

HUMAN SERVICES COMMISSION AGENDA

**Wednesday, February 5, 2014
7:00 P.M.**

City Council Chamber, 200 Old Bernal Avenue

CALL TO ORDER

- Pledge of Allegiance
- Roll Call

AGENDA AMENDMENTS

MINUTES

1. Approve meeting minutes:
 - November 6, 2013, Workshop
 - December 4, 2013, Regular Meeting

MEETING OPEN TO THE PUBLIC

2. Introductions/Awards/Recognitions/Presentations
 - a. Sue Compton, Executive Director of Axis Community Health – Update on new facility
3. Public Comment from the audience regarding items not listed on the agenda. *Speakers are encouraged to limit comments to 3 minutes.*

MATTERS BEFORE THE COMMISSION

If necessary to assure completion of the following items, the Chairperson may establish time limits for the presentations by individual speakers.

4. Review of FY 2013/14 Housing and Human Services Grant (HHSB) Semi-Annual Reports
5. Discuss Evaluation Process and Meeting Format for FY 2013/14 Housing and Human Services Grant Program Review

COMMUNICATIONS

6. Eden I & R, Inc. 211 Alameda County Monthly Narrative Report: November and December 2013
7. Housing Commission Minutes: July and September 2013

COMMISSION REPORTS

- Senior Advisory Committee
- Valley Mental Health Committee
- Parks and Recreation Mater Plan Steering Committee
- Brief reports on any other meetings, conferences, and/or seminars attended by the Commission members
 - Alameda County Area Agency on Aging
 - Paratransit Advisory Committee
 - Senior Support Program of the Tri-Valley
 - Tri-Valley Housing Scholarship Program Committee

COMMISSION COMMENTS

STAFF COMMENTS

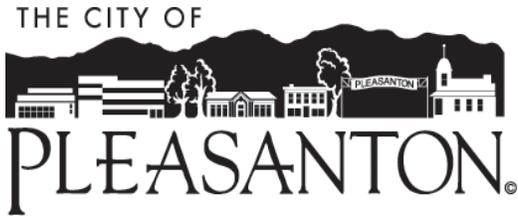
ADJOURNMENT

Notice

Under Government Code §54957.5, any writings/documents regarding an open session item on this agenda provided to a majority of the Commission after distribution of the agenda packet are available for public inspection at the Community Services Department, 200 Old Bernal Avenue, Pleasanton.

Accessible Public Meetings

The City of Pleasanton will provide special assistance for citizens with disabilities to participate in public meetings upon advance notice. If you need an auxiliary hearing aid or sign language assistance at least two working days advanced notice is necessary. Please contact the Community Services Department, PO Box 520, Pleasanton, CA 94566 or (925) 931-5340.



Human Services Commission Workshop Notes

**City Council Chambers, 200 Old Bernal Avenue, Pleasanton, CA
November 6, 2013 – 6:00 p.m.**

CALL TO ORDER

The Workshop meeting was called to order at 6:08 p.m.

Commissioners Present: Alison Boswell, Varsha Clare, Susan Hayes, Prashant Jhanwar, David Nagler, Theresa Rowland, Rosiland Wright, and Chairperson Brock Roby.

Commissioners Absent: Joyce Berger.

Staff Present: Susan Andrade-Wax, Director of Community Services; Scott Erickson; Housing Specialist; Michael Patrick, Management Analyst; and Edith Caponigro, Recording Secretary.

Consultants Present: Jennifer Susskind, Resource Development Assoc.

WELCOME & INTRODUCTIONS

Commissioners, Consultants, and Staff were introduced.

UPDATE ON STRATEGIC PLANNING ACTIVITIES TO DATE

Ms. Susskind advised that this meeting would be a continuance of steps taken at the previous workshop meeting and reviewing a condensed version of the Strategic Plan that is currently being reviewed by the City Manager.

Ms. Susskind reviewed the meeting objectives outlining the planning process, advising that in June planning objectives, mission, vision and values had been defined. In July, the Pleasanton Needs Assessment; SWOT; and identification of Priority Needs and Systemic Challenges had been discussed. During August and September, promising, innovative, and best practices research had been conducted and priority actions identified. A "Draft" plan was prepared in October, and in November feedback on the Draft Strategic Plan is required.

Ms. Susskind noted that strategic and operational actions discussed at previous meetings included Priority Human Service Needs, Systemic Challenges, and Research on Promising, Innovative and Best Practices, and included:

Human Service Needs

- Workforce Development / Unemployment
- Healthcare and Behavioral Health
- Disability Services / Access
- Food and Nutrition
- Youth Services
- Senior Services

Systemic Challenges

- Lack of consumer information about services
- Lack of Provider coordination / collaboration
- Untapped resources
- Access to services (time and cost)

Strategic Actions

- Revise Commission Grant-making Priorities
- Community Engagement and Education Campaign
- Sponsor Human Service Alliance
- Workforce Development Project

Operational Actions

- Build Relationships with Regional Representatives
- Diversify Commission Membership

Commissioners reviewed with Ms. Susskind:

Strategic Action 1: Revise Commission Grant-making Priorities and agreed that it was an Action that Commission was currently handling, since it included revising the Statement of Priorities for the FY2014-15 Grant Cycle.

Strategic Action 2: Community Engagement and Education Campaign was an Action the Commission agreed needed time for thinking about how to build projects before presenting recommendations to City Council.

Strategic Action 3: Sponsor Human Service Alliance the Commission felt could require hiring an additional staff person or working with an organization.

Strategic Action 4: Workforce Development Project is something Commissioners had identified as a priority need, but requires time to plan.

Operational Action 1: Build Relationships with Regional Representatives requires evaluating the process and identifying and implementing with other local cities ways to address service needs in the region.

Operational Action 2: Diversify Commission Membership. Commissioners agreed that since the local population has changed that recruitment strategies and target populations need to be developed and more diverse.

Commissioner Wright felt the Draft Plan presentation captures what the Commission has been discussing and is a good guideline for what the Commission now needs to do.

Chairperson Roby questioned how often the Needs Assessment is reviewed and updated.

Mr. Erickson discussed the grant cycle timeline outlined in Strategic Action 1. Ms. Susskind indicated she would change the graph according to his recommendations.

Commissioner Nagler felt the grant cycle was where the Commission could have most impact and decided on whether they should be reactive or proactive. He also noted that priorities were of great importance to the Commission. Ms. Susskind discussed ways of moving forward without alienating the constituency.

Commissioner Nagler commented on what the Commission may want to recommend to City Council, what has been done in the past, and if changes should be made.

Commissioner Jhanwar felt the Commission should consider moving slowly when making changes. Commissioner Nagler agreed.

Ms. Andrade-Wax discussed how the Commission will be able to prioritize its funding recommendations. Commissioner Wright felt there may be a need to “weight” priorities.

Commissioner Rowland asked for clarification about the “Champions” concept in the Draft Plan. Ms. Susskind advised that a Strategic Needs Plan would need to be done showing assigned people and Subcommittees would be formed as working groups for the various concepts.

Ms. Susskind advised that the next step in the Strategic Plan process is for staff and Commissioners to read the Draft Plan and provide feedback.

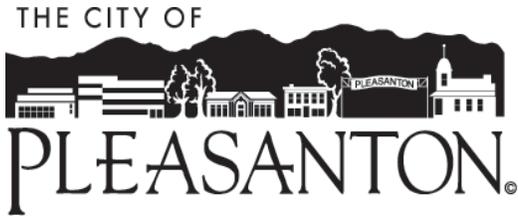
Ms. Andrade-Wax noted that RDA wants to make sure they have correct information and feedback before a joint workshop with City Council is scheduled, and would like the Plan to be as complete as possible so Council can approve it and have it go into action.

Commissioners and staff discussed with Ms. Susskind a specific date for feedback to be provided. Ms. Susskind asked that Commissioners be prepared to answer questions presented by Council members at the workshop meeting. Ms. Andrade-Wax advised that the Commission would have an opportunity to discuss things at the December meeting.

Commissioner Hayes questioned whether the names of the “Champions” should appear in the final document. After discussion, Commissioners agreed they should be removed.

ADJOURNMENT

There being no further business, the Workshop meeting was adjourned at 7:10 p.m.



City of Pleasanton Human Services Commission Minutes

**City Council Chamber, 200 Old Bernal Avenue, Pleasanton, CA 94566
December 4, 2013 – 7:00 p.m.**

CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chairperson Roby called the meeting to order at 7:02 p.m. The Pledge of Allegiance to the flag was recited.

ROLL CALL

Commissioners Present: Joyce Berger, Allison Boswell, Varsha Clare, Susan Hayes, Rosiland Wright, and Chairperson Brock Roby.

Commissioners Absent: Commissioners Prashant Jhanwar, David Nagler, and Theresa Rowland.

Staff Present: Susan Andrade-Wax, Community Services Director; Pam Deaton, Recreation Supervisor; Raymond Figueroa, Recreation Coordinator; Julie Parkinson, Office Assistant; and Edith Caponigro, Recording Secretary.

AGENDA AMENDMENTS

There were none.

1. MINUTES

November 6, 2013 Regular Meeting Minutes

A motion was made by Commissioner Wright, seconded by Commissioner Hayes, to approve the minutes from the November 6, 2013 Regular Commission meeting. **The motion was approved.**

MEETING OPEN TO THE PUBLIC

2. Introductions/Awards/Recognitions

a. Presentation on Senior Nutrition Program – Senior Center Staff

The Commission received a presentation and overview of the Congregate Meal Program from Senior Center staff members. They discussed the need to provide a thriving Congregate Meal Program with a mission for providing affordable nutritious dining options with socialization.

Mr. Figueroa noted that current congregate meals offered at the Senior Center are provided by Spectrum and are being prepared in Hayward and transported to Pleasanton. Meals are offered to seniors 60 years and over at a suggested donation of \$3.75.

Information regarding the current agreement with Spectrum and funding sources they receive was provided. A decline in program participation was discussed and it was noted that 75+ seniors a day participated in 1999, while in 2013 that number is only 25.

Staff advised they have conducted a survey of the current congregate meal program with seniors at the Center and have visited similar programs in other communities. They provided the Commission with information regarding the program services, cost comparisons, and suggested meal donations from these other communities.

Suggested improvements for the Congregate Meal Program at the Pleasanton Senior Center include providing a salad bar, daily soup, sandwiches, flexibility with reservations, and friendlier meal program staff and environment. The Commission was advised that Senior Center Staff is looking to redesign the Congregate Meal Program vision and benefits, with the possibility of meals being provided by a local source.

Chairperson Roby discussed with staff the cost of meals being provided by Spectrum at the Pleasanton Senior Center and how the cost compared with meals provided in other communities. He was advised by Ms. Deaton that the cooking kitchen would need to be re-equipped for meals to be cooked onsite at the Pleasanton Senior Center.

Commissioner Wright discussed County funds provided to Spectrum for the program and their requirements that seniors complete forms providing information about their status. She felt seniors were tired of the current program and suggested that staff consider having meals provided by ValleyCare.

Ms. Deaton noted that the goal is to be able to cook meals on site and make changes that will make the program more attractive to seniors. A number of opportunities are available and steps to make changes are necessary and partnerships are needed.

Commissioner Clare asked what the next steps to be taken by staff would be and Mr. Figueroa advised that staff believes people in the community will step up to help with making needed changes.

Commissioner Hayes provided information about a Sunnyvale program where a contract was awarded for providing meals for seniors with an incentive that the contractor be allowed to provide catering for special city events.

Staff advised that they believe Alameda County will still provide funding for the program and will be willing to listen to suggestions for change that will be provided. Commissioner Hayes felt there was a need to let the County know about the needs in Pleasanton, and they should be informed about the number of seniors who use the Pleasanton Senior Center. Ms. Deaton noted that staff will be moving forward with making changes to the program and would like to be a pilot for changes that the County will find interesting and inventive. Mr. Figueroa felt the Congregate Meal Program should be a destination place that would be attractive for seniors.

Commissioner Clare suggested Senior Center staff consider partnering with a teacher at Village High School who has done great work teaching cooking/catering skills to students.

Commissioner Wright questioned whether unused funds from the Congregate Meals Program would be carried over to the next funding year.

3. Public Comment from the Audience regarding items not listed on the agenda

There were none.

MATTERS BEFORE THE COMMISSION

4. Discuss “Draft” City of Pleasanton’s Human Services Needs Assessment: Strategic Plan

Ms. Andrade-Wax noted that upon review of the 2011 Eastern Alameda County Human Services Needs Assessment Findings Report, the Commission had determined a need to develop a community-specific Strategic Plan to ensure it would carry out its duties in the most thoughtful and effective way. Resource Development Associates (RDA) was contracted in July 2013 to assist with the facilitation and development of the Human Services Needs Assessment Strategic Plan.

Commissioners were provided with a “Draft” City of Pleasanton’s Human Services Needs Assessment: Strategic Plan and Ms. Andrade-Wax advised that they were being asked to review and discuss the Draft and provide comments and recommendations.

Commissioner Berger had comments regarding the itemization of the “Most Critical Human Service Needs” indicated on page 8. She felt that “Workforce development/unemployment” seemed inappropriate at the top of the list. She also commented on its reference in Strategic Action #4 on page 10.

Commissioners discussed how the list on page 8 came about and that many of the needs were tied to Workforce development/unemployment.

Chairperson Roby felt the service needs itemized would provide a call to action for the community. Commissioner Wright thought the Commission was hoping that organizations would see the needs and look to collaborate.

Commissioner Hayes suggested itemizing the list in an order that reflects the needs, or just putting in an alphabetical order. Commissioner Clare recommended the list heading indicated they were being listed in alphabetical order.

Commissioners provided Ms. Andrade-Wax with several spelling corrections needed in the report. It was also suggested that the word “gamification” on page 9 be replaced.

Ms. Andrade-Wax provided the Commission with information about the next steps in the process of approving the Human Services Needs Assessment, which will include a joint workshop meeting with City Council sometime in January or February 2014.

Commissioner Hayes questioned whether the Commission should be prepared to discuss Strategic Actions when they meet with City Council. Commissioner Wright commented on all Strategic Actions being of equal priority. Commissioner Clare asked about the order of the Strategic Actions and whether they should be in any special format.

Commissioner Clare discussed with Ms. Andrade-Wax the use of “TBD” on page 11 of the report.

A recommendation was also made that Organizational #1 on page 11 be modified to “*Continue to Reach Out to Livermore and Dublin Human Services Commissions and City Staff*”.

In review, recommendations and changes to the “Draft” City of Pleasanton’s Human Services Needs Assessment: Strategic Plan include:

- Typographical and spelling changes.
- Page 8 heading: “Most critical human services needs:” changed to “Most critical human service needs listed in alphabetical order”.
- Page 8: Identification of Strategic Actions - ... *Of equal priority* the Commission’s strategic priorities are described below.
- Page 9: Strategic Action #2 - replace “gamification” with a more suitable word.
- Page 10: Strategic Action #4 - ... (including job training and career development assistance) *as one of the most critical needs* in Pleasanton.
- Page 11: Organizational Action #1: *Continue to Reach Out to Livermore and Dublin Human Services Commissions and City Staff*.

5. Selection of Commission Chair, Vice Chair, and Committee Assignments

Ms. Andrade-Wax advised that the Commission annually selects a Chair and Vice Chairperson to facilitate Commission meetings. She recommended the Commission select a new Chair and Vice Chairperson for 2014 and review Committee appointments and make any necessary changes.

A motion was made by Chairperson Roby, seconded by Commissioner Clare, to nominate and elect Commissioner Berger as the Human Services Commission Chair for 2014.

ROLL CALL VOTE:

AYES: Commissioners Berger, Clare, Hayes, Wright, and Chairperson Roby.
NOES: None
ABSENT: Commissioners Jhanwar, Nagler, and Rowland.
ABSTAIN: None

A motion was made by Chairperson Roby, seconded by Commissioner Clare, to nominate and elect Commissioner Wright as the Human Services Commission Vice Chairperson for 2014.

ROLL CALL VOTE:

AYES: Commissioners Berger, Clare, Hayes, Wright, and Chairperson Roby.
NOES: None
ABSENT: Commissioners Jhanwar, Nagler, and Rowland.
ABSTAIN: None

No changes were made to the Human Services Commission Committee Appointments/Reports.

COMMUNICATIONS

6. Eden I&R, Inc. 2-1-1 Alameda County Monthly Narrative Report: (October 2013)

Reviewed. No comments.

7. Eden I&R, Inc. 2-1-1 Annual Report

Commissioner Wright commented on 2-1-1 accomplishing goals and changes they had set and Commissioner Berger questioned whether 2-1-1's performance had changed dramatically.

COMMISSION REPORTS

Senior Advisory Committee – No report.

Parks and Recreation Master Plan Steering Committee – no report. Next meeting will take place on December 19, 2013.

Brief reports on any other meetings, conferences, and/or seminars attended by the Commission members

Commissioner Wright commented on Alameda County Aging and how well Alameda County has been doing with the healthcare rollout. She also discussed affects being felt from the sequester.

COMMISSION COMMENTS

There were none.

STAFF COMMENTS

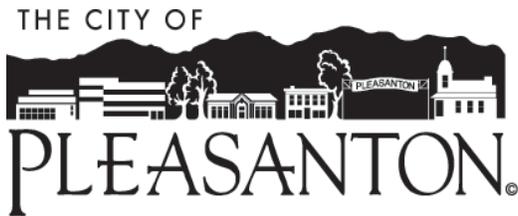
Ms. Andrade-Wax advised:

1. Because of closeness to the New Year holiday, the January Human Services Commission meeting would be held on January 15, 2014.
2. Agenda items for the January 2014 meeting were discussed.

Commissioner Clare asked that meeting info/reminders to be posted on Outlook.

ADJOURNMENT

There being no further business, the meeting was adjourned at 8:45 p.m.



Human Services Commission Agenda Report

February 5, 2014
Item 4

**SUBJECT: REVIEW FY 2013/14 HOUSING AND HUMAN SERVICES GRANT (HSG)
SEMI-ANNUAL REPORTS**

SUMMARY

Included for the Commission's review is the Housing and Human Services Grant (HSG) Project Performance Review spreadsheet and grant recipients Semi-Annual Reports.

