasonable and treated in a consistent manner across your organization. The FVA may ask the applicant to re-classify costs as indirect if the support provided does not meet the above criterion.

#### **DIRECT COSTS**

##### **A. Salaries and Wages**

1. Enter **each** employee that will be directly associated with the Proposed Project. Enter their position title, employee name, percent of time to be allotted to the Project, and employee’s annual salary rate.

**Table A**

<b>Position Title</b>	<b>Employee Name</b>	<b>Annual Salary</b>	<b>% of Time Allocated to the Grant</b>	<b>Total Cost</b>
<i>Ex. Case Manager</i>	<i>John Veteran</i>	<i>\$40,000</i>	<i>75%</i>	<i>\$30,000</i>
Case Worker	Vacant	\$43,138.08	100%	\$43,138.08
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
<b>Total Table A</b>				<b>\$43,138.08</b>

2. Describe the roles and responsibilities of each of the positions listed under Salaries and Wages **and** how each of those roles are necessary to accomplishing the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

One case worker will be hired for this program. They will be responsible for assessing the beneficiary’s eligibility for services and work closely with the other FBCSS staff, FBCVSD staff and other resources within and outside the county. He/she will complete initial assessment, gather information and identify problems and formulate a service plan to help client meet their needs. The caseworker will also coordinate care services and assist beneficiary identify and obtain resources. The caseworker will also be responsible for advocating on the beneficiary’s

behalf with external parties, such as legal services, health insurance organizations or other social service organizations. He/She will also be responsible for ensuring the client satisfaction and follow-up questionnaire are complete. The case worker position is a grade 8 position with a salary range of \$14.60-\$20.66 an hour. The salary provided above was determined at the highest end of pay grade (\$20.66) at 2088 hours. (\$20.66 X 2088 FTE=\$43,138.08)

**B. Fringe Benefits**

1. For each Position listed in Table A, include the annual fringe benefits for that position.

**Table B**

Position Title	Employee Name	Annual Fringe Benefits	% of Time Allocated to the Grant	Total Cost
<i>Ex. Case Manager</i>	<i>John Veteran</i>	\$8,000	75%	\$6,000
Caseworker	Vacant	\$21,586.29	100%	\$21,586.29
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$
<b>Total Table B</b>				\$21,586.29

2. Describe the benefits– including health insurance, annual leave, social security and any other applicable fringe benefits – for each position listed in Table B **and** how each of those benefits are necessary to accomplishing the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

The benefits below are the current benefits offered to all full time employees by Fort Bend County. Due to workplace guidelines these benefits are necessary to fulfill workplace mandates. The following percentages are the current benefit rates calculated by the County Budget Office.

Payroll taxes 7.65% @ \$43,138.08= \$3,300.06

Retirement 11.79% @ \$43,138.08= \$5,085.98

Worker’s compensation/Unemployment 3.8% @ \$43,138.08= \$1,639.25

Health Insurance @ \$11,561.00.

**C. Travel**

1. Enter employee travel in the table below. This can include travel to and from conferences, training, outreach, and travel to provide services to Beneficiaries. As noted in the RFA Section XI. Grantee Training, funds do not need to be budgeted for travel to Austin, TX for grantee training. This training will be done remotely via webinar or conference call, or in some instances, FVA staff may conduct onsite training visits at the Awarded Applicant’s facility.

**Table C**

Travel Expense	Reason for Travel	No. of Staff	No. of Days	Total Cost
<i>Ex. Staff Mileage @ \$0.57 per mile</i>	<i>To visit Veteran clients at their homes; conduct outreach</i>	2	<i>Avg. 2 days/wk</i>	<i>\$1,095</i>
<i>Ex. Conference Registration, lodging, Meals/Incidentals, travel</i>	<i>To attend conference regarding providing Veteran services</i>	2	<i>3 days</i>	<i>\$1,500</i>
Staff Mileage @ \$0.575 per mile	To visit veterans clients at their homes, conduct outreach, travel to local trainings/meetings, etc.	1	Avg 2 days per week	\$1,150