RECOMMENDATION

It is recommended that the Commission review the FY 2013/14 HSG Semi-Annual Reports and summary spreadsheet and provide comments as appropriate.

FINANCIAL STATEMENT

Of the \$592,077 grant funds awarded to the 23 projects, \$226,840 (38%) has been expended thus far, leaving a balance of \$365,237 (62%) for the remainder of the fiscal year.

BACKGROUND

As required in the guidelines for the City's Housing and Human Services Grant (HHSB) program, each agency receiving a grant must meet all applicable HHSB requirements including executing a City-Agency contract, submitting certificates of insurance, and maintaining a City of Pleasanton business license. Additionally, agencies are required to submit a Semi-Annual Report for each funded project by the due date. The first Semi-Annual Report was due January 15, 2014, and covers the period from July through December 2013.

The Semi-Annual Report provides an opportunity for agencies to provide brief updates on their projects including: the current status of the project; any significant actions taken during the reporting period; any modifications to the project since it received funding; amount of funds expended; and client statistics (number, household characteristics, and demographic data).

A total of 17 agencies received funding for 23 different projects. A summary of grant performance for the first period is provided in the attached spreadsheet (Attachment 1). The detailed Semi-Annual Reports submitted by each agency (from which the information in Attachment 1 was derived) were sent out via email in electronic form on January 28. [The reports are also available for viewing online at any time via the ZoomGrants system.]

As noted in Attachment 1, all agencies (with the exception of one) submitted their Semi-Annual Reports, with the majority received by the January 15 deadline. Most of the agencies are making reasonable progress with their projects. Tri-Valley YMCA did not submit a report and has not expended any of its \$19,000 allocation to date. Staff is working with the agency regarding the status of the project.

Of the \$592,077 grant funds awarded to the 23 projects, \$226,840 (38%) has been expended thus far, leaving a balance of \$365,237 (62%) for the remainder of the fiscal year. This overall expenditure of funds is normal for the middle of the fiscal year. [The Axis clinic relocation is now moving forward and expenditure of most of the funds for this major project is anticipated within the next several months.] Staff does not see any significant issues or concerns and is working with all grant recipients on a regular basis to ensure that grant requirements are met and project funds will be expended in a timely manner.

ALTERNATIVE ACTION

Any other action as determined by the Human Services Commission.

Submitted by:

/s/
Scott Erickson
Housing Specialist

Attachments

1. Project Performance Review Spreadsheet
2. Individual Semi-Annual Reports *[sent out via email 1/30/2014]*

City of Pleasanton Housing and Human Services Grant (HHSB) Program
Semi-Annual Report (1st Period: Jul-Dec 2013)

AGENCY / PROJECT INFO:

REPORT SUMMARY: (1st Period)

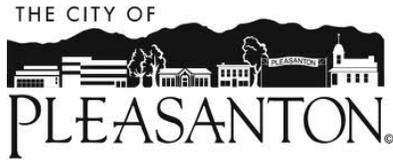
Proj No	Agency	Project	Client Goal / Type	Svc Unit Goal / Type	New Pleasanton Clients Served (Unduplicated)	New Non-Pls Clients Served (Unduplicated)	Progress to Goal (Pls Clients)	Pleasanton Svc Units Provided	Non-Pls Svc Units Provided	Progress to Goal (Pls Units)	Total Grant Amount	Funds Spent (\$ / %)	Remaining Balance	Staff Comments
			[Q #11]	[Q #15]	[Q #11]	[Q #11]		[Q #15]	[Q #15]					
13001	City of Pleasanton	City "Section 108" Loan Repayment	5 People	1 Loan payment	5	30	100%	1	0	100%	\$21,408	\$21,408 100%	\$0	Annual loan payment made Aug 2013.
13002	Tri-Valley Housing Opportunity Center	Community Stabilization Program	97 Households	250 Households served	14	145	14%	103	0	41%	\$25,000	\$25,000 100%	\$0	Agency was permitted to draw all funds at start of fiscal year as part of multi-jurisd. funding agreement
13003A	Tri-Valley Haven	Tri-Valley Haven's Food Pantry	600 People	400 Employee hours	429	3,931	72%	209	874	52%	\$8,000	\$4,472 56%	\$3,528	
13003B	Tri-Valley Haven	Counseling and Temporary Restraining Order Clinic	50 People	100 Counseling/Legal Clinic Sessions	21	132	42%	65	470	65%	\$12,000	\$5,600 47%	\$6,400	
13003C	Tri-Valley Haven	Shiloh Domestic Violence Shelter and Services	5 People	25 Client Services Units	10	135	200%	15	409	60%	\$18,000	\$18,000 100%	\$0	
13003D	Tri-Valley Haven	Sojourner House Homeless Shelter	5 People	60 Client Services Units	2	43	40%	53	514	88%	\$22,000	\$16,700 76%	\$5,300	
13004A	Axis Community Health	Pre-Development for Capital Project	0 People	0 Number of persons	0	0		0	0		\$100,000	\$21,750 22%	\$78,250	Capital project moving forward rapidly now.
13004BC	Axis Community Health	Access to Health Care for Uninsured, Low-income Pleasanton Residents	450 People	791 Hours of service	302	0	67%	396	0	50%	\$15,000	\$7,500 50%	\$7,500	
13005	Neighborhood Solutions	City of Pleasanton Housing Rehabilitation Program	10 Households	2 Housing Rehab loans completed	7	0	70%	1	0	50%	\$150,803	\$47,000 31%	\$103,803	Low expenditure rate reflects use of carryover funds and lower demand for large rehab loans.
13006A	Spectrum Community Services	Meals On Wheels for Homebound Pleasanton Elderly	75 People	10,500 Meals served	80	138	107%	5,661	11,431	54%	\$5,000	\$2,246 45%	\$2,754	
13006B	Spectrum Community Services	Congregate Meals for Pleasanton Seniors	350 People	6,500 Meals served	217	174	62%	2,731	3,719	42%	\$19,000	\$10,244 54%	\$8,756	
13007	Abode Services	Tri-Valley Housing Scholarship Program	6 Households	100 Hours of case management	5	5	83%	60	96	60%	\$30,000	\$0 0%	\$30,000	Abode working on invoice for 1st 6 months; not yet submitted
13008	Tri-City Health Center	East County HIV Client Advocacy	10 People	60 15 minutes of direct client contact	6	93	60%	54	460	90%	\$5,000	\$2,212 44%	\$2,788	
13009	Eden Council for Hope and Opportunity	Housing Counseling Services	370 Households	370 Inquiry/Complaint	266	881	72%	277	881	75%	\$48,000	\$53 0%	\$47,947	Low expenditure rate reflects use of carryover funds; agency working on 2nd quarter invoice.
13010	Legal Assistance for Seniors	Legal Assistance for Seniors	40 People	130 Hours of service	14	0	35%	50	0	38%	\$13,000	\$5,870 45%	\$7,130	
13011AC	Open Heart Kitchen	Senior Meals Program	165 People	7,955 Meals served	145	20	88%	7,444	7,694	94%	\$23,866	\$16,431 69%	\$7,435	
13011B	Open Heart Kitchen	Trinity Hot Meal Program	200 People	2,610 Meals served	500	580	250%	7,615	8,000	292%	\$8,000	\$7,506 94%	\$494	
13012	Community Resources for Independent Living	Housing and Independent Living Services for People with Disabilities	40 People	313 Counseling hours	3	0	8%	44	0	14%	\$12,000	\$0 0%	\$12,000	Agency has approx \$1,100 invoices pending in ZoomGrants

**City of Pleasanton Housing and Human Services Grant (HHSB) Program
Semi-Annual Report (1st Period: Jul-Dec 2013)**

AGENCY / PROJECT INFO:

REPORT SUMMARY: (1st Period)

Proj No	Agency	Project	Client Goal / Type [Q #11]	Svc Unit Goal / Type [Q #15]	New Pleasanton Clients Served (Unduplicated) [Q #11]	New Non-Pls Clients Served (Unduplicated) [Q #11]	Progress to Goal (Pls Clients)	Pleasanton Svc Units Provided [Q #15]	Non-Pls Svc Units Provided [Q #15]	Progress to Goal (Pls Units)	Total Grant Amount	Funds Spent (\$ / %)	Remaining Balance	Staff Comments	
13013	Easter Seals Bay Area	Community Inclusion Group	9 People	9 Clients served	0	0	0%	9	15	100%	\$5,000	\$0 0%	\$5,000	Services provided but no invoices submitted yet	
13014	Eden I+R	2-1-1 Alameda County	235 Households	660 2-1-1 calls for service	119	13,596	51%	375	52,405	57%	\$16,000	\$9,090 57%	\$6,910		
13015AB	Bay Area Comm. Services (BACS)	Valley Wellness Center	25 People	650 Client contacts	17	34	68%	884	1,768	136%	\$5,000	\$0 0%	\$5,000	Services provided but no invoices submitted yet	
13016	Tri-Valley YMCA	Case Mgmt. Svcs. for Children & Families		[NO REPORT SUBMITTED]							\$19,000	\$0 0%	\$19,000	No funds expended to date; staff has contacted agency re:	
13017	East Bay Innovations	Ramping Up for Independence	19 People	440 Hours of outreach and service provision	0	3	0%	277	79	63%	\$11,000	\$5,758 52%	\$5,242		
					<u>2,162</u>	<u>Unduplicated Pleasanton Clients Served</u>				<u>23</u>	<u>Projects</u>	<u>\$592,077</u>	<u>\$226,840</u>	<u>38%</u>	<u>\$365,237</u>



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City of Pleasanton FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

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[Financial](#) [Reporting](#) [Export Data](#) [Program Setup](#)

City of Pleasanton City "Section 108" Loan Repayment \$21,408.00 Requested

Application Status: **Approved**
\$21,408.00

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/17/2014

1 Name of Person Completing Report:
Scott Erickson

2 Title:
Housing Specialist, City of Pleasanton

3 Telephone:
925-931-5007

4 E-Mail:
serickson@cityofpleasantonca.gov

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.
The 11th and final annual payment on the Section 108 loan used to acquire and rehabilitate the former Family Crisis Shelter (now know as "Sojourner House") was made to the City of Livermore in August 2013. The project is complete.

6 Describe any significant actions taken during the reporting period.
Refer to #5 above.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
N/a; the project was completed on time.

8 Were any costs incurred for this project (from any source) during this reporting period?
 Yes 1 total to date
 No

9 Were any Pleasanton grant funds expended for this project during this reporting period?
 Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

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

- Persons 1 total to date
 Households

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

5	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	5 total to date
5	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	5 total to date
30	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	30 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	0 total to date
5	Very Low Income (30% to 50% Median)	5 total to date
0	Extremely Low Income (<30% Median)	0 total to date
0	Seniors (62 and older)	0 total to date
0	Disabled	0 total to date
5	Female-Headed Households	5 total to date

13 List the number of new, unduplicated Pleasanton 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	White	0 total to date
0	White + HISPANIC	0 total to date
0	Black/African American	0 total to date
0	Black/African American + HISPANIC	0 total to date
0	Asian	0 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
0	Native Hawaiian/Other Pacific Islander	0 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
5	Other/Multi Racial	5 total to date
0	Other/Multi Racial + HISPANIC	0 total to date

14 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 HHSG contract):

Shelter unit rehabilitated

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

1	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	1 total to date
1	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	1 total to date
1	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	1 total to date

applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

16 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"):

N/a

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

<input type="text" value="0"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date

18 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"):

N/a

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

<input type="text" value="0"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date

20 Please include any additional comments or clarifications here:

N/a

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

N/a

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

N/a

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

N/a

24 For CAPER: 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?

N/a

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

N/a

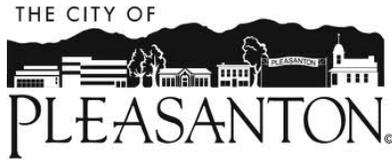
26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

N/a

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

N/a

Application ID: 16074



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City of Pleasanton FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

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[Financial](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Tri-Valley Housing Opportunity Center Community Stabilization Program

Application Status: **Approved**
\$25,000.00

\$30,000.00 Requested

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✔ Report 1 submitted: 1/9/2014

1 Name of Person Completing Report:

Annika Olson

2 Title:

Executive Director

3 Telephone:

(925) 373-3130 ext. 301

4 E-Mail:

annika@tvhoc.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

During the reporting period of July to December 2013, 14 Pleasanton households signed up for services provided through the TVHOC including homebuyer education, financial literacy courses, foreclosure prevention counseling, and one-on-one pre-purchase counseling. Nine households received First time homebuyer education services; 3 households received one-on-one pre-purchase counseling services; 2 households attended financial literacy courses; 1 household received one-on-one default and delinquency counseling. The increase in demand for both homebuyer education and pre-purchase counseling services suggest that families are interested in finding avenues (whether through Below Market Rate opportunities or market rate opportunities) in transitioning from renting to owning a home. An addition, the Center fielded 24 phone calls and 6 walk ins (estimating 15 minutes per phone call of Center staff time) from Pleasanton households during this time period, a majority of them requesting information about affordable rental opportunities in the Tri-Valley region.

6 Describe any significant actions taken during the reporting period.

From July to December 2013, the TVHOC held 3 separate 8-hour First time Homebuyer Education classes (equivalent to 51 hours of Center staff time) in July, September, and November. All three classes were held at Las Positas Community College and were marketed throughout the Chabot/ Las Positas market area as well as through the TVHOC website and social media sources (Facebook, Twitter, etc.). The Center also held 9 financial literacy courses from July to December. Three of the classes were targeted to at risk youth populations and focused on understanding the basics of credit and establishing banking practices for effective spending and savings plans; the remaining 6 classes were offered to the general public at National Budget Planners and covered the topics of Budgeting and Understanding Credit.

Marketing outreach targeted low income Hispanic workers at the 5th Annual Health and Benefit Fair which was held at the Alameda County Fairgrounds in early October 2013. The Center was an active participant in the planning of the Tri-Valley Affordable Housing Committee's 2013 November tour of Affordable Housing

sites throughout Danville, San Ramon, Pleasanton, Dublin, and Livermore. The Center was also a destination site on the tour. The Center partnered with Wells Fargo to provide financial literacy education to Horizon School in Pleasanton which provides education and services to pregnant and parenting teens (both female and male). The Center participated in the Human Services Strategic Planning Task Force in July 2013 as well as the Rental Resource Mixer which was sponsored by the City of Pleasanton and Eden Housing I&R in October 2013. Additional marketing through radio outreach (KKIQ), local ads through the Penny Saver, and press releases to local media sources (ie. Pleasanton weekly, The Independent, etc.), also took place during the last 6 month reporting period.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

With approval from the Assistant City Manager, the Center drew down the entirety of the grant funds for the FY 2013/14 grant cycle. These funds supported the Center in accomplishing stated grant goals through the remainder of the 2013 year.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
- No

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

- Yes (already submitted invoice/s) 1 total to date
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

10 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 1 total to date

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

97	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	97 total to date
14	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	14 total to date
145	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	145 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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):

3	Low Income (50% to 80% Median)	3 total to date
0	Very Low Income (30% to 50% Median)	0 total to date
1	Extremely Low Income (<30% Median)	1 total to date
0	Seniors (62 and older)	0 total to date
0	Disabled	0 total to date
4	Female-Headed Households	4 total to date

13 List the number of new, unduplicated Pleasanton 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.]

4	White	4 total to date
2	White + HISPANIC	2 total to date
0	Black/African American	0 total to date
0	Black/African American + HISPANIC	0 total to date
6	Asian	6 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
0	Native Hawaiian/Other Pacific Islander	0 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date

	Asian and White	
	Asian and White + HISPANIC	
	Black/African American and White	
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
1	Other/Multi Racial	1 total to date
	Other/Multi Racial + HISPANIC	

14 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 HHS contract):

Hours of service/ case management

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

250	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	250 total to date
103	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	103 total to date
	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	

16 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"):

N/A

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

N/A	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
N/A	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
N/A	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):

N/A

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

N/A	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
N/A	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
N/A	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

-no answer-

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15028

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City of Pleasanton
**FY 2013/14 Housing and Human
 Services Grant**

\$615,620.00 Available
 1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Tri-Valley Haven
Tri-Valley Haven's Food Pantry
 \$20,000.00 Requested

Application Status: **Approved**
\$8,000.00

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/13/2014

1 Name of Person Completing Report:

Irina Milinevskaya

2 Title:

Contracts Manager

3 Telephone:

925-667-2720

4 E-Mail:

irina@trivalleyhaven.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

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.

Even though we continue to function with the budget cut-backs that resulted in reduced staff and service hours, we strive to meet the needs of our clientele. New clients and returning formerly "self-sustaining" clients, in addition to our "on-going" clientele, are provided pantry services Monday through Thursday each week. The Haven Food Pantry is open 18 hours a week.

6 Describe any significant actions taken during the reporting period.

In addition to the regular food pantry services, we also provided a Thanksgiving program and a December Holiday program for our Tri-Valley residents.

At the Thanksgiving Program we assisted 677 families (2900 individuals) with the fixings for a full Thanksgiving meal. At the Holiday Warehouse Event we assisted 844 families (3589 individuals) with food and gifts.

Once a month we distribute food through a mobile pantry to two senior locations in Pleasanton; Ridgeview Commons and Kottinger Place. This assists individuals who are unable to travel to the food pantry site in Livermore.

We collaborate with the ACCFB to provide monthly Food Stamp Outreach and the Valley Humane Society to provide free pet food once a month.

We continue to network with the local community to gain donors.

This quarter we provided 6 clothing vouchers and 31 referrals to other social services to Pleasanton residents.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
No modifications were made.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
 No

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

- Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

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

- Persons 1 total to date
 Households

11 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	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	600 total to date
429	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	429 total to date
3931	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	3,931 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	0 total to date
19	Very Low Income (30% to 50% Median)	19 total to date
410	Extremely Low Income (<30% Median)	410 total to date
105	Seniors (62 and older)	105 total to date
35	Disabled	35 total to date
88	Female-Headed Households	88 total to date

13 List the number of new, unduplicated Pleasanton 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.]

125	White	125 total to date
5	White + HISPANIC	5 total to date
29	Black/African American	29 total to date
0	Black/African American + HISPANIC	0 total to date
109	Asian	109 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
2	Native Hawaiian/Other Pacific Islander	2 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date

0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
26	Other/Multi Racial	26 total to date
133	Other/Multi Racial + HISPANIC	133 total to date

14 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 HHS contract):

Employee Hours Units

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

400	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	400 total to date
209.25	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	209 total to date
874	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	874 total to date

16 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"):

N/A

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

N/A	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
N/A	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
N/A	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):

N/A

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

N/A	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
N/A	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
N/A	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

n/a

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHS funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHS funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the

collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15660

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City of Pleasanton
FY 2013/14 Housing and Human
Services Grant

\$615,620.00 Available
1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Tri-Valley Haven
Counseling and Temporary
Restraining Order Clinic
\$20,000.00 Requested

Application Status: **Approved**
\$12,000.00

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial Report 1 Report 2				
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/13/2014

1 Name of Person Completing Report:
 Irina Milinevskaya

2 Title:
 Contracts Manager

3 Telephone:
 925-667-2720

4 E-Mail:
 irina@trivalleyhaven.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Our Counseling and Legal Clinic programs are well-established and operating continuously.

6 Describe any significant actions taken during the reporting period.

Our Tuesday evening Pleasanton Legal Clinic has changed location. The attorney who had donated the use of his office space to us for several years informed us in October that he was downsizing his office, and would no longer be able to host our weekly clinic. Fortunately, we were able to obtain a new space, also free of charge, in the Britannia Business Center on Stoneridge Drive. The new location is near the Pleasanton courthouse and accessible by public transportation, and there was no disruption in our services during the transition.

The Clinical Supervisor of our Counseling programs retired in July after more than ten years with Tri-Valley Haven. Our new Clinical Supervisor, Debbie Lignell, is a Licensed Marriage and Family Therapist with 20 years of experience providing services in the Tri-Valley area.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

No Modifications were made.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes
 No

1 total to date

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

- Yes (already submitted invoice/s) 1 total to date
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

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

- Persons 1 total to date
- Households

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

50	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	50 total to date
21	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	21 total to date
132	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	132 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	1 total to date
3	Very Low Income (30% to 50% Median)	3 total to date
13	Extremely Low Income (<30% Median)	13 total to date
1	Seniors (62 and older)	1 total to date
0	Disabled	0 total to date
17	Female-Headed Households	17 total to date

13 List the number of new, unduplicated Pleasanton 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.]

9	White	9 total to date
3	White + HISPANIC	3 total to date
1	Black/African American	1 total to date
0	Black/African American + HISPANIC	0 total to date
3	Asian	3 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
1	Native Hawaiian/Other Pacific Islander	1 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
4	Other/Multi Racial	4 total to date
0	Other/Multi Racial + HISPANIC	0 total to date

14 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 HHS contract):
Counseling/Legal Clinic Sessions

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

100	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	100 total to date
65	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	65 total to date
470	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	470 total to date

16 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"):

N/A

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

N/A	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
N/A	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
N/A	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):

N/A

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

N/A	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
N/A	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
N/A	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

N/A

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15663

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City of Pleasanton
**FY 2013/14 Housing and Human
 Services Grant**

\$615,620.00 Available
 1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Tri-Valley Haven
**Shiloh Domestic Violence Shelter
 and Services**

Application Status: **Approved**
\$18,000.00

[Print/Preview](#)

\$20,000.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/13/2014

1 Name of Person Completing Report:

Irina Milinevskaya

2 Title:

Contracts Manager

3 Telephone:

925-667-2720

4 E-Mail:

irina@trivalleyhaven.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Shiloh, our Domestic Violence shelter has been actively providing confidential shelter, case management, support groups and counseling to survivors of domestic violence and their children for over 35 years. The shelter is an especially important community resource as all of our Livermore residents in the first half of the fiscal year have been extremely low income. These survivors would not have been able to obtain independent housing in a timely manner, and would have been forced to remain in their abusive situations or relocate much further away if Shiloh was not available.

6 Describe any significant actions taken during the reporting period.

In September, our Life Skills and CalWORKS Case Manager resigned to accompany her husband, who is in the military, to his new post in Italy. We were fortunate to hire Dianna Anderson, who was already enrolled in our 65-hour domestic violence and sexual assault training course to fill the position. Ms. Anderson has over twenty years of experience in social services, much of that time working with survivors of domestic violence, in New York.

The Director of Domestic Violence Services and other Shiloh staff continue to participate in two cultural competence projects, funded by Blue Shield of California. On July 17, we hosted a panel discussion about Domestic Violence and the Asian/Pacific Islander Community at the Livermore Library, and served a lunch catered by Casbah, a Livermore restaurant, to participants and audience members. In addition to the knowledge gained from the panel, we were also able to recruit a new member for our Board of directors.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for

change. If you have not submitted invoices due to project delays, please provide details here.
No modifications were made.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
 No

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

- Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

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

- Persons 1 total to date
 Households

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

5	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	5 total to date
10	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	10 total to date
135	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	135 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	0 total to date
1	Very Low Income (30% to 50% Median)	1 total to date
9	Extremely Low Income (<30% Median)	9 total to date
0	Seniors (62 and older)	0 total to date
0	Disabled	0 total to date
4	Female-Headed Households	4 total to date

13 List the number of new, unduplicated Pleasanton 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	White	1 total to date
9	White + HISPANIC	9 total to date
0	Black/African American	0 total to date
0	Black/African American + HISPANIC	0 total to date
0	Asian	0 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
0	Native Hawaiian/Other Pacific Islander	0 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
0	Other/Multi Racial	0 total to date
0	Other/Multi Racial + HISPANIC	0 total to date

14 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 HHSG contract):

Client Service Units (Life Skills, Social Service Advocacy, Adult Advocacy)

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

<input type="text" value="25"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	25	total to date
<input type="text" value="15"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	15	total to date
<input type="text" value="409"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	409	total to date

16 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"):

N/A

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

<input type="text" value="N/A"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)		
<input type="text" value="N/A"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)		
<input type="text" value="N/A"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)		

18 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"):

N/A

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

<input type="text" value="N/A"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)		
<input type="text" value="N/A"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)		
<input type="text" value="N/A"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)		

20 Please include any additional comments or clarifications here:

N/A

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

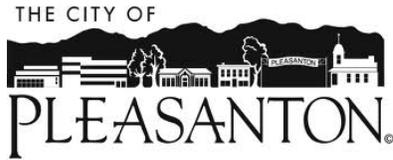
-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15662

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City of Pleasanton FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

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[Financial](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Tri-Valley Haven Sojourner House Homeless Shelter

\$20,000.00 Requested

Application Status: **Approved**
\$22,000.00

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/13/2014

1 Name of Person Completing Report:

Irina Milinevskaya

2 Title:

Contracts Manager

3 Telephone:

(925) 449-5845

4 E-Mail:

irina@trivalleyhaven.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

The program at Sojourner House is proceeding as planned. Program participants are sheltered and undergo intensive case management, counseling, and life skills services in order to help them overcome the barriers that lead to their homelessness and assist them in getting placed into safe and secure housing.

6 Describe any significant actions taken during the reporting period.

Sojourner House is an ongoing program. Program participants work one-on-one with their Case Manager to establish and complete goals. Every family works towards increasing their income and stabilizing their finances as well as working towards securing safe housing. Adult residents attend life skills classes that assist them in finding jobs, building resumes, improving parenting skills, maintaining healthy relationships, and much more. Additionally, Twin Valley Learning Center provides a tutor on-site to assist the school aged children with their school work.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

No modifications were made.

8 Were any costs incurred for this project (from any source) during this reporting period?

Yes

1 total to date

No

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

Yes (already submitted invoice/s)

1 total to date

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

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

- Persons 1 total to date
- Households

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

5	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	5 total to date
2	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	2 total to date
43	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	43 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	0 total to date
1	Very Low Income (30% to 50% Median)	1 total to date
1	Extremely Low Income (<30% Median)	1 total to date
1	Seniors (62 and older)	1 total to date
1	Disabled	1 total to date
2	Female-Headed Households	2 total to date

13 List the number of new, unduplicated Pleasanton 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	White	1 total to date
0	White + HISPANIC	0 total to date
1	Black/African American	1 total to date
0	Black/African American + HISPANIC	0 total to date
0	Asian	0 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
0	Native Hawaiian/Other Pacific Islander	0 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
0	Other/Multi Racial	0 total to date
0	Other/Multi Racial + HISPANIC	0 total to date

14 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 HHSG contract):

Client Services Units (Case Management and Life Skills)

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

60	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	60 total to date
----	--	------------------

53	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	53 total to date
514	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	514 total to date

16 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"):
N/A

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

	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):
N/A

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

	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:
N/A

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):
-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.
-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.
-no answer-

24 For CAPER: 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?
-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.
-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.
-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.
-no answer-

Application ID: 14904

City of Pleasanton
**FY 2013/14 Housing and Human
 Services Grant**

\$615,620.00 Available
 1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Axis Community Health

Application Status: **Approved**
\$100,000.00

**Pre-Development for Capital
 Project**

[Print/Preview](#)

\$100,000.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/15/2014

1 Name of Person Completing Report:
 Valerie Jonas

2 Title:
 Chief Development Officer

3 Telephone:
 925-201-6068

4 E-Mail:
 vjonas@axishealth.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.
 Funds were approved in support of pre-development costs for a new facility that Axis is developing in order to increase its capacity to provide medical care for low-income Tri-Valley residents. This project supports the services of project/finance consultants, architecture design, a fundraising consultant, and legal costs which are necessary pre-development tasks leading up to the construction phase. During this reporting period we worked on facility design with INDE Architecture, worked on refining our financial feasibility study, and pursued planning for our capital campaign.

6 Describe any significant actions taken during the reporting period.
 During this reporting period we focused on submission of architectural plans for permitting, which involved final determinations on facility layout as well as electrical, plumbing, cabling and security systems. We refined project financial projections and updated our business plan with the most up-to-date information regarding state, county and federal health reform regulations. We worked with Capital Incubator to update project timelines and identify project support necessary to each phase. We worked with our fundraising consultant (Laura McCrea and Associates) and campaign planning task force to outline campaign goals and recruit supporters to serve on the capital campaign committee.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
 There have been no modifications to this project.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
- No

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

- Yes (already submitted invoice/s) 1 total to date
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

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

- Persons 1 total to date
- Households

11 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	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	0 total to date
0	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	0 total to date
0	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	0 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	0 total to date
0	Very Low Income (30% to 50% Median)	0 total to date
0	Extremely Low Income (<30% Median)	0 total to date
0	Seniors (62 and older)	0 total to date
0	Disabled	0 total to date
0	Female-Headed Households	0 total to date

13 List the number of new, unduplicated Pleasanton 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	White	0 total to date
0	White + HISPANIC	0 total to date
0	Black/African American	0 total to date
0	Black/African American + HISPANIC	0 total to date
0	Asian	0 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
0	Native Hawaiian/Other Pacific Islander	0 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
0	Other/Multi Racial	0 total to date
0	Other/Multi Racial + HISPANIC	0 total to date

14 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 HHSG contract):
 number of people served (unduplicated)

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

<input type="text" value="0"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date

16 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"):

N/A

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

<input type="text" value="N/A"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	

18 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"):

N/A

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

<input type="text" value="N/A"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	

20 Please include any additional comments or clarifications here:

Please note that the new facility will not be completed until FY 14/15 when an estimated 7,525 Pleasanton residents will be served; no patients will be served through this project until that time. Pleasanton residents will be served in FY 13/14 through existing services at existing sites.

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15262

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City of Pleasanton
FY 2013/14 Housing and Human Services
Grant

\$615,620.00 Available
1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Axis Community Health

Application Status: **Approved**
\$15,000.00

**Access to Health Care for Uninsured,
 Low-income Pleasanton Residents**

\$15,000.00 Requested

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial Report 1 Report 2				
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/15/2014

1 Name of Person Completing Report:
 Valerie Jonas

2 Title:
 Chief Development Officer

3 Telephone:
 925-201-6068

4 E-Mail:
 vjonas@axishealth.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Axis's enrollment service is an ongoing program that is provided at our clinic sites in Pleasanton and Livermore as well as at locations throughout the community, including health fairs and public libraries. This program provides assistance to low-income and uninsured residents in accessing medical care through enrollment in public insurance plans.

6 Describe any significant actions taken during the reporting period.

152 Pleasanton residents received enrollment assistance through this project during the first six months of this project year. This represents 34% of the total project goal. The number of people seeking care at our clinical sites continues to grow and we are enrolling nearly 300 people each month. The Affordable Care Act expanded Medi-Cal and affordable health care coverage for thousands of newly eligible residents in the Tri-Valley, with coverage beginning on January 1, 2014. Axis is now a Certified Enrollment Entity (CEE) for Covered California, and the only entity affiliated with Covered California in the Tri-Valley. Our six Enrollment Specialists are trained Covered California Certified Enrollment Counselors who provide in-person enrollment assistance to residents seeking health care coverage for health plans through Covered California. Our Enrollment Specialists are also trained to assist in Medi-Cal, HealthPAC and all other forms of public insurance enrollment. Those who come to Axis who do not have medical insurance meet on a one-to-one basis with an Enrollment Specialist who provides assistance in enrolling them in a health plan that is applicable to the individual's circumstances and medical needs. Because most public plans require the completion of re-enrollment documents at six- and 12-month intervals, our enrollment staff also provides assistance in maintaining enrollment. As a result of this service, low-income residents have access to medical care and are able to maintain optimal health.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

There were no modifications to this project.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
 No

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

- Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

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

- Persons 1 total to date
 Households

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

450	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	450 total to date
152	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	152 total to date
0	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	0 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	0 total to date
40	Very Low Income (30% to 50% Median)	40 total to date
112	Extremely Low Income (<30% Median)	112 total to date
5	Seniors (62 and older)	5 total to date
3	Disabled	3 total to date
14	Female-Headed Households	14 total to date

13 List the number of new, unduplicated Pleasanton 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.]

52	White	52 total to date
68	White + HISPANIC	68 total to date
6	Black/African American	6 total to date
	Black/African American + HISPANIC	
22	Asian	22 total to date
	Asian + HISPANIC	
1	American Indian/Alaskan Native	1 total to date
	American Indian/Alaskan Native + HISPANIC	
	Native Hawaiian/Other Pacific Islander	
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	
	Asian and White	
	Asian and White + HISPANIC	
	Black/African American and White	
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
3	Other/Multi Racial	3 total to date
	Other/Multi Racial + HISPANIC	

14 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 HHS contract):

hours of service

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

<input type="text" value="780"/>	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	780 total to date
<input type="text" value="390"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	390 total to date
<input type="text" value="0"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date

16 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"):

number enrolled

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

<input type="text" value="450"/>	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	450 total to date
<input type="text" value="152"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	152 total to date
<input type="text" value="0"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date

18 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"):

N/A

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

<input type="text" value="N/A"/>	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	

20 Please include any additional comments or clarifications here:

N/A

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHS funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHS funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 14671

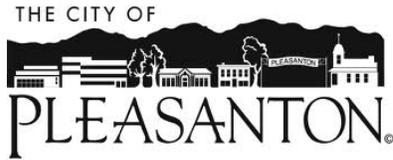
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City of Pleasanton FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

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[Financial](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Neighborhood Solutions

City of Pleasanton Housing Rehabilitation Program

Application Status: **Approved**
\$150,803.00

[Print/Preview](#)

\$200,000.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/14/2014

1 Name of Person Completing Report:

Victoria Johnson

2 Title:

Executive Director

3 Telephone:

(925) 209-7610

4 E-Mail:

housingrehab@sbcglobal.net

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

We continue to receive and process applications for the Housing Rehabilitation Program. High interest has been generated in the grant component of the program. New application forms have been developed to ensure eligibility for the program.

6 Describe any significant actions taken during the reporting period.

New grant and loan applications were developed.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

N/A

8 Were any costs incurred for this project (from any source) during this reporting period?

Yes

No

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

Yes (already submitted invoice/s)

1 total to date

Yes (but invoice/s not yet submitted)

No (no expenditures this period)

Other:

10 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

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

10	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	10 total to date
7	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	7 total to date
	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	

12 Please indicate the number of new, unduplicated Pleasanton 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)	
6	Very Low Income (30% to 50% Median)	6 total to date
1	Extremely Low Income (<30% Median)	1 total to date
	Seniors (62 and older)	
	Disabled	
	Female-Headed Households	

13 List the number of new, unduplicated Pleasanton 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.]

7	White	7 total to date
	White + HISPANIC	
	Black/African American	
	Black/African American + HISPANIC	
	Asian	
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
	Native Hawaiian/Other Pacific Islander	
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	
	Asian and White	
	Asian and White + HISPANIC	
	Black/African American and White	
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
	Other/Multi Racial	
	Other/Multi Racial + HISPANIC	

14 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 HHS contract):

Housing Rehabilitation Loans

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

2	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	2 total to date
1	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	1 total to date
0	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	0 total to date

applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

16 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"):

Housing Rehabilitation Grants

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

<input type="text"/>	8	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	8	total to date
<input type="text"/>	6	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	6	total to date
<input type="text"/>		Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)		

18 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"):

N/A

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

<input type="text"/>		Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)		
<input type="text"/>		Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)		
<input type="text"/>		Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)		

20 Please include any additional comments or clarifications here:

Neighborhood Solutions continues to work with staff to develop marketing strategies. We currently have a waiting list for grants that we are working through.

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

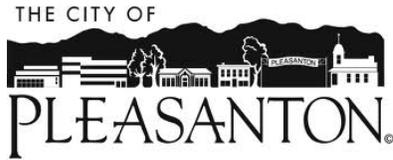
-no answer-

Application ID: 15599

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City of Pleasanton FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

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Spectrum Community Services

Meals on Wheels for Pleasanton's Homebound Elderly

Application Status: **Approved**
\$5,000.00

[Print/Preview](#)

\$5,387.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/15/2014

1 Name of Person Completing Report:

Tara Marino

2 Title:

Program Manager

3 Telephone:

5108810300 ext 222

4 E-Mail:

tmarino@spectrumcs.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Spectrum is currently serving 80 low-income, homebound unduplicated seniors in Pleasanton. Our goals were to serve 75 Pleasanton seniors 10,500 meals. We are on track to exceed both of those goals as we have also already served 5,661 meals to those 80 Pleasanton seniors.