				\$
<b>Total Table C</b>				\$1,150.00

- Provide a description for each travel item included in the Table above. The description should include, but is not limited to, what the travel is for, costs to be used for mileage rates, meal rates per day, conference registration fees, and why the travel is necessary to accomplishing the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

Caseworker will be reimbursed for travel in those cases when he/she must use his or her vehicle, otherwise the he/she will use the county vehicle as much as possible. In those cases when his/her personal vehicle must be used the caseworker will be reimbursed at the county mileage rate of \$0.575 per mile. It is anticipated that the caseworker could be reimbursed for approximately 2000 miles during this funding period. This travel cost include travel to and from the Houston/Harris county area, for the purpose of attending network meetings, conferences workshops, trainings, provider meetings, making home visits, etc.

#### D. Equipment

- Enter a description, unit cost and quantity for each item of equipment to be purchased for the Proposed Project. Remember, capital expenditures and pieces of equipment that are capitalized are not allowable under this grant.

**Table D**

Description of Equipment	Unit Cost	Quantity	Total Cost
<i>Ex. Workstations for 2 staff</i>	\$800	2	\$1,600
<b>Laptop</b>	\$1,078.73	1	\$1,078.73
<b>Docking Station</b>	\$127.49	1	\$127.49
<b>Portable Scanner</b>	\$223.00	1	\$223.00
<b>License computer software (Caseworthy)</b>	\$360.00	1	\$360.00
<b>WiFi-Service</b>	\$480.00	1	\$480.00
<b>Total Table D</b>			\$2,269.22

- Provide a description for each equipment item listed in the Table above and explain why each equipment item is necessary to accomplish the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

One dell latitude laptop with 8 GB and 1600 MHz memory will be purchased for caseworker. This laptop will be used to complete the day to day operations of the program in addition will allow for the caseworker to complete necessary documentation both at the office and while on home visits. The cost of the laptop is \$1,078.73 and is based on the county cost per vendor. Docking station will be used to support the laptop while at the office. The cost of the docking stations is \$127.49 and is based on the county cost per vendor. Portable scanner will be used both in the office and when necessary while doing home visits or enrolling a clients for benefits while away from the office. The cost of the portable scanner is \$223.00 and is based on the county cost per vendor. FBCSS currently utilizes the data collection software Caseworthy and has purchased 12 licenses. The additional caseworker would require the need to have one more license and the \$360.00 is based on the current agreement the county has with Caseworhty. Wifi service is needed to access the web-based data collection system (Caseworthy) and also necessary when assisting clients complete online forms. The cost of WiFi is \$40.00 a month. This price is based on the county cost as per vendor.

- If this is a continuation request and your organization was previously awarded funding for the Proposed Project, note each item of equipment listed in the Table above that was also requested as part of a previously funded application and explain why it is being requested again. Examples of such items of equipment may include laptops, projectors, printers, phones, office furniture.  
No previous requested has been made.

#### E. Supplies

1. Enter a description, unit cost and quantity for each item of supplies to be purchased for the Proposed Project.

**Table E**

Description of Supplies	Unit Cost	Quantity	Total Cost
<i>Ex. Black inkjet cartridges</i>	\$35	12	\$420
Desk/Credenza	\$1,500	1	\$1,500.00
Office Chair	\$319	1	\$319.00
2 Boxes of Paper	\$33	2	\$66.00
General Office Supplies	\$		\$200.00
Floor Mat	\$41	1	\$41.00
<b>Total Table E</b>			\$2,126.00

2. Provide a description for each item of supply listed in the Table above **and** explain why each supply item is necessary to accomplish the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

Desk/Credenza will be utilized on a day to day basis by caseworker to complete office work, and interview clients. The prices of the desk and credenza is \$1,500.00. This price is based on current catalog pricing at the time of the writing of this grant. Office chair will be utilized by the caseworker to perform the day to day duties of the program. This pricing is based on office furniture catalog pricing. It is anticipated that the caseworker and support will utilize two boxes of paper for the day to day operations of the program and to generate reports when necessary. The pricing (\$66.00) is based on the current county cost as per vendor. General office supplies will include: stapler, staples, highlighters, specialty paper, pens, pencils, tablets, post-it pads, business cards, annual calendar, tape, folders, binders, etc. These items will be used by the caseworker to carry out day to day duties, ensure all activities are carried out in a timely and organized manner. The estimated cost of these items various however the experience of FBCSS is that the cost of general supplies per new employee is approximately \$200.00 annually.