6 Describe any significant actions taken during the reporting period.

N/A

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

N/A

8 Were any costs incurred for this project (from any source) during this reporting period?

Yes

1 total to date

No

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

Yes (already submitted invoice/s)

1 total to date

Yes (but invoice/s not yet submitted)

No (no expenditures this period)

Other:

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

- Persons 1 total to date
 Households

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

75	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	75 total to date
80	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	80 total to date
138	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	138 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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)	
63	Very Low Income (30% to 50% Median)	63 total to date
17	Extremely Low Income (<30% Median)	17 total to date
80	Seniors (62 and older)	80 total to date
80	Disabled	80 total to date
25	Female-Headed Households	25 total to date

13 List the number of new, unduplicated Pleasanton 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.]

67	White	67 total to date
8	White + HISPANIC	8 total to date
1	Black/African American	1 total to date
	Black/African American + HISPANIC	
3	Asian	3 total to date
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
	Native Hawaiian/Other Pacific Islander	
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	
	Asian and White	
	Asian and White + HISPANIC	
	Black/African American and White	
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
1	Other/Multi Racial	1 total to date
	Other/Multi Racial + HISPANIC	

14 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 HHS contract):

Meals Served

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

10500	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	10,500 total to date
5661	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	5,661 total to date
11431	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	11,431 total to date

applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

16 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"):

-no answer-

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

<input type="text"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):

-no answer-

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

<input type="text"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

-no answer-

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

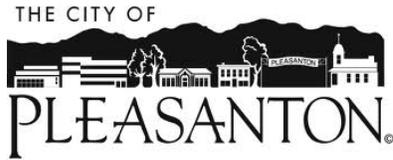
26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15910



Welcome, Scott Erickson [Not Scott Erickson?](#)

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City of Pleasanton FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

[My Account](#) | [Dashboard](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#)
[Financial](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Spectrum Community Services

Congregate Meals Program for Pleasanton's Elderly

Application Status: **Approved**
\$19,000.00

[Print/Preview](#)

\$21,139.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✔ Report 1 submitted: 1/15/2014

1 Name of Person Completing Report:
Tara Marino

2 Title:
Program Manager

3 Telephone:
5108810300 ext 222

4 E-Mail:
tmarino@spectrumcs.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.
We are actively serving congregate meals to low-income Pleasanton Seniors at the Pleasanton Senior Center. This year we have served 217 unduplicated Pleasanton seniors, over 2731 meals.

6 Describe any significant actions taken during the reporting period.
N/A

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
N/A

8 Were any costs incurred for this project (from any source) during this reporting period?
 Yes 1 total to date
 No

9 Were any Pleasanton grant funds expended for this project during this reporting period?
 Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

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

- Persons 1 total to date
 Households

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

350	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	350 total to date
217	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	217 total to date
174	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	174 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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)	
196	Very Low Income (30% to 50% Median)	196 total to date
21	Extremely Low Income (<30% Median)	21 total to date
217	Seniors (62 and older)	217 total to date
116	Disabled	116 total to date
83	Female-Headed Households	83 total to date

13 List the number of new, unduplicated Pleasanton 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.]

195	White	195 total to date
5	White + HISPANIC	5 total to date
2	Black/African American	2 total to date
	Black/African American + HISPANIC	
15	Asian	15 total to date
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
	Native Hawaiian/Other Pacific Islander	
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	
	Asian and White	
	Asian and White + HISPANIC	
	Black/African American and White	
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
	Other/Multi Racial	
	Other/Multi Racial + HISPANIC	

14 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 HHS contract):

Meals Served

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

6500	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	6,500 total to date
2731	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	2,731 total to date
3719	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	3,719 total to date

applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

16 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"):

-no answer-

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

<input type="text"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):

-no answer-

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

<input type="text"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

-no answer-

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15828

City of Pleasanton
**FY 2013/14 Housing and Human
 Services Grant**

\$615,620.00 Available
 1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Abode Services
**Tri-Valley Housing Scholarship
 Program**

Application Status: **Approved**
\$30,000.00

[Print/Preview](#)

\$33,925.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial Report 1 Report 2				
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/14/2014

1 Name of Person Completing Report:
 Flora Garcia

2 Title:
 Program Coordinator

3 Telephone:
 925 373-5313

4 E-Mail:
 fgarcia@abodeservices.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.
 The Tri-Valley Housing Scholarship Program provided housing subsidy and case management services to a total of 5 households. These households consisted of 2 single adults, 2 single head of household, 1 two-parent households and 3 children during this reporting period.

6 Describe any significant actions taken during the reporting period.
 In addition to providing housing subsidy and case management services, the Case Manager continues to execute a comprehensive outreach/marketing plan to recruit new candidates and establish a waiting list for the program.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
 During this reporting period, the Case Manager also performed as the Program's Leasing Coordinator conducted landlord outreach strategies. unit inspections and move-ins. The total number of Households that the program will serve are 6-9 HH

8 Were any costs incurred for this project (from any source) during this reporting period?
 Yes 1 total to date
 No

9 Were any Pleasanton grant funds expended for this project during this reporting period?
 Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)

No (no expenditures this period)

Other:

10 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 1 total to date

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

6	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	6 total to date
5	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	5 total to date
5	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	5 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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)	
5	Extremely Low Income (<30% Median)	5 total to date
	Seniors (62 and older)	
3	Disabled	3 total to date
2	Female-Headed Households	2 total to date

13 List the number of new, unduplicated Pleasanton 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.]

4	White	4 total to date
1	White + HISPANIC	1 total to date
	Black/African American	
	Black/African American + HISPANIC	
	Asian	
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
	Native Hawaiian/Other Pacific Islander	
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	
	Asian and White	
	Asian and White + HISPANIC	
	Black/African American and White	
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
	Other/Multi Racial	
	Other/Multi Racial + HISPANIC	

14 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 HHS contract):
case managenebt

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

100	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	100 total to date
60	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	60 total to date

Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer) 96 total to date

16 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"):
N/A

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

<input type="text"/>	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):
N/A

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

<input type="text"/>	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:
-no answer-

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):
Mari-Perez Ruiz

22 For CAPER: Describe the original purpose for which the City granted the HHS funds. If applicable, explain why your agency did not spend the entire grant.
-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHS funds. 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.
-no answer-

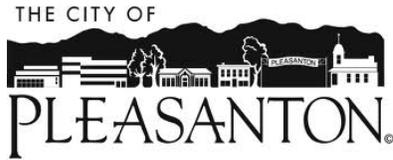
24 For CAPER: Does the agency feel this program was a success? How do you measure the success of the program? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?
-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.
-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.
-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.
-no answer-

Application ID: 15914



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City of Pleasanton FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

- My Account | Dashboard | Applications | Custom Report | Compare Applications | Scoring Report
- Financial | Reporting | Export Data | Program Setup

Tri-City Health Center East County HIV Advocacy

\$5,000.00 Requested

Application Status: **Approved**
\$5,000.00

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

Incomplete/Not Submitted Yet

1 Name of Person Completing Report:
Tiffany Woods

2 Title:
Interim HIV Program Manager

3 Telephone:
5104563521

4 E-Mail:
twoods@tri-cityhealth.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

As reported in the last report, we continue to provide case management services to Pleasanton while striving to improve their quality of care. Case managers continue to work more collaboratively and implement weekly huddles. Case managers are conducting peer audits and are troubleshooting with the Quality Coordinator. As a result of this collaboration, we are witnessing higher satisfaction and retention rates from clients.

6 Describe any significant actions taken during the reporting period.

Administration: HIV Program Manager, Alison Wakefield went on medical leave in November. Transgender Programs manager, Tiffany Woods is the Interim HIV Program Manger while Alison is on medical leave.

Program: No new significant changes occurred. The case management team remains the same, with TCHC's housing advocate and quality assurance coordinator providing case management services.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

None

8 Were any costs incurred for this project (from any source) during this reporting period?

Yes

1 total to date

No

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

Yes (already submitted invoice/s)

1 total to date

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

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

- Persons 1 total to date
- Households

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

10	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	10 total to date
6	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	6 total to date
93	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	93 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	1 total to date
1	Very Low Income (30% to 50% Median)	1 total to date
3	Extremely Low Income (<30% Median)	3 total to date
	Seniors (62 and older)	
	Disabled	
	Female-Headed Households	

13 List the number of new, unduplicated Pleasanton 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	White	5 total to date
1	White + HISPANIC	1 total to date
	Black/African American	
	Black/African American + HISPANIC	
	Asian	
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
	Native Hawaiian/Other Pacific Islander	
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	
	Asian and White	
	Asian and White + HISPANIC	
	Black/African American and White	
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
	Other/Multi Racial	
	Other/Multi Racial + HISPANIC	

14 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 HHSG contract):

One Unit of Service = 15 minutes of direct or ancillary client contact

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

60	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	60 total to date
----	--	------------------

54	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	54 total to date
460	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	460 total to date

16 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"):
N/A

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

	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):
N/A

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

	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

The Office of AIDS has switched over to the ARIES reporting system from CARE WARE, resulting in difficulty getting accurate numbers for UOS by reports and broken down by individual cities.

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15544

City of Pleasanton
FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Eden Council for Hope and Opportunity
Housing Counseling
\$50,000.00 Requested

Application Status: **Approved**
\$48,000.00

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial Report 1 Report 2				
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/20/2014

1 Name of Person Completing Report:
 Marjorie A. Rocha

2 Title:
 Executive Director

3 Telephone:
 510-581-9380

4 E-Mail:
 margie@echofairhousing.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Activity has been underway for this project since the start of the fiscal year (July 1, 2013). During the first half of the fiscal year, we provided 277 counseling sessions to 266 unduplicated client households.

6 Describe any significant actions taken during the reporting period.

ECHO continues to provide services to the Spanish-speaking community. A bilingual staff person is available 9am to 5pm, Monday through Friday. ECHO distributed 825 fliers to Pleasanton agencies, and conducted fair housing presentations at Abode Services for 20 attendees and Valley View Elementary School for 28 attendees. The Counselor also attended a Tri-Valley Mixer at which she presented information to local landlords.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
 N/A

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
- No

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

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted) 1 total to date
- No (no expenditures this period)

Other:

10 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 1 total to date

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

370	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	370 total to date
266	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	266 total to date
881	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	881 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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):

4	Low Income (50% to 80% Median)	4 total to date
19	Very Low Income (30% to 50% Median)	19 total to date
226	Extremely Low Income (<30% Median)	226 total to date
34	Seniors (62 and older)	34 total to date
57	Disabled	57 total to date
169	Female-Headed Households	169 total to date

13 List the number of new, unduplicated Pleasanton 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.]

137	White	137 total to date
4	White + HISPANIC	4 total to date
41	Black/African American	41 total to date
0	Black/African American + HISPANIC	0 total to date
28	Asian	28 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
1	Native Hawaiian/Other Pacific Islander	1 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
2	Black/African American and White	2 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
10	Other/Multi Racial	10 total to date
43	Other/Multi Racial + HISPANIC	43 total to date

14 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 HHS contract):

Inquiry/Complaint

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

370	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	370 total to date
277	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	277 total to date
881	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	881 total to date

applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

16 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"):

N/A

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

<input type="text" value="0"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date

18 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"):

N/A

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

<input type="text" value="0"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date

20 Please include any additional comments or clarifications here:

N/A

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

N/A

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

N/A

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

N/A

24 For CAPER: 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?

N/A

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

N/A

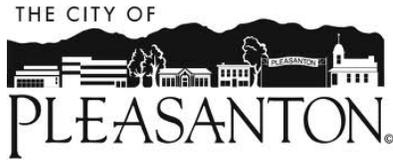
26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

N/A

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

N/A

Application ID: 15859



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City of Pleasanton FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

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[Financial](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Legal Assistance for Seniors

Application Status: **Approved**
\$13,000.00

Legal Services for Pleasanton Seniors

[Print/Preview](#)

\$15,000.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/15/2014

1 Name of Person Completing Report:
Francel D' Andrea/ Tracy Liu

2 Title:
Executive Director/Contract Administrator

3 Telephone:
(510) 832-3040

4 E-Mail:
Fdandrea@lashicap.org/tliu@lashicap.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

During this reporting period, LAS has provided services to a total of 14 unduplicated Pleasanton clients in various legal matters. We have also provided 4 educational presentations to a total of 117 attendees and participated in 2 health fairs with 560 attendees. We continue to actively reach out to the Pleasanton community by going to the Pleasanton senior center on a monthly basis to allow Pleasanton seniors the opportunity to learn more about our services, as well as give them the chance to speak to an attorney regarding their issues.

6 Describe any significant actions taken during the reporting period.

LAS hired a new development assistant with prior nonprofit experience to join our development committee on fundraising and exploring different avenues to increase awareness about our services.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

There are no modifications to project goals or timelines during this time.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
- No

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

- Yes (already submitted invoice/s) 1 total to date
- Yes (but invoice/s not yet submitted)

No (no expenditures this period)

Other:

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

Persons

1 total to date

Households

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

<input type="text" value="40"/>	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	40 total to date
<input type="text" value="14"/>	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	14 total to date
<input type="text" value="0"/>	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	0 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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):

<input type="text" value="0"/>	Low Income (50% to 80% Median)	0 total to date
<input type="text" value="2"/>	Very Low Income (30% to 50% Median)	2 total to date
<input type="text" value="11"/>	Extremely Low Income (<30% Median)	11 total to date
<input type="text" value="14"/>	Seniors (62 and older)	14 total to date
<input type="text" value="6"/>	Disabled	6 total to date
<input type="text" value="0"/>	Female-Headed Households	0 total to date

13 List the number of new, unduplicated Pleasanton 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.]

<input type="text" value="11"/>	White	11 total to date
<input type="text" value="0"/>	White + HISPANIC	0 total to date
<input type="text" value="0"/>	Black/African American	0 total to date
<input type="text" value="0"/>	Black/African American + HISPANIC	0 total to date
<input type="text" value="3"/>	Asian	3 total to date
<input type="text" value="0"/>	Asian + HISPANIC	0 total to date
<input type="text" value="0"/>	American Indian/Alaskan Native	0 total to date
<input type="text" value="0"/>	American Indian/Alaskan Native + HISPANIC	0 total to date
<input type="text" value="0"/>	Native Hawaiian/Other Pacific Islander	0 total to date
<input type="text" value="0"/>	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
<input type="text" value="0"/>	American Indian/ Alaskan Native and White	0 total to date
<input type="text" value="0"/>	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
<input type="text" value="0"/>	Asian and White	0 total to date
<input type="text" value="0"/>	Asian and White + HISPANIC	0 total to date
<input type="text" value="0"/>	Black/African American and White	0 total to date
<input type="text" value="0"/>	Black/African American and White + HISPANIC	0 total to date
<input type="text" value="0"/>	American Indian/Alaskan Native and Black/African American	0 total to date
<input type="text" value="0"/>	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
<input type="text" value="0"/>	Other/Multi Racial	0 total to date
<input type="text" value="0"/>	Other/Multi Racial + HISPANIC	0 total to date

14 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 HHS contract):

The primary unit of service to track this project are hours of legal services.

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

<input type="text" value="130"/>	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	130 total to date
<input type="text" value="49.70"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	50 total to date

Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer) 0 total to date

16 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"):

The second unit of services are 5 community presentations.

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

Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero) 5 total to date

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero) 4 total to date

Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer) 0 total to date

18 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"):

N/A

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

Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)

Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

We continue to receive cancellations for attorney appointments at the Pleasanton Senior Center. Perhaps there is a better way to advertise our service or alternative site that would work better. We appreciate feedback and/or recommendations in this regard.

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15694

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City of Pleasanton
**FY 2013/14 Housing and Human
 Services Grant**

\$615,620.00 Available
 1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Open Heart Kitchen
**Open Heart Kitchen senior meal
 program**

Application Status: **Approved**
\$23,866.00

\$25,000.00 Requested

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial Report 1 Report 2				
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/9/2014

1 Name of Person Completing Report:
 Linda McKeever

2 Title:
 Executive Director

3 Telephone:
 925 580 1616

4 E-Mail:
 executivedirector@openheartkitchen.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.
 Open Heart Kitchen is providing meals for low income senior through our Senior Hot Meal Program. The Senior Hot Meal Program provides "senior friendly" nutritious meals to low income seniors 60+ years of age. The meals are made fresh daily and served at 5200 Case Avenue here in Pleasanton every week day, from 4:00 to 6:00 pm. Meals can be eaten at this location or taken home. Each day we offer a main course, a full salad bar, juice, coffee or tea and dessert. Most days we also offer a hot nutritious soup.

6 Describe any significant actions taken during the reporting period.
 During this reporting period Open Heart Kitchen has Provided 7,444 senior meals and education on nutrition for seniors.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
 N/A

8 Were any costs incurred for this project (from any source) during this reporting period?
 Yes
 No

9 Were any Pleasanton grant funds expended for this project during this reporting period?
 Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)

No (no expenditures this period)

Other:

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

Persons

1 total to date

Households

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

165	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	165 total to date
145	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	145 total to date
20	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	20 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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):

20	Low Income (50% to 80% Median)	20 total to date
75	Very Low Income (30% to 50% Median)	75 total to date
50	Extremely Low Income (<30% Median)	50 total to date
145	Seniors (62 and older)	145 total to date
23	Disabled	23 total to date
78	Female-Headed Households	78 total to date

13 List the number of new, unduplicated Pleasanton 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.]

65	White	65 total to date
20	White + HISPANIC	20 total to date
	Black/African American	
	Black/African American + HISPANIC	
16	Asian	16 total to date
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
2	Native Hawaiian/Other Pacific Islander	2 total to date
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	
7	Asian and White	7 total to date
	Asian and White + HISPANIC	
	Black/African American and White	
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
20	Other/Multi Racial	20 total to date
15	Other/Multi Racial + HISPANIC	15 total to date

14 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 HHSG contract):
meals served

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

7955	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	7,955 total to date
7444	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	7,444 total to date

Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer) 7,694 total to date

16 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"):
N/A

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

<input type="text"/>	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):
N/A

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

<input type="text"/>	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:
the agency wide number in 11 and 15 includes meals served at the RVC location only.

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):
-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHS funds. If applicable, explain why your agency did not spend the entire grant.
-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHS funds. 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.
-no answer-

24 For CAPER: 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?
-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.
-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.
-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.
-no answer-

Application ID: 14883

City of Pleasanton
**FY 2013/14 Housing and Human
 Services Grant**

\$615,620.00 Available
 1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Open Heart Kitchen
**Open Heart Kitchen Pleasanton Hot
 Meal Program**

Application Status: **Approved**
\$8,000.00

[Print/Preview](#)

\$10,000.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial Report 1 Report 2				
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/4/2014

1 Name of Person Completing Report:
 Linda McKeever

2 Title:
 Executive Director

3 Telephone:
 925 580 1616

4 E-Mail:
 executivedirector@openheartkitchen.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Open Heart Kitchens Hot Meal Program provides nutritious meals free of charge to those in need in Pleasanton each Friday: Hours of meal service 3 to 6 pm at the Trinity serving location on Hopyard.

6 Describe any significant actions taken during the reporting period.

From July 1st of 2013 to December 31st of 2013 Open Heart Kitchen served 7615 hot meals at the Pleasanton serving location. CDBG funds paid for 2610 of the Hot meals served here in Pleasanton to Pleasanton residents. Open Heart Kitchen also provided 5600 weekend box lunches to children of low income families in the Pleasanton schools. No CDBG funds used for this project.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

N/A

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
 No

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

- Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)

Other:

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

- Persons 1 total to date
- Households

11 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	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	200 total to date
500	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	500 total to date
580	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	580 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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):

30	Low Income (50% to 80% Median)	30 total to date
110	Very Low Income (30% to 50% Median)	110 total to date
60	Extremely Low Income (<30% Median)	60 total to date
20	Seniors (62 and older)	20 total to date
15	Disabled	15 total to date
21	Female-Headed Households	21 total to date

13 List the number of new, unduplicated Pleasanton 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.]

55	White	55 total to date
30	White + HISPANIC	30 total to date
10	Black/African American	10 total to date
	Black/African American + HISPANIC	
25	Asian	25 total to date
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
	Native Hawaiian/Other Pacific Islander	
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	
20	Asian and White	20 total to date
	Asian and White + HISPANIC	
	Black/African American and White	
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
45	Other/Multi Racial	45 total to date
15	Other/Multi Racial + HISPANIC	15 total to date

14 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 HHS contract):

meal served

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

2610	Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	2,610 total to date
7615	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	7,615 total to date
8000	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	8,000 total to date

applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

16 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"):

N/A

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

<input type="text"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):

N/A

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

<input type="text"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

The person count in number 11 only reflects the number of people served in the meal programs excluding the Pleasanton senior meal program.

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 14887

City of Pleasanton
FY 2013/14 Housing and Human Services
Grant

\$615,620.00 Available
1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Community Resources for Independent Living
Housing & Independent Living Support
Services for People with Disabilities

Application Status: **Approved**
\$12,000.00

[Print/Preview](#)

\$15,000.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✔ Report 1 submitted: 1/15/2014

1 Name of Person Completing Report:
 Michael Galvan

2 Title:
 Program Director

3 Telephone:
 510-881-5743

4 E-Mail:
 Michael.Galvan@crilhayward.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.
 Pleasanton agencies or businesses that CRIL worked with this last quarter: Alameda Alliance Complete Care; Alameda County Social Services; Alameda County Public Authority for IHSS; Axis; East Bay Innovations; ECHO; Housing Authority of the County of Alameda; Pleasanton Paratransit Services; Pleasanton Senior Center; REACH; Season of Sharing; Tri-Valley Housing Opportunity; Tri-Valley Housing Scholarship; Tri-Valley One Stop Center; Valley Mountain Regional Center and WHEELS for a total of 16 so far this FY.

CRIL provided Independent Living Services, Housing Assistance and Benefits Counseling to 3 new Livermore Consumers. CRIL also helped, indirectly, 28 Pleasanton residents with disabilities who have not yet become consumers,

6 Describe any significant actions taken during the reporting period.
 N/A

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
 N/A

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes
 No

1 total to date

9 Were any Pleasanton 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: Oct, Nov submitted; Dec not submitted as 1/15/14 1 total to date

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

- Persons 1 total to date
- Households

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

40	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	40 total to date
3	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	3 total to date
n/a	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	0 total to date
2	Very Low Income (30% to 50% Median)	2 total to date
1	Extremely Low Income (<30% Median)	1 total to date
2	Seniors (62 and older)	2 total to date
3	Disabled	3 total to date
0	Female-Headed Households	0 total to date

13 List the number of new, unduplicated Pleasanton 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	White	3 total to date
0	White + HISPANIC	0 total to date
0	Black/African American	0 total to date
0	Black/African American + HISPANIC	0 total to date
0	Asian	0 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
0	Native Hawaiian/Other Pacific Islander	0 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
0	Other/Multi Racial	0 total to date
0	Other/Multi Racial + HISPANIC	0 total to date

14 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 HHS contract):
hours of counseling

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

<input type="text" value="312.5"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	313 total to date
<input type="text" value="44"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	44 total to date
<input type="text" value="0"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date

16 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"):

-no answer-

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

<input type="text"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):

-no answer-

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

<input type="text"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
<input type="text"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
<input type="text"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

CRIL has hired a new IL Coordinator/Travel Trainer for the Tri-Valley Office. The new staff person will begin on January 13, 2014. Her presence will result in a dramatic increase in our Pleasanton numbers.

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

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City of Pleasanton
FY 2013/14 Housing and Human
Services Grant

\$615,620.00 Available
1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Easter Seals Bay Area
Kaleidoscope Community
Integration

Application Status: **Approved**
\$5,000.00

\$10,000.00 Requested

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial Report 1 Report 2				
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/6/2014

1 Name of Person Completing Report:
 Zach Lupton

2 Title:
 Administrative Coordinator

3 Telephone:
 925-828-8857

4 E-Mail:
 zlupton@esba.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.
 The current project is underway. Our participants are engaged in volunteer activities, life skill training, social skill training, and leisure activities. The Lead teacher of the group plans their calendar monthly which the participants in the Community Inclusion Group provide feedback. The Lead Teacher also works with the participants IEP to ensure that the goals set up by the school districts are met. Parent input is also used to create these calendars.

Within this reporting period, the CI group has volunteered their time doing community clean ups at the Bart Station in Pleasanton, throughout Main St., the parking lot at the Stoneridge mall, the Pleasanton sports park, and parking lot at Valley Care.

6 Describe any significant actions taken during the reporting period.
 During this reporting period the participants went from the "School" schedule where the participants attend after-school for up to four (4) hours per day to the "Winter" schedule where various weeks the participants would attend for up to ten (10) hours per day.

Lead teachers would have to work with the school districts to know when the participants were out of school or on minimum school day schedules then plan accordingly. Hours of volunteer activities would vary depending on the week and timeframe of the participants arriving at Kaleidoscope.

On days that the participants did not travel off site, they would focus on peer relationships, social activities and life skill training. The group also started a recycling project to where they will trade in recyclables for money to purchase snack for that day.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for

change. If you have not submitted invoices due to project delays, please provide details here.
No modifications have been made to this project.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
 No

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

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted) 1 total to date
 No (no expenditures this period)
 Other:

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

- Persons 1 total to date
 Households

11 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	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	9 total to date
0	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	0 total to date
0	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	0 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	0 total to date
0	Very Low Income (30% to 50% Median)	0 total to date
0	Extremely Low Income (<30% Median)	0 total to date
0	Seniors (62 and older)	0 total to date
0	Disabled	0 total to date
0	Female-Headed Households	0 total to date

13 List the number of new, unduplicated Pleasanton 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	White	0 total to date
0	White + HISPANIC	0 total to date
0	Black/African American	0 total to date
0	Black/African American + HISPANIC	0 total to date
0	Asian	0 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
0	Native Hawaiian/Other Pacific Islander	0 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
0	Other/Multi Racial	0 total to date
0	Other/Multi Racial + HISPANIC	0 total to date

14 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 HHSG contract):

Project performance measurement is tracked by NUMBER of CLIENTS SERVED.

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

<input type="text" value="9"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	9 total to date
<input type="text" value="9"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	9 total to date
<input type="text" value="15"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	15 total to date

16 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"):

N/A

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

<input type="text" value="N/A"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	

18 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"):

N/A

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

<input type="text" value="N/A"/>	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	
<input type="text" value="N/A"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	

20 Please include any additional comments or clarifications here:

N/A

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

N/A

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

N/A

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

N/A

24 For CAPER: 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?

N/A

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

N/A

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

N/A

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

N/A

Application ID: 14486

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City of Pleasanton
FY 2013/14 Housing and Human
Services Grant

\$615,620.00 Available
1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Eden I&R, Inc.
2-1-1 Alameda County
\$20,000.00 Requested

Application Status: **Approved**
\$16,000.00

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/9/2014

1 Name of Person Completing Report:
 Alison DeJung

2 Title:
 Deputy Director

3 Telephone:
 510-537-2710 x8

4 E-Mail:
 adejung@edenir.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

During the first six months of FY13/14, 2-1-1 Alameda County provided Pleasanton callers with access to information from Eden I&R's database of over 2,850 programs, as well as to a database of nearly 80,000 units of housing. Pleasanton callers to 2-1-1 received free, confidential, comprehensive assessments of their needs as a tool towards gaining self-sufficiency. The 2-1-1 system served the Pleasanton community 24/7, in multiple languages. Through Eden I&R's ongoing partnerships with the Office of Emergency Services, Red Cross, and other local public and nonprofit responders, 2-1-1 was also available to respond if local disasters occurred. From July through December 2013, 2-1-1 handled a total of 52,780 calls, of which 375 were from Pleasanton. These callers were provided 692 referrals to housing and services. Monthly activity reports on 2-1-1, including specific call examples from Pleasanton, continued to be submitted to the City. The 2-1-1 Program Manager continued to monitor 2-1-1's daily performance (data and call record notes) to analyze program and individual staff performance. This helps assess strengths and challenges impacting performance and plan next steps accordingly. Weekly in-services continued to be held for 2-1-1 staff during which representatives from agencies that offer direct services to Alameda County residents made presentations about their programs. These provide more in-depth information to the 2-1-1 phone line team as to what services (new, changing, expanding) are available to 2-1-1 callers. Eden I&R's Information Management team continued to monitor and update the information and housing databases to ensure the highest level of accuracy in 2-1-1's referral process.

6 Describe any significant actions taken during the reporting period.

2-1-1 marketing materials were distributed at the following Pleasanton events/locations during the report period:

Pleasanton Public Library
 Pleasanton City Hall
 Pleasanton Senior Center

One Stop Career Center of the Tri-Valley
 Faith Chapel Assembly of God
 Kaiser Permanente Preparedness Fair
 Tri-Valley Transition Fair
 Rental Housing Association Trade Show
 Tri-Valley Property Owner Mixer

Additionally, Eden I&R's Executive Director participated in a meeting of the PTownlife Resource Network.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
 None.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
 No

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

- Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

10 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 1 total to date

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

235	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	235 total to date
119	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	119 total to date
13,596	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	13,596 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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):

5	Low Income (50% to 80% Median)	5 total to date
16	Very Low Income (30% to 50% Median)	16 total to date
97	Extremely Low Income (<30% Median)	97 total to date
14	Seniors (62 and older)	14 total to date
37	Disabled	37 total to date
37	Female-Headed Households	37 total to date

13 List the number of new, unduplicated Pleasanton 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.]

56	White	56 total to date
21	White + HISPANIC	21 total to date
19	Black/African American	19 total to date
	Black/African American + HISPANIC	
10	Asian	10 total to date
	Asian + HISPANIC	
1	American Indian/Alaskan Native	1 total to date
6	American Indian/Alaskan Native + HISPANIC	6 total to date
2	Native Hawaiian/Other Pacific Islander	2 total to date
	Native Hawaiian/Other Pacific Islander + HISPANIC	
2	American Indian/ Alaskan Native and White	2 total to date
	American Indian/ Alaskan Native and White + HISPANIC	
1	Asian and White	1 total to date

	Asian and White + HISPANIC	
1	Black/African American and White	1 total to date
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
	Other/Multi Racial	
	Other/Multi Racial + HISPANIC	

14 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 HHSG contract):

2-1-1 calls

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

660	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	660 total to date
375	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	375 total to date
52,405	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	52,405 total to date

16 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"):

N/A

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

	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):

N/A

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

	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

Please note that there were a total of 15 callers who declined to state their race. That number was distributed among the various other race/ethnicity categories proportionally.

Below are two call examples to 2-1-1 during the first six months of FY13/14:

-A senior citizen on Section 8 called from Pleasanton for deposit assistance for a new rental unit, and was referred to ECHO Housing, Catholic Charities, Operation Dignity and Season of Sharing.

-A Pleasanton caller who is a single parent with mental and physical disabilities and a victim of domestic violence called for assistance locating free laundry facilities, advocacy with public benefit programs, and food. The caller was referred to St. Vincent de Paul Visitation Center for Women and Children for laundry facilities, People with Disabilities Foundation and Homeless Action Center for advocacy assistance, and the Alameda County Food Bank and SSA for CalFresh enrollment assistance.

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 14445

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City of Pleasanton
**FY 2013/14 Housing and Human
 Services Grant**

\$615,620.00 Available
 1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Bay Area Community Services, Inc.
Valley Wellness Center
 \$10,000.00 Requested

Application Status: **Approved**
\$7,000.00

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial Report 1 Report 2				
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/15/2014

1 Name of Person Completing Report:
 Daniel Cohen

2 Title:
 Associate Director for Program Operations

3 Telephone:
 510-915-7662

4 E-Mail:
 dcohen@bayareacs.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

At the Valley Wellness Center our focus is providing the highest quality mental health recovery services, honing our service delivery model towards efficiency and effectiveness and garnering outcomes in terms of supporting our participants in developing their roles as productive citizens in the community. This community integration includes gainful employment, family reunification, civic involvement, engagement, adherence and collaboration in the areas of medical care and community based social supports and is the foundation of our ultimate goal of assisting individuals to graduate from higher levels of care and re-integrate into the community. We offer individual and group counseling, psychiatry, employment services and peer counseling delivering a wide array of service types. We continue to advocate with Alameda County BHCS for a wider referral base so that we can market our services to more than one small County contracted Service Team, which has a census too small to fill our census. We have begun increasing the quality and quantity of our daily offerings at the center. We have also made a decision to support graduates of our program to return use our facility as a community space from which they can continue to develop peer support, participate on a graduate and participant counsel to inform and comment on programmatic decisions made at the center.

6 Describe any significant actions taken during the reporting period.

In the reporting period program has succeeded in its goal of providing high quality assessment, treatment planning and support services to 100% of its participants. The program has succeeded in supporting participants to find 16 jobs, 2 participants to enroll in school, 2 participants to find volunteer jobs and, currently, 25 participants are actively engaged in employment services. Livermore residents that are participants of the program have been successfully engaged in approximately 26 hours service per month, receiving a wide array of services that support their goals of reintegration, self-sufficiency and higher life quality. We continue to negotiate with our primary referral source to increase referrals, as well as with Alameda County to expand the eligibility criteria for our services so that more access can be afforded to residents of specific cities such as Livermore. We have succeeded in expanding our referral sources to include Behavioral Health Care Services contracted Full Service Partnerships (FSPs). Unfortunately, there

are no FSPs in the Livermore area, so this major development effects only our sites in Fremont, Hayward and Oakland. We will continue to advocate for expansion of our referral sources in the Livermore area. We continue to meet monthly with the Valley Community Support Center team, our primary referral source for Livermore residents to market our program and encourage referrals off of Intensive Case Management to a our lower level of care according to medical necessity. In the reporting period we have trained our staff and begun implementation of two evidence based practices, the Illness Management and Recovery Model (IMR) and the Independent Place and Support model of supported (IPS). IMR is a highly effective skills building, educational and self-sufficiency curriculum that has been proven to garner outcome of increased self-sufficiency and health. IPS is a proven and effective model for rapid job placement and support.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

We routinely submit annual invoices, not due to delays, but to agency policy. There have been no modifications to the project goals or timeline.