3. If this is a continuation request and your organization was previously awarded funding for the Proposed Project, note each item of supply listed in the Table above that was also requested as part of a previously funded application **and** explain why it is being requested again. Examples of such items of supply may include laptops, projectors, printers, phones.

The requested items have not been previously made. The items are being requested because this grant would be supporting a new position and will be necessary for the day to day operations of the services provided.

**F. Client Services**

1. List each client service and the cost of each service. Client Services may include, but is not limited to, participant support costs such as emergency financial assistance, transportation assistance, stipends for beneficiaries to attend trainings, and any **contract personnel** that will be providing services to Beneficiaries. An itemized break-out of each client service is required, and extra lines may be inserted into this table.

**Table F**

Client Service	Average Cost per Client	No. of Clients to be Served	Total Cost
<i>Ex. Emergency Financial Assistance</i>	\$400	250	\$100,000
One Time Rental Assistance	\$1,200	30	\$36,000
One Time Utility Assistance	\$500	60	\$30,000
Transportation Assistance (filled tank of gas)	\$40.00	60	\$2,400
One month Childcare Assistance	\$1,000	10	\$10,000
<b>Total Table F</b>			\$78,400

- Provide a description for each Client Service listed in the Table above **and** explain why each cost is necessary to accomplish the Proposed Project. Include, if applicable, the maximum amount of assistance to be provided to clients. Narrative must also include a calculation to demonstrate how the cost was determined.

One time rental assistance will be provided for up to \$1,200 per month. In Fort Bend County the average monthly rate of an apartment or rent house is approximately \$1,200 for a family of four. It should be noted that FBCSS will pay a maximum of \$1,200 for one month's rent but could potential pay less in those cases where the lease/rental agreement stipulates a less amount. It is anticipated that 30 beneficiaries will request this service at a rate of \$1,200 a month for a total sum of \$36,000. Beneficiaries will be assisted with one time utility assistance for up to \$500.00. This amount will include payment of more than one utility bill if and when necessary. Utility bill include electricity, water and gas. It has been the experience of FBCSS that on average utility bills range from \$50.00 to \$250.00 per month. FBCSS is requesting \$30,000 to assist beneficiaries with utility assistance. FBCSS will assist 60 beneficiaries with more than one utility bill for a combined assistance not to exceed \$500. Transportation assistance will be provided to beneficiaries in need of gas. In the past it has been the experience of FBCSS that a full tank of gas ranges between \$40- \$50. The goal is to assist 60 beneficiaries with a full tank of gas on average of \$40.00 for a sum total of \$2,400. One time childcare assistance will be provided for up to \$1,000 for one month. This amount is based on the average cost of daycare in the Fort Bend County area. FBCSS intends to provide 10 beneficiaries with childcare at the rate of \$1,000 per month for one child per beneficiary.

**G. Construction**

The FVA grant does not cover the cost of construction. This line is blank.

**H. Other Direct Costs**

- List any direct costs not included in the above tables. Direct costs that appear indirect in nature need to be fully explained, supported, be reasonable and treated in a consistent manner across your organization. The FVA may ask the applicant to re-classify costs as indirect if the support provided does not meet the above criterion.

**Table H**

Other Direct Costs	Annual Cost	Allocation % (if applicable)	Total Cost
<i>Ex. Annual Audit</i>	\$6,000	20%	\$1,200
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
<b>Total Table H</b>			<b>\$0</b>

- Provide a description for each item of other direct costs listed in the Table above **and** explain why each cost is necessary to accomplish the Proposed Project. If costs are allocated an approximate percentage to be charged to this grant is to be included. Narrative must also include a calculation to demonstrate how the cost was determined.