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes 1 total to date
- No

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

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted) 1 total to date
- No (no expenditures this period)
- Other:

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

- Persons 1 total to date
- Households

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

25	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	25 total to date
17	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	17 total to date
34	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	34 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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):

3	Low Income (50% to 80% Median)	3 total to date
	Very Low Income (30% to 50% Median)	
14	Extremely Low Income (<30% Median)	14 total to date
2	Seniors (62 and older)	2 total to date
17	Disabled	17 total to date
0	Female-Headed Households	0 total to date

13 List the number of new, unduplicated Pleasanton 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.]

15	White	15 total to date
1	White + HISPANIC	1 total to date
1	Black/African American	1 total to date
	Black/African American + HISPANIC	
	Asian	
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
	Native Hawaiian/Other Pacific Islander	
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	

- Asian and White
- Asian and White + HISPANIC
- Black/African American and White
- Black/African American and White + HISPANIC
- American Indian/Alaskan Native and Black/African American
- American Indian/Alaskan Native and Black/African American + HISPANIC
- Other/Multi Racial
- Other/Multi Racial + HISPANIC

14 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 HHS contract):
 Days of Service (Client Contacts)

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

650	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	650 total to date
884	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	884 total to date
1768	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	1,768 total to date

16 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"):
-no answer-

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

	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):
-no answer-

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

	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:
-no answer-

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):
-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.
-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.
-no answer-

24 For CAPER: 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?
-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15835

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City of Pleasanton
FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

My Account | Dashboard Applications Custom Report Compare Applications Scoring Report
 Financial Reporting Export Data Program Setup

Tri-Valley YMCA
Case Management Services

Application Status: **Approved**
\$19,000.00

\$48,000.00 Requested

[Print/Preview](#)

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

Incomplete/Not Submitted Yet

1 Name of Person Completing Report:
 Kenny Altenburg

2 Title:
 Branch Operations Director

3 Telephone:
 925-263-4444

4 E-Mail:
 kaltenburg@ymcaeastbay.org

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.
-no answer-

6 Describe any significant actions taken during the reporting period.
-no answer-

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.
-no answer-

8 Were any costs incurred for this project (from any source) during this reporting period?

- Yes
- No

9 Were any Pleasanton 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:

10 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

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

- A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)
- B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, 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 Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)

12 Please indicate the number of new, unduplicated Pleasanton 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

13 List the number of new, unduplicated Pleasanton 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.]

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

14 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 HHS contract):
-no answer-

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

- Numeric GOAL stated in your HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
- Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
- Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

16 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"):
-no answer-

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

- | | |
|----------------------|---|
| <input type="text"/> | Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero) |
| <input type="text"/> | Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero) |
| <input type="text"/> | Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer) |

18 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"):

-no answer-

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

- | | |
|----------------------|---|
| <input type="text"/> | Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero) |
| <input type="text"/> | Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero) |
| <input type="text"/> | Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer) |

20 Please include any additional comments or clarifications here:

-no answer-

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

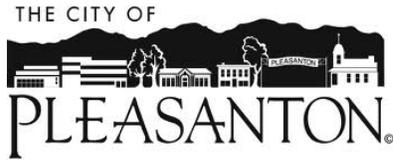
26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 15706



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City of Pleasanton FY 2013/14 Housing and Human Services Grant

\$615,620.00 Available
1/28/2013 Deadline

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[Financial](#) [Reporting](#) [Export Data](#) [Program Setup](#)

East Bay Innovations Ramping Up for Independence (RU4I)

Application Status: **Approved**
\$5,000.00

[Print/Preview](#)

\$7,500.00 Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Post-Decision	Financial	Report 1	Report 2		
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Report 1

Due date (mm/dd/yyyy)

✓ Report 1 submitted: 1/15/2014

1 Name of Person Completing Report:

Linda Ratner

2 Title:

Ramping Up for Independence (RU4I)

3 Telephone:

(510)882-8758

4 E-Mail:

lindaratner@comcast.net

5 Describe the current status of your project (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

EBI has been planning a two part training series for parents and their transition-age sons and daughters with disabilities. The sessions will address 1) Employment and 2) Housing and Independent Living -- life after high school. To date, EBI has been conducting outreach, marketing the trainings, and planning the program for each session. On January 15, 2014, the first session will take place at the Pleasanton Senior Center on Sunol Blvd and will include a panel of three EBI clients who are currently employed, the parent of an EBI client who is working, and staff from EBI.

6 Describe any significant actions taken during the reporting period.

Widespread outreach has been conducted through various electronic and USPS mailings. Parents have been encouraged to include their sons and daughters at the trainings, and EBI has prepared parallel activities for the parents and young adults in attendance in an effort to effectively reach both audiences. Panelists were recruited and helped to prepare their presentations.

7 If applicable, describe any modifications to the project goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

N/A

8 Were any costs incurred for this project (from any source) during this reporting period?

Yes

1 total to date

No

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

Yes (already submitted invoice/s)

- Yes (but invoice/s not yet submitted) 1 total to date
- No (no expenditures this period)
- Other:

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

- Persons 1 total to date
- Households

11 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	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	27 total to date
0	B) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	0 total to date
0	C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	0 total to date

12 Please indicate the number of new, unduplicated Pleasanton 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	Low Income (50% to 80% Median)	0 total to date
0	Very Low Income (30% to 50% Median)	0 total to date
0	Extremely Low Income (<30% Median)	0 total to date
0	Seniors (62 and older)	0 total to date
0	Disabled	0 total to date
0	Female-Headed Households	0 total to date

13 List the number of new, unduplicated Pleasanton 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	White	0 total to date
0	White + HISPANIC	0 total to date
0	Black/African American	0 total to date
0	Black/African American + HISPANIC	0 total to date
0	Asian	0 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
0	Native Hawaiian/Other Pacific Islander	0 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
0	Other/Multi Racial	0 total to date
0	Other/Multi Racial + HISPANIC	0 total to date

14 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 HHSG contract):

Hours of outreach, program development, and training.

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

129	Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	129 total to date
-----	--	-------------------

- Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero) 25 total to date
- Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer) 5 total to date

16 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"):

-no answer-

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

- Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
- Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
- Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

18 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"):

-no answer-

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

- Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)
- Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
- Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20 Please include any additional comments or clarifications here:

21 For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

-no answer-

22 For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

-no answer-

23 For CAPER: Describe the accomplishments of the program funded through HHSG funds. 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.

-no answer-

24 For CAPER: 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?

-no answer-

25 For CAPER: Describe any problems or delays encountered with the project. How were they handled? What effects, if any, were there on project cost? Describe any changes that made the project successful or will make it successful in future years.

-no answer-

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.

-no answer-

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.

-no answer-

Application ID: 14566



Human Services Commission Agenda Report

February 5, 2014
Item 5

**SUBJECT: DISCUSS EVALUATION PROCESS AND MEETING FORMAT FOR FY 2014/15
HOUSING AND HUMAN SERVICES GRANT PROGRAM REVIEW**

SUMMARY

The Human Services Commission will be reviewing the FY 2014/15 Housing and Human Services Grant (HHSG) applications at its March 5, 2014, meeting. In an effort to streamline the review and funding recommendation process, the Commission should discuss the evaluation process and meeting format. Staff is also available to answer any technical questions Commissioners may have related to their use of ZoomGrants, the online grant software program that was introduced three years ago.

RECOMMENDATION

It is recommended that the Commission discuss the evaluation and meeting format procedures for the FY 2014/15 Housing and Human Services Grant process to be held on Wednesday, March 5, 2014, including agency presentations and the meeting start time.

FINANCIAL STATEMENT

There is none.

BACKGROUND

The Commission will be reviewing the Housing and Human Services Grants (HHSG) at its upcoming meeting on March 5, 2014. This will be the fourth year of the HHSG program. This year, the Commission will again be reviewing the FY 2014/15 HHSG applications online with the ZoomGrants program that was implemented three years ago. The Commission received a tutorial of the new ZoomGrants program in 2011 and successfully utilized the program to review applications for the prior two cycles. Consequently, no additional tutorial has been provided.

HHSG applications for FY 2014/15 were due Monday, January 27, 2014, by 5:00pm. The attached table lists the 27 applications that were received (with an aggregate funding request of \$1,127,859). A supplemental table identifies housing-related projects that are eligible for funding through either federal HOME or local LIHF funds. Commissioners were sent an email shortly after the deadline indicating that they could access the applications on ZoomGrants to start the review process. Applications will remain available for review for a period of three (3) weeks until Tuesday, February 18, 2014, at 5:00pm. The applications will still be viewable on ZoomGrants after that time; however, you will not be able to modify your review entries.

Prior to the March 5, 2014 meeting, staff will have read and evaluated the applications based on the evaluation criteria and will provide recommendations in the agenda report for the Commission's consideration. As noted above, Commissioners will have access to the applications for review for three weeks (January 28 - February 18, 2014), using the same evaluation criteria and scoring. This schedule worked satisfactorily last year and should provide Commissioners with ample time to review the applications and complete their individual evaluations of the applications prior to the March 5, 2014 meeting. Staff will provide a summary of the results of the Commissioners' online review along with staff's review results and tools similar to those provided last year to facilitate discussions at the March meeting.

At the February 5, 2014 meeting, Commissioners should discuss how they would like to structure the format of the March meeting, including the start time, agency presentations and the application review process. It is staff's recommendation to structure the meeting similar to the last three years (e.g., start the meeting at 4:00pm; take a break at 6:00pm; only require agencies that are submitting new projects to present to the Commission). This structure seemed to work well and addressed the Commission's concern of having a lengthy meeting.

ALTERNATIVE ACTION

Any other action as determined by the Human Services Commission.

Submitted by:

/s/
Scott Erickson
Housing Specialist

Attachments:

1. Summary of HHSG Applications Received by 1/27/2014 Deadline
2. Evaluation Criteria

**ATTACHMENT 1:
FY 2014/15 HHSB APPLICATIONS RECEIVED THROUGH ZOOMGRANTS**

TOTAL REQUESTS: \$ 1,127,859

Alpha Ord	Agency Name	Project Title	Funds Requested	Date / Time Submitted	Order Recd.
1	Abode Services	Tri-Valley Housing Scholarship Program	\$ 109,450	1/26/2014 - 10:19 AM	12
2	Axis Community Health	Funding for New Clinic Capital Project	\$ 100,000	1/27/2014 - 2:19 PM	17
3	Axis Community Health	Access to Care for Uninsured, Low-income Pleasanton Residents	\$ 15,000	1/27/2014 - 4:01 PM	23
4	CALICO Center	Pleasanton Child Abuse Intervention	\$ 10,000	1/27/2014 - 3:46 PM	21
5	CityServe of the TriValley	CityServe of the TriValley	\$ 12,360	1/27/2014 - 3:52 PM	22
6	Community Resources for Independent Living	Housing & Independent Living Services for Persons with Disabilities	\$ 14,494	1/27/2014 - 4:02 PM	24
7	East Bay Innovations	Ramping Up for Independence Plus (RU4I Plus)	\$ 7,500	1/27/2014 - 3:28 PM	20
8	Easter Seals Bay Area	Easter Seals Kaleidoscope - Teen Group	\$ 20,000	12/9/2013 - 4:49 PM	1
9	Eden Council for Hope and Opportunity	Housing Counseling Services	\$ 56,055	1/27/2014 - 10:43 AM	15
10	Eden I&R, Inc.	2-1-1 Alameda County Communications System	\$ 20,000	1/9/2014 - 12:24 PM	5
11	Legal Assistance for Seniors	Legal Services for Pleasanton Seniors	\$ 15,000	1/27/2014 - 1:27 PM	16
12	MidPen Housing Corporation	Kottinger Gardens Phase 1	\$ 365,000	1/24/2014 - 4:49 PM	11
13	Neighborhood Solutions	City of Pleasanton Housing Rehabilitation Program	\$ 150,000	1/27/2014 - 2:56 PM	19
14	Open Heart Kitchen	Pleasanton Senior Center Congregate Meal Program	\$ 25,000	12/23/2013 - 8:28 AM	4
15	Open Heart Kitchen	Senior Meal Program at Ridge View Commons	\$ 25,000	12/11/2013 - 3:01 PM	2
16	Open Heart Kitchen	Pleasanton Hot Meal and Weekend Box Lunch Program	\$ 10,000	12/16/2013 - 10:17 AM	3
17	Pleasanton Unified School District	Student Health Services	\$ 5,000	1/17/2014 - 3:20 PM	6
18	Sandra J. Wing Healing Therapies Foundation	Healing Therapy Funds to Assist Cancer Patients	\$ 10,000	1/26/2014 - 7:24 PM	13
19	Spectrum Community Services	Congregate Meals for Pleasanton's Elderly	\$ 20,000	1/27/2014 - 4:43 PM	26
20	Spectrum Community Services	Meals on Wheels for Pleasanton's Homebound Elderly	\$ 8,000	1/27/2014 - 4:39 PM	25
21	Tri-City Health Center	East County HIV Advocacy	\$ 5,000	1/27/2014 - 9:09 AM	14
22	Tri-Valley Haven	Counseling and Temporary Restraining Order Clinic	\$ 20,000	1/22/2014 - 5:02 PM	9
23	Tri-Valley Haven	Shiloh Domestic Violence Shelter and Services	\$ 20,000	1/23/2014 - 3:45 PM	10
24	Tri-Valley Haven	Sojourner House Homeless Shelter Program	\$ 20,000	1/27/2014 - 2:43 PM	18
25	Tri-Valley Haven	Tri-Valley Haven's Food Pantry	\$ 20,000	1/21/2014 - 2:54 PM	7
26	Tri-Valley Housing Opportunity Center	Community Stabilization Program	\$ 25,000	1/22/2014 - 11:32 AM	8
27	Tri-Valley YMCA	Sharing Community Resources with Those in Need	\$ 20,000	1/27/2014 - 4:59 PM	27

New Applicants (did not submit last year):

CALICO Center	Pleasanton Child Abuse Intervention	\$ 10,000
CityServe of the TriValley	CityServe of the TriValley	\$ 12,360
MidPen Housing Corporation	Kottinger Gardens Phase 1	\$ 365,000
Pleasanton Unified School District	Student Health Services	\$ 5,000
Sandra J. Wing Healing Therapies Foundation	Healing Therapy Funds to Assist Cancer Patients	\$ 10,000
		\$ 402,360

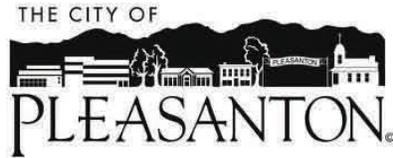
Prior Year Grantees (did not submit this year):

Bay Area Community Services (BACS)	Valley Wellness Center
City of Pleasanton	Annual Section 108 Loan Payment (project completed last year)

FY 2014/15 HHSG APPLICATIONS RECEIVED THROUGH ZOOMGRANTS
(showing projects eligible for LIHF / HOME funding)

TOTAL REQUESTS: \$ 1,127,859

Order Recd.	Agency Name	Project Title	Funds Requested	Date Submitted
1	Abode Services	Tri-Valley Housing Scholarship Program - Tenant Based Rental Asst.	\$ 79,200	1/26/2014
1	Abode Services	Tri-Valley Housing Scholarship Program - Case Mgmt	\$ 30,250	1/26/2014
2	Axis Community Health	Funding for New Clinic Capital Project	\$ 100,000	1/27/2014
3	Axis Community Health	Access to Care for Uninsured, Low-income Pleasanton Residents	\$ 15,000	1/27/2014
4	CALICO Center	Pleasanton Child Abuse Intervention	\$ 10,000	1/27/2014
5	CityServe of the TriValley	CityServe of the TriValley	\$ 12,360	1/27/2014
6	Community Resources for Independent Living	Housing & Independent Living Services for Persons with Disabilities	\$ 14,494	1/27/2014
7	East Bay Innovations	Ramping Up for Independence Plus (RU4I Plus)	\$ 7,500	1/27/2014
8	Easter Seals Bay Area	Easter Seals Kaleidoscope - Teen Group	\$ 20,000	12/9/2013
9	Eden Council for Hope and Opportunity	Housing Counseling Services	\$ 56,055	1/27/2014
10	Eden I&R, Inc.	2-1-1 Alameda County Communications System	\$ 20,000	1/9/2014
11	Legal Assistance for Seniors	Legal Services for Pleasanton Seniors	\$ 15,000	1/27/2014
12	MidPen Housing Corporation	Kottinger Gardens Phase 1	\$ 365,000	1/24/2014
13	Neighborhood Solutions	City of Pleasanton Housing Rehabilitation Program	\$ 150,000	1/27/2014
14	Open Heart Kitchen	Pleasanton Senior Center Congregate Meal Program	\$ 25,000	12/23/2013
15	Open Heart Kitchen	Senior Meal Program at Ridge View Commons	\$ 25,000	12/11/2013
16	Open Heart Kitchen	Pleasanton Hot Meal and Weekend Box Lunch Program	\$ 10,000	12/16/2013
17	Pleasanton Unified School District	Student Health Services	\$ 5,000	1/17/2014
18	Sandra J. Wing Healing Therapies Foundation	Healing Therapy Funds to Assist Cancer Patients	\$ 10,000	1/26/2014
19	Spectrum Community Services	Congregate Meals for Pleasanton's Elderly	\$ 20,000	1/27/2014
20	Spectrum Community Services	Meals on Wheels for Pleasanton's Homebound Elderly	\$ 8,000	1/27/2014
21	Tri-City Health Center	East County HIV Advocacy	\$ 5,000	1/27/2014
22	Tri-Valley Haven	Counseling and Temporary Restraining Order Clinic	\$ 20,000	1/22/2014
23	Tri-Valley Haven	Shiloh Domestic Violence Shelter and Services	\$ 20,000	1/23/2014
24	Tri-Valley Haven	Sojourner House Homeless Shelter Program	\$ 20,000	1/27/2014
25	Tri-Valley Haven	Tri-Valley Haven's Food Pantry	\$ 20,000	1/21/2014
26	Tri-Valley Housing Opportunity Center	Community Stablization Program	\$ 25,000	1/22/2014
27	Tri-Valley YMCA	Sharing Community Resources with Those in Need	\$ 20,000	1/27/2014
			\$ 125,799	LIHF
			\$ 594,200	HOME
			\$ 719,999	TOTAL



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City of Pleasanton

FY 2014/15 Housing and Human Services Grant

USD\$600,000.00 Available
1/27/2014 Deadline

My Account | Dashboard | Applications | Custom Report | Compare Applications | Scoring Report
Financial | Reporting | Export Data | Program Setup

Program X

Application Status: **Undecided** [Print/Preview](#)

USD\$ \$\$\$\$\$ Requested

Application	Applicant Information Activity Log	Application Questions	Budget	Documents	Extra
Review Tools	My Private Notes	Internal Research	Scoring	Decisions	

Scoring

Instructions [show/hide](#)

Instructions:

Enter a score from 0 to 10 for each of the ten (10) questions below (0 = low, negative, disagree, etc.; 10 = high, positive, agree, etc.). The Total Score will be figured automatically.

Tips for Reviewing Grant Applications:

Go with your gut and follow your intuition while reading the application.

Remember to separate your passion for an issue (such as child care or food) from the specific application you are reading.

Do not read all the applications in one day and/or weeks before the Commission meeting. If you do, it is possible that on the day of the deliberation you will not remember the exact reasons for your assessment. One approach is to read all of the proposals at least twice. Read them all through once, make notes on the first page of each scoring sheet, and give each application a preliminary score. Then wait a few days, re-read the proposals and score them again. Depending upon the proposal, you may want to read it one more time before coming to a final score.

If possible, refresh your memory by reviewing the application the day before or day of the Commission meeting.

Do not try to be an expert, but utilize your strengths to evaluate each proposal. Each of you has a unique perspective, background, and strengths that you bring to this process.

Focus your assessment on the area where you feel most confident. For example, if you have a financial background, it is okay to focus more on the financial piece of the proposal.

Limit the time you spend reading each application. If it is unclear and difficult to understand, then maybe that is your assessment. Each application must stand on its merits as it was submitted it to the City.

If the application does not address a criterion, do not make an assumption or read something else into the narrative. If the agency did not explain a specific point or points, it did not meet your standard. We should not lower our standards. The agency must meet the established standard in order to be eligible to receive funding.

Focus on the merits of the application. Did the agency make a compelling argument for funding? Did the application address all established criteria?

Refer to the points outlined within each section to determine if the application discusses all of the criteria you decided were important.

Committee Scoring Questions	Avg. Score	Weight	Ext. Score
1 NEED - Rank the need for this activity/service. [Considerations: need has been clearly identified; information supplied by agency shows how project will address the need; the project addresses an identified problem.]		X 1 =	
2 BENEFIT - Rank the benefit to Pleasanton residents. [Considerations: clearly demonstrates number of Pleasanton residents who will benefit in relation to funding requested; serves low income households; etc.]		X 1 =	
3 ORGANIZATION - Rank the applicant's organizational strength and capacity. [Considerations: track record; accountability; realistic / achievable goals; consistent philosophy; collaboration; staffing; completeness of application.]		X 1 =	
4 FUNDING - Rank the applicant's request for funding. [Considerations: cost-effective; provides lasting improvements; maintains existing service in jeopardy; achieves impact on need; goals are achievable and measurable; etc.]		X 1 =	
5 FUNDING ALTERNATIVES - Rank the proposal regarding funding alternatives. [Consideration: funding from other sources; agency contributes to or generates income to support this activity/service; etc.]		X 1 =	
6 CITY FUNDING - Rank the proposal regarding the necessity of City funding. [Considerations: City funds are critical to project; appropriateness for City funding; reduces demands on other City resources; no alternative funding sources; etc.]		X 1 =	
7 CONSISTENCY WITH POLICIES - Rank the proposal regarding consistency with federal, regional, and local policies. [Considerations: HUD Consolidated Plan; General Plan Housing Element; COP Community of Character; etc.]		X 1 =	
8 COORDINATION AND COLLABORATION - Rank the proposal regarding the extent to which it represents service coordination and collaboration.		X 2 =	
9 CONTINUATION PROJECTS - If funds were allocated last year for the same project/activity, the applicant has adequately highlighted differences and/or demonstrated consistency with this year's priorities.		X 2 =	
10 HSC PRIORITY #1 - Rank the proposal regarding the extent to which it addresses one or more of the HSNA Critical Needs.		X 2 =	
11 HSC PRIORITY #2 - Rank the proposal regarding the extent to which it addresses one or more of the HSNA Barriers to Service Delivery.		X 2 =	
Average Total Score			0.0

New / modified criteria from updated priorities (November 2013)

Administrative Scoring Questions	Score	Weight	Ext. Score
1 Is the application complete and are all required documents uploaded into ZoomGrants?		X 1 =	
2 If the agency received previous funding from Pleasanton, did it meet the previous year's program goals and did it comply with applicable HHSG program policies and procedures?		X 1 =	
3 For previously funded applicants: Does the agency have the skills, experience and/or appropriate credentials to administer, conduct, and account for a responsible project?		X 1 =	
4 For first time applicants: Does the application provide evidence/documentation that the agency (or its agent) has the skills, experience and/or appropriate credentials to administer, conduct, and account for a responsible project?		X 1 =	
Total Admin Score			0.0

Total Combined Score

Scoring
Adjustment

0.0

Admin Scoring Comments

Committee Scoring Comments

Application ID:

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A) NEED

- 1 There is a need for this activity/service.
- 2 The need has been clearly identified.
- 3 The data or information supplied by the agency shows how this activity/service will address the need.
- 4 The activity/service prevents or alleviates an identified problem.

B) BENEFIT

- 1 The applicant demonstrates clearly the number of Pleasanton residents who will benefit from the activity/service in relation to the level of funding requested from the City of Pleasanton.
- 2 The beneficiaries are an appropriate target group (lower income residents, handicapped, elderly, youth, etc.)
- 3 The funding of this activity/service benefits low and very low income (rather than moderate income) residents. Greater consideration will be given to agencies which serve individuals from the lowest income categories.
- 4 The activity/service benefits deteriorated neighborhoods.

C) ORGANIZATION

- 1 The agency has an established track record of good performance.
- 2 The agency is accountable for its programs.
- 3 The agency's goals for this activity/service are realistic and achievable.
- 4 The agency's overall guiding philosophy is consistent with this activity/service.
- 5 The agency collaborates with other non-profits and has a broad base of community support.
- 6 The agency's staffing is qualified and adequate to provide this activity/service in a timely manner.
- 7 The application is complete (in accordance with the application checklist provided).

D) FUNDING

- 1 The request will provide lasting improvements and/or effects.
- 2 The request will maintain an existing activity/service that is in jeopardy.
- 3 The request will not supplant other funding already available but will enhance or initiate an activity/service.
- 4 The requested funds achieve an impact on the need.
- 5 The requested amount is commensurate with the expected accomplishment(s).
- 6 The cost per beneficiary is reasonable.
- 7 The activity/service is cost-effective.
- 8 The effectiveness of the activity/service can be measured using well-defined performance measures that are clearly stated in the application.

E) ALTERNATIVE FUNDING SOURCES

- 1 The agency has been successful in obtaining supplemental on-going funding from other sources for its activities/services.
- 2 When appropriate, the agency charges a fee and/or produces other income that may be used to support this activity/service.
- 3 The agency contributes to this activity/service.
- 4 There is evidence that the agency is receiving private and/or community financial support.

F) NECESSITY OF CITY FUNDING

- 1 City funds are critical to carrying out this activity/service.
- 2 This activity/service is appropriate for City funding.
- 3 The activity/service reduces demands on other City resources.
- 4 There are no alternative funding sources.
- 5 There are no alternatives available that are less expensive.

G) CONSISTENCY WITH CITY HSG & COMM DEV POLICIES

- 1 HUD [Alameda County HOME Consortium] Consolidated Plan
- 2 General Plan Housing Element
- 3 Tri-Valley Needs Assessment

EDEN I & R, Inc.

2-1-1 Alameda County Monthly Narrative Report: November 2013

Noteworthy Updates	
<p>During the month of November, 8,868 calls were handled by 2-1-1 Resource Specialists and 13,482 health, housing and human service referrals were provided. Of the unduplicated callers, 81% were female, 36% were single-headed households with minor children, and 43% had disabilities. The call examples below show the breadth and depth of calls handled. Additional people are also relying on Eden I&R's online health and human service resource directory; in November it received 99,107 hits from 11,537 visitors.</p> <p>This month, Eden I&R, a Certified Enrollment Entity (CEE) through the Covered California health insurance exchange, began assisting people in completing their applications for health insurance under the Affordable Healthcare Act. In order to become a CEE, two of the agency's staff attended a 2.5 day training, completed an assortment of online modules, and took and passed an exam to become Certified Enrollment Counselors (CEC). These staff, both fluent in at least two languages, have been meeting with people in person at Eden I&R's offices. The CECs have had a steady stream of appointments as people are trying to get enrolled before the January 1, 2014 deadline. Several of the applicants were not familiar with 2-1-1 prior to coming in for their appointments. Once they learned about it they informed the CECs they were in need of referrals. These individuals, having never had to seek assistance before, had no idea where to go. The CECs, both trained on the 2-1-1 phone line, were able to provide several referrals to each of those in need.</p> <p>The holiday season kicked off this month. 2-1-1 is once again providing referrals to a number of resources throughout the County for holiday food baskets and toys for needy families.</p>	

Call Information	
Call Examples	~A homeless, pregnant single mother of two children called from Berkeley for resources. She informed the Phone Resource Specialist that she had recently been released from incarceration, with no income or benefits for herself and her children. The caller was referred to CalWorks, CalFresh, and Medi-Cal for income and benefits; Alameda County's Re-Entry Pilot Program for employment; Sunrise Village for shelter, and Ariel Outreach and Alpha Omega for transitional housing once her CalWorks starts; the DMV Reduced-Fee ID Card program; and Compass Family Services' Housing Access Project (HAP) for housing subsidies.
	~A single female senior with a physical disability called from San Leandro seeking assistance with payment of her utility bills. The caller was referred to REACH for the PG&E bill, and also CRIL for help applying for SSI, and the City of Oakland Senior Companion Program for transportation and assistance.
	~ A single mother of two children living with her grandmother in Dublin called for holiday program assistance. The caller was referred to CityTeam Ministries and the Alameda County Food Bank Holiday Food Helpline, along with Children's Emergency Food Council for Thanksgiving and Christmas baskets. For non-holiday food assistance, the caller was referred to the Haven Food Pantry. For Christmas toys for the children, 2-1-1 referred the caller to CityTeam.
	~ A Pleasanton caller who is a single parent with mental and physical disabilities and a victim of domestic violence called for assistance locating free laundry facilities, advocacy with public benefit programs, and food. The caller was referred to St. Vincent de Paul Visitation Center for Women and Children for laundry facilities, People with Disabilities Foundation and Homeless Action Center for advocacy assistance, and the Alameda County Food Bank and SSA for CalFresh enrollment assistance.
	~A mother of two children who was a victim of domestic violence called from Livermore seeking legal and immigration assistance related to domestic violence issues. The caller informed 2-1-1 that her husband, who was previously incarcerated, was constantly checking up on her. The husband's suspicions had led to verbal and physical abuse of her and their son, to the extent that he had forced them out of the family home. The caller informed the Livermore Police Department of the incident. 2-1-1 referred the caller to Mujeres Con Esperanza (Women with Hope) program for domestic violence education, and the following for legal/immigration counseling and assistance: Catholic Charities, International Institute of the Bay Area, and Centro Legal de la Raza.
	~ An Oakland case manager called on behalf of her client who had been raped and further traumatized when she found out she was pregnant. 2-1-1 referred the caller to Bay Area Women Against Rape and Alameda County Medical Center for support groups for victims of rape/incest.

EDEN I & R, Inc.

Caller Feedback	~ "I live in Oakland, California. When I dial 2-1-1, I get everything I need. The workers are spectacular, they are so special and so understanding, they really understand. God bless you, please keep up the good service, I really love you guys. Thank you very much, thank you. God bless you."
	~ "I am calling from San Leandro. I talked to your operator and she was excellent. She helped me out so much. She is a beautiful person, and the conversation was excellent, and you folks have a beautiful day."
	~ "Your employee was very helpful, she gave me numbers to programs, and listened to everything I had to say. She was a very helpful ear, and very responsive to what I asked, she had information on everything I needed, and I really enjoyed my phone call. Thank you to her and thank you 2-1-1. It is a pleasure to know that there is a number out there that a person can call when they are in a bad situation. Unfortunately, I was just laid off from my job and like I said, your employee was very helpful with the information."
	~ "I just got off the phone with 2-1-1 and I just want to say your operator provided great services. Thank you."
	~ "I live in the city of Oakland and I was calling to let you know that another one of your resource specialists receives an A+ from me...very informative, very courteous and caring, offered me a lot of support, very knowledgeable and very pleasant to speak with. I do hope that she receives this feedback. I am kind of overwhelmed right now, but I do want to commend in terms of service what she did for me. I hope that you have more resource specialists like her to follow. Thank you very much."
Staff Inservice Training Sessions	~ Season of Sharing In-Service Presentation
	~ HealthPAC In-Service Presentation
	~ 2-1-1 Internal Staff Training: Review of MAA, CalFresh, and Call Note Documentation
	~ 2-1-1 Internal Staff Training: Crisis Calls and Best Practices in Call Handling

Resource Information And Technology Updates	
Services Database	~ Two new agencies were added to the services database this month.
	~ The services database contains 1,110 agencies and 2,863 programs.
	~ The process of updating the 597 "Directory" agencies is complete. Now we are proofreading to finalize the completion of the Big Blue Book 2014 edition.
Housing Database	~ 76 new units were added to the housing database this month.
	~ Housing Subscriptions (mail, PDF & OHIP) were sent to community-based organizations in Alameda County and San Francisco County.
Online Services Website	~ Eden I&R's health and human services data is provided free through the agency's publicly accessible websites at www.edenir.org and www.211alamedacounty.org , and www.alamedaco.info . This month the Online Services Directory received 99,107 hits from 11,537 visitors.
Technology	~ Staff performed routine software and hardware maintenance, updated the agency website, and provided updated services data for the Online Service Directory and Healthy Cities websites.
	~ A shared calendar was created in Outlook to facilitate scheduling for two staff members who are Certified Enrollment Counselors and have begun providing direct assistance to individuals wishing to enroll in California's new healthcare system.
	~ Replacement batteries were purchased for four of Eden I&R older Uninterruptable Power Supplies (UPS) whose batteries were no longer holding a charge for more than 30 minutes. Once the new batteries are installed, each system will be capable of powering two 2-1-1 workstations for up to two hours.
	~ Staff are working with the Alameda-Contra Costa Transit District to develop a new Online Resource Directory which will include targeted pages and advanced search features for paratransit services in Alameda County.

Outreach/Public Information Activities	
Meetings	~ The Housing Outreach Coordinator participated in the Public Health discussion of creating a countywide registry for those with disabilities and the frail elderly.
	~ The Housing Outreach Coordinator is working in collaboration with the American Red Cross to develop a curriculum for rental property owners to prepare their properties and tenants for disaster-related scenarios.

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Meetings	~ The Housing Outreach Coordinator is working in collaboration with the Oakland Housing Authority (OHA) to conduct outreach to rental property owners, on a monthly basis, to inform them of the opportunities with OHA and Eden I&R. Through this outreach property owners throughout the County are able to list their properties with us at no cost.
	~ The Housing Outreach Coordinator attended the Nor Cal VOAD meeting representing Eden I&R/2-1-1 Alameda County and the Alameda County VOAD.
	~ The Housing Outreach Coordinator attended the Alameda County Children in Emergency Committee meeting. There was discussion about what will happen to kids if there is an earthquake during working and school hours.
	~ The Housing Outreach Coordinator attended the Hayward Non-Profit Alliance meeting. The discussion this month was about social media and the non-profit world.
	~ The Deputy Director, 2-1-1 Program Manager, and AHIP Coordinator attended a meeting at Alameda County Community Housing Development to discuss the HOPWA (Housing Opportunities for People With HIV/AIDS) program requirements.
	~ The Deputy Director had a conference call with the California team of Intuit Financial Freedom Foundation (Turbo Tax) to discuss Eden I&R's participation in the 2014 free tax assistance events.
	~ The Deputy Director attended the first meeting of organizations in Alameda County who have become (or are in the process of becoming) Certified Enrollment Entities (CEE) for Covered California, the new health insurance exchange. The meeting provided an opportunity for agencies to find out which other agencies are CEEs, share best practices, troubleshoot, and ask one another for assistance navigating the brand new world of health care reform.
	~ The Executive and Deputy Directors were invited to an exploratory meeting hosted by the Oakland Fund for Children & Youth. Youth development funders and service providers discussed a variety of needs of underserved youth. In particular we discussed the possible creation of a web-based resource directory for youth, parents, teachers, community-based organizations, and others who serve youth. Eden I&R is well-positioned to assist with the creation and maintenance of such a resource.
	~ The Executive Director hosted Donald Frazier, the new Executive Director of Building Opportunities for Self-Sufficiency (BOSS), for a tour of the agency and discussions were held regarding enhanced ways in which our agencies could partner in the future.
	~ City staff from Livermore and Pleasanton visited Eden I&R in order to ensure the agency is in compliance with the funding contracts from each city. Staff met with the Executive Director, Deputy Director, and 2-1-1 Program Manager to review the contract performance, program effectiveness, compliance with objectives, and financial management. After the meeting, city staff were given a tour of the 2-1-1 call center. The agency was commended for their thorough and complete responses to the cities' request for information and no findings were issued.
	~ The Executive Director continued to attend the monthly re-entry meetings as strategic plans are being developed to guide the future efforts in this county related to reducing recidivism rates and overall criminal activity.
	~ The 2-1-1 Program Manager attended a community event at the Oakland Main Library to learn about the upcoming changes to the Coordinated Care Initiative in Alameda County, which included discussion of the population who will be impacted, selecting and enrolling in plans, opting out of plans, continuity of care, seeking assistance, and consumer rights and advocacy. Anthem Blue Cross, Alameda Alliance, and Centers for Elders Independence representative spoke about their agencies and services.
	~ The 2-1-1 Program Manager attended a community forum at Southgate Community Center hosted by Hayward Library Task Force to End Hunger and Homelessness and the League of Women Voters with the goal of developing next steps/solutions toward ending hunger and homelessness in Hayward.
Fairs/Events/and Outreach	~ The Development/Marketing Officer participated in and distributed 2-1-1 outreach and marketing materials at the City of Oakland Job Fair.
	~ 2-1-1 outreach and marketing materials were distributed this month to: University of Phoenix, Building Opportunities for Self-Sufficiency, Hayward Police Department, Roots Community Health Center, Alameda County Fire Department, and Hayward Adult School.
	~ The Housing Outreach Coordinator facilitated Housing Workshops for Center for Independent Living, Building Futures with Women and Children, and Hamilton Family Center (San Francisco).
	~ The Housing Outreach Coordinator attended a workshop sponsored by the Volunteer Center of the East Bay to help agencies better manage their volunteers.
	~ The Housing Outreach Coordinator attended the East Bay Housing Organization's (EBHO) annual membership meeting. Eden I&R has been a member since 1997 and an Affordable Housing Week participant since 1999.