No funds requested for direct cost.

**I. Total Direct Charges**

All Personnel, Fringe Benefits, Travel, Equipment, Supplies, Client Services and Other Direct Charges and should sum to Total Direct Charges on Line I of Table K below.

**INDIRECT COSTS**

**J. Indirect Costs**

**Allowable Indirect Cost Recovery for FVA grants is limited to 10% of total direct costs for all applicants.** Indirect charges are those items that are often considered “overhead,” and can be classified as those costs associated with accounting, human resources, and other administrative and facility-related costs.

Typical examples of indirect cost for many nonprofit organizations may include depreciation on buildings and equipment, the costs of operating and maintaining facilities, and general administration, such as the salaries and expenses of executive officers, personnel administration, and accounting.

If your organization has a federally negotiated indirect cost agreement, that document must be submitted as part of the Application Package so that staff is able to determine that direct and indirect costs are similarly treated.

If your organization does not have a federally negotiated indirect cost agreement, the flat 10% rate of total direct costs is allowable. Please keep in mind that direct and indirect costs must be treated in a similar manner as they are across your organization and may be reviewed for accuracy during compliance visits.

Costs claimed as direct costs that appear indirect in nature or budgets claiming no indirect costs will be scrutinized for accuracy. Any such costs claimed as direct need to be fully explained, supported, be reasonable and treated in a consistent manner across your organization. The FVA may ask the applicant to re-classify costs as indirect if the support provided does not meet the above criterion.

For more information regarding direct and indirect costs, please see 2 CFR §200.412-414.

1. Enter the total Direct Costs in Table J. to calculate the total allowable Indirect Recovery. Then enter the total Indirect Recover to be charged to the grant – this amount may not be more than the total allowable Indirect Recovery.

**Table J**

Total Direct Costs (Total of Table A through Table H)	Maximum Indirect Costs (as percentage of Direct Costs)	Total Allowable Indirect Recovery	Total Indirect Recovery to be Charged to Grant
\$148,669.59	10%	\$0	\$
<b>Total Table J</b>			\$148,669.59

2. If your organization is not submitting a federally negotiated indirect cost agreement, provide a basic line item description for each indirect cost (ex. Executive Director, IT, Facilities). No further explanation is required. Again, direct and indirect costs are to be treated consistently and similarly either as a direct or an indirect cost in order to avoid double-charging the grant.

Non applicable.

**K. Budget Table**

Enter the all Total lines from Tables A-H and J on the corresponding line below. The total of Table K must match the grant amount being requested in Part I: Proposed Project Information Amount Requested.

**Table K**

Table	Budget Category	Total Cost
DIRECT COSTS		

<b>A</b>	Salaries and Wages	\$43,138.08
<b>B</b>	Fringe Benefits	\$21,586.29
<b>C</b>	Travel	\$1,150.00
<b>D</b>	Equipment	\$2,269.22
<b>E</b>	Supplies	\$2,126.00
<b>F</b>	Client Services	\$78,400.00
<b>G</b>	Construction	
<b>H</b>	Other Direct Costs	\$0
<b>I</b>	<b>Total Direct Costs</b>	\$148,669.59
<b>INDIRECT COSTS</b>		
<b>J</b>	Indirect Costs	\$0
	<b>Total Indirect Costs</b>	\$0
	<b>Total Grant Amount Requested</b>	\$148,669.59

**L. Matching Funds**

Describe what other funding sources and/or matching funds your organization will be using to support and accomplish the goals of the Proposed Project. This information helps to provide a complete picture of what resources will be used to accomplish the Proposed Project. Be specific in your answer by including, for example, any other grants that may fund portions of the Proposed Project, in-kind donations, or volunteer time that assists in the delivery of Proposed Project services.

No matching funds will support this grant.