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Fairs/Events/and Outreach	<p>~ The Executive Director was invited to be a guest at the PG&E table (up front & center) at the annual Oakland African American Chamber of Commerce luncheon. The featured guest was Benjamin Jealous, past President of the national NAACP, whose presentation was extremely informative and inspiring. There were many honored guests in the Marriott Hotel's conference center that day so the networking opportunities were appreciated. Thanks to PG&E!</p>
	<p>~ The Executive Director, as the CAIRS statewide newsletter editor, produced the Fall 2013 CAIRS newsletter that focused on disaster drills, CalFresh, and statewide conferences and meetings.</p>
	<p>~ The Executive Director was honored to be a guest at Contra Costa County Crisis Center's fundraiser held at the Leshner Center for the Arts. She was able to meet directly with Dan Rather, the featured speaker that evening. Because the Crisis Center was the recipient of funding that evening, 2-1-1 was described in detail to the hundreds of people in attendance.</p>
	<p>~ Several Eden I&R staff members had the opportunity and pleasure of attending Eden Housing's 45th Anniversary celebration in Hayward's beautiful City Hall Rotunda. Hundreds of people were among the honored guests who heard about Eden Housing's many successes over the years and their plans for the future. The food and drinks were fantastic as well!</p>
	<p>~ The Executive Director attended a bittersweet event that celebrated the retirement of Martin Torow from the Social Service Agency's contract department. Martin was a strong supporter of Eden I&R throughout his tenure and he will be greatly missed.</p>

Alameda County Summary By City

11/1/2013 Through 11/30/2013; 2-1-1

	¹ Total Calls	² Client Calls	³ General Calls	⁴ Un- duplicated Clients	Disabled Clients	Male Clients	Female Clients	⁵ Youth Under 18	Single Mom W/ Minor Children	Referrals
Alameda	195	101	94	75	26	19	56	41	29	345
Albany	25	13	12	8	2	2	6	3	2	58
Berkeley	761	399	362	206	110	44	162	102	79	1141
Castro Valley	102	57	45	42	11	11	31	24	16	186
Dublin	49	24	25	23	10	4	19	13	9	92
Emeryville	46	20	26	17	6	4	13	7	6	81
Fremont	345	193	152	142	55	29	113	66	43	542
Hayward	1038	627	411	451	175	70	380	281	174	1896
Livermore	139	78	61	58	17	13	45	31	20	206
Newark	86	53	33	39	16	8	31	26	17	169
Oakland	4052	2073	1979	1443	649	267	1175	778	528	6800
Pleasanton	49	28	21	22	11	5	17	11	7	79
San Leandro	516	336	180	242	103	36	206	130	86	956
San Lorenzo	72	51	21	39	15	6	33	21	11	168
Union City	134	88	46	65	23	14	51	34	16	231
Other	1258	134	1124	103	44	20	83	34	27	531
Grand Total:	8868	4275	4593	2975	1273	552	2421	1602	1070	13482

1. Total Calls: The total of Client Calls and General Calls for the reporting period.
2. Client Calls: The number of times Clients called during the reporting period.
3. General Calls: The number of callers who did not provide demographic information, birth date, and full address.
4. Unduplicated Clients: The number of unduplicated clients who called during the reporting period. These are callers willing to provide demographic information, birth date, and full address.
5. Youth Under 18: The total number of households with youth under the age of 18 in the household.

Alameda County Summary By City

7/1/2013 Through 11/30/2013; 2-1-1

	¹ Total Calls	² Client Calls	³ General Calls	⁴ Un- duplicated Clients	Disabled Clients	Male Clients	Female Clients	⁵ Youth Under 18	Single Mom W/ Minor Children	Referrals
Alameda	971	552	419	352	148	80	272	177	115	1736
Albany	104	53	51	37	15	9	28	10	7	239
Berkeley	2781	1388	1393	663	315	177	486	261	182	4603
Castro Valley	617	366	251	203	69	39	164	99	63	1081
Dublin	269	151	118	99	33	19	80	46	30	470
Emeryville	221	129	92	80	31	18	62	34	25	411
Fremont	1933	1173	760	650	238	157	492	307	177	3387
Hayward	5704	3486	2218	1887	676	353	1533	1091	679	10617
Livermore	762	416	346	258	89	46	212	137	74	1353
Newark	523	358	165	180	68	33	147	105	66	911
Oakland	20502	10772	9730	5795	2330	1278	4514	2971	2018	36363
Piedmont	14	2	12	3	1	1	2	0	0	32
Pleasanton	336	201	135	112	35	25	87	61	35	634
San Leandro	2811	1845	966	964	369	181	783	484	313	5522
San Lorenzo	363	255	108	154	50	29	125	88	53	711
Sunol	4	3	1	3	1	1	2	0	0	13
Union City	699	457	242	272	93	50	222	150	89	1284
Other	6303	630	5673	428	165	95	333	142	106	2822
Grand Total:	44917	22237	22680	12140	4726	2591	9544	6163	4032	72189

1. Total Calls: The total of Client Calls and General Calls for the reporting period.
2. Client Calls: The number of times Clients called during the reporting period.
3. General Calls: The number of callers who did not provide demographic information, birth date, and full address.
4. Unduplicated Clients: The number of unduplicated clients who called during the reporting period. These are callers willing to provide demographic information, birth date, and full address.
5. Youth Under 18: The total number of households with youth under the age of 18 in the household.

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2-1-1 Alameda County Monthly Narrative Report: December 2013

Noteworthy Updates

During the month of December, 7,863 calls were handled by 2-1-1 Resource Specialists and 12,682 health, housing and human service referrals were provided. Of the unduplicated callers, 81% were female, 36% were single-headed households with minor children, and 41% had disabilities. The call examples below show the breadth and depth of calls handled. Additional people are also relying on Eden I&R's online health and human service resource directory; in December it received 125,204 hits from 12,085 visitors.

2-1-1 provided a variety of services this holiday season to assist low-income individuals and their families. 2-1-1 handled 775 calls requesting information about holiday programs and provided 1,054 referrals. For the City of Berkeley, 2-1-1 registered 224 households (564 children) for the City's Toys for Tots program.

On December 11, Eden I&R, in partnership with the Northern California Community Loan Fund (NCCLF), screened the film documentary "American Winter" at the New Parkway Theater in Oakland for over 100 community members and leaders. "American Winter" puts a face on families who have lost their jobs and can't find work, or who are working full-time and overtime, yet don't make enough per hour to pull their families out of poverty. The filmmakers, Joe and Harry Gantz, found the families for this documentary by listening to calls coming into our sister agency, 2-1-1 Info in Portland. Following the film screening, Eden I&R Executive Director Barbara Bernstein and NCCLF President Mary A. Rogier participated in a panel discussion moderated by San Francisco Foundation Education Program Officer Lisa Villareal on the policy issues raised by the film and a call to action for those in attendance.

Call Information

Call Examples

~ A Spanish speaking Oakland resident called because she and her family had been evicted due to mold in their apartment. Child Protective Services had become involved. The caller had eight children under age 10. The family needed food and shelter and had called 2-1-1 on a Saturday. 2-1-1 referred the family to Alameda County Social Services for Season of Sharing for housing assistance and the Homeless Assistance Program. For food, the family was referred to The Alameda County Community Food Bank. In addition over the ensuing week, 2-1-1 advocated for this family with the Society for St. Vincent de Paul who was able to assist the family with motel accommodation. The family had in the past received Homeless Assistance from Alameda County Social Services and was no longer eligible for this service, nor were they eligible for Season of Sharing, as they had used the program three years prior. 2-1-1 encouraged the caller to follow up with SSA, and when the County reviewed this caller's CalWorks case, they found the caller was owed \$348 in cash payment in addition to her \$1000 benefit for December 2013. They issued a check right away. Since the caller had been helped with a motel stay through the Society for St. Vincent de Paul, the caller had sufficient money for a rental deposit.

~ A Hayward senior with a disability called because he had not eaten in several days and was without heat in his home. The caller informed 2-1-1 that his niece was his designated SSI payee but she had failed to provide him with approximately half of his SSI benefits for the month and there was no food in the home. In addition he mentioned that the little money he had saved for food had been stolen by his nephew who resided with him. The caller was referred to the Oakland Catholic Worker for food and City Team Ministries. The following day the caller was still hungry as he had been unable to access food. He had tried calling his niece but had been informed by her father that because his daughter's food stamps had been reduced, she had no money to give the caller. 2-1-1 assisted the caller file an Adult Protective Services (APS) report by conferencing the call. An APS worker visited the caller the same day and brought him food. APS worked with the Social Security Administration to divest the niece of her payee status. 2-1-1 advocated on behalf of the caller with the Society of St. Vincent de Paul who delivered food, three portable heaters, blankets and pillows.

~ A Fremont resident called because she was behind two months on her rent, had an eviction notice, and needed rental assistance. The caller had tried several agencies on her own but was unable to find help. The caller had just graduated from school, had a young child and was living off her financial aid which had ceased upon her graduation. 2-1-1 referred the caller to Alameda County Social Services for Season of Sharing. The caller had just located a part-time job. Season of Sharing helped the caller by paying \$975 towards one month's rent and 2-1-1 also advocated with the Society of St. Vincent de Paul who assisted with the second month's rent. The caller called 2-1-1 back and thanked us profusely.

~ A single, self-employed female called from Piedmont for assistance for a utility bill for herself and a roommate with a disability. The caller was referred to HEAP and REACH. She was also referred for food to the Telegraph Community Center, Alameda County Community Food Bank, and St. Vincent de Paul Visitation Center for Women and Children.

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Call Examples	~ A San Leandro resident called on behalf of his son, who was formerly incarcerated and in need of programs for re-entering society. The caller was referred to the Clean Slate Clinic through East Bay Community Law Center, and the local ACLU. For employment, the caller was referred to Volunteers of America Bay Area's Crew Based Sheltered Employment Program and the Alameda County Human Resource Services Department's Re-Entry Pilot Program.
	~ An unemployed single mother, living with her mother who is a senior citizen with a disability, called from Hayward for a Christmas basket and toys. The caller was referred to the Alameda County Food Bank and CityTeam Ministries.
	~ A senior citizen on Section 8 called from Pleasanton for deposit assistance for a new rental unit, and was referred to ECHO Housing, Catholic Charities, Operation Dignity and Season of Sharing.
	~ A single mother of four young children called from Livermore for help paying her PG&E and water bills. The caller was referred to REACH, EBMUD's Customer Assistance Program (CAP), and St. Vincent de Paul Emergency Assistance and Referrals office.
	~ A single mother of a young child, and pregnant with a second child, called from Dublin for low-income rental listings in Oakland, Hayward and San Leandro, near her new job. The caller was referred to Kenneth A. Henry Court, Santana Apartments, and Ironhorse at Central Station.
	~ An Oakland resident called 2-1-1 to thank us for the referrals and assistance she received for housing. The caller is a wheelchair-bound senior who had called 2-1-1 earlier in the month. The caller had been very emotional because she had been robbed and everything she had was gone, including her refrigerator and her bed. The caller was hungry but she had no money. The caller was distraught and requested that 2-1-1 assist with contacting her SSI payee on her behalf and request that he bring her food. When 2-1-1 called the payee, the payee was upset and said that he would deliver food right away, but at the same time he was very angry that the caller had contacted 2-1-1. The caller called back to inform 2-1-1 that her payee had not shown up with food, but a neighbor had brought her food and blankets so that she could sleep on the floor. 2-1-1 asked the caller if she needed help in reporting her payee, she agreed, and Adult Protective Services (APS) was contacted. 2-1-1 contacted Meals on Wheels on behalf of the caller and informed the caller of the process and next steps she needed to take. 2-1-1 helped the caller review the situation with APS and her payee (who was removed from her case as APS had several past reports regarding this person) so that the caller fully understood what APS was doing and what her situation was. The caller was appreciative of 2-1-1's assistance as she is now working with Center for Independent Living on permanent housing; she is receiving home-delivered meals from Meals on Wheels; and will be receiving assistance from Season of Sharing for moving costs as soon as she locates a place.
Caller Feedback	~ "I am calling from Fremont. And I have made a couple of calls to 2-1-1 and I wanted to thank you for the resources that you directed me to. They not only came through but came through in a very big way. I appreciate 2-1-1's assistance and I appreciate 2-1-1 follow-up, and I truly appreciate your going above and beyond. The agency that you directed me to, like I said, came through in a very big way and has given me room to breathe. Thank you for your assistance."
	~ "I live in Dublin, and I just had a very terrific experience with your operator. She has great customer services skill, she was very patient and informative and guess what, she gave me a lot of places to look for a job. And she told me what I was qualified for and what I was not qualified for. We need more of her around."
	~ "I am a Family Navigator at FRN (www.frnoakland.org) who helps families that are referred from professionals such as physicians from Children Hospital or Highland Hospital to access services like the Early Intervention Program at Regional Center of East Bay or Special Education in school districts. FRN also offers free parent support groups, resources, and workshops to educate families on Special Education and parenting education. I am thrilled to learn that your agency is so responsive. I will continue to send families who are in need of housing to your agency. Thank you very much."
Staff Inservice Training Sessions	~ Training from CCIA/Turbo Tax for free tax assistance events.
	~ Training on Handling Crisis Calls
	~ Eden I&R Volunteer Appreciation Event

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Resource Information And Technology Updates	
Services Database	~ Six new agencies were added to the services database this month.
	~ The Services database contains 1,115 agencies and 2,872 programs.
	~ The process of proofreading the 596 agencies in the 2014 Big Blue Book continues.
Housing Database	~ 69 new units were added to the housing database this month.
	~ Housing Subscriptions (mail, PDF & OHIP) were sent to community-based organizations in Alameda County and San Francisco County.
Online Services Website	~ Eden I&R's health and human services data is provided free through the agency's publicly accessible websites at www.edenir.org and www.211alamedacounty.org , and www.alamedaco.info . This month the Online Services Directory received 125,204 hits from 12,085 visitors.
Technology	~ Staff performed routine software and hardware maintenance, updated the agency website, and provided updated services data for the Online Service Directory.
	~ Staff continued work toward improving the agency's backup power capabilities. New batteries were purchased and installed in six older Uninterruptable Power Supplies used at workstations in the 2-1-1 phone room. A detailed evaluation of options for a generator that could provide power to one or both buildings continues and quotes for purchasing and installing such a system have been gathered.

Outreach/Public Information Activities	
Meetings	~ The Executive Director attended the monthly Bay Area 2-1-1 Partnership meeting that was held at the Santa Rosa 2-1-1 center this month. A tour of the facilities preceded the meeting that focused on statewide issues related to the 2-1-1 CA Business Plan, CalFresh contracts, CETF contracts, disaster back-up support and newest best practices.
	~ The Executive Director represented Eden I&R at First 5's Commission meeting during which a presentation was made that focused on the many years of partnership between our two agencies. Barbara also thanked First 5 for its many years of financial support that helped maintain the records for, and phoneline staff who assisted, families with children aged 0-5.
	~ The Executive Director attended several holiday events that allowed her to thank various supporters of the agency. Two such events were held at Board of Supervisor Valle's Hayward office and the Eden Medical Center in Castro Valley.
	~ Preliminary meetings were held with Alameda County staff to review the possibility of creating an Alameda County 2-1-1 Mobile App.
	~ The Executive Director attended a variety of meetings related to the formerly incarcerated. One such meeting was the Community Corrections Partnership's Executive Committee.
	~ The Executive Director signed a renewed and extended CalFresh contract so that Eden I&R can continue its work of advocating for, and assisting with, the enrollment of those needing food assistance via CalFresh.
	~ The Housing Outreach Coordinator is working in collaboration with the American Red Cross to develop a curriculum for rental property owners to prepare their properties and tenants for disaster-related scenarios.
	~ The Housing Outreach Coordinator is working in collaboration with the Oakland Housing Authority to conduct outreach to rental property owners, on a monthly basis, to inform them of the opportunities with Oakland Housing Authority (OHA) and Eden I&R. Through this outreach property owners throughout the County are able to list their properties with us at no cost.
	~ The Housing Outreach Coordinator attended the Alameda County Emergency Managers Association meeting representing Eden I&R/2-1-1 Alameda County and the Alameda County VOAD.
	As Chairperson, the Housing Outreach Coordinator facilitated the monthly Tri-Valley Housing Scholarship board meeting.
	~ The Housing Outreach Coordinator attended the City of Oakland Emergency Management and Disaster Preparedness Council meeting.
	~ The Deputy Director, 2-1-1 Program Manager, and one of the 2-1-1 Resource Specialists met with Eden I&R's liaison with Covered California to check in and discuss some issues that have been raised thus far in the few weeks that the agency's Certified Enrollment Counselors have been meeting with people to assist them complete and submit applications for health insurance.
	~ The Deputy Director met with Donata Nilsen from the Alameda County Public Health Department to review the 10 registrants that had been contacted by 2-1-1 as part of the pilot Public Health Emergency Preparedness Registry project.

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Fairs/Events/and Outreach	~ 2-1-1 marketing and outreach materials were distributed this month to: Bella Vista Elementary School and Edna Brewer Middle School in Oakland, Seneca Family of Agencies' Building Blocks, Alameda County District Attorney's Office, City of Hayward, Rancho Los Positas Elementary School in Livermore, and Livermore Homeless Refuge.
	~ The Housing Outreach Coordinator facilitated an Affordable Housing Workshop for the clientele of Center for Independent Living (CIL) in Berkeley.
	~ The Housing Outreach Coordinator attended a workshop sponsored by the Volunteer Center of the East Bay to help agencies better manage their volunteers.
	~ The Housing Outreach Coordinator facilitated an American Red Cross preparedness class for the members of the American Automobile Association. She explained the role of 2-1-1 before, during, and after a disaster.

Alameda County Summary By City

12/1/2013 Through 12/31/2013; 2-1-1

	¹ Total Calls	² Client Calls	³ General Calls	⁴ Un- duplicated Clients	Disabled Clients	Male Clients	Female Clients	⁵ Youth Under 18	Single Mom W/ Minor Children	Referrals
Alameda	148	78	70	64	28	14	50	28	12	298
Albany	18	10	8	8	4	2	6	2	0	29
Berkeley	657	368	289	167	86	36	131	84	48	993
Castro Valley	138	92	46	60	16	10	50	30	20	246
Dublin	65	41	24	24	12	2	22	17	12	126
Emeryville	35	22	13	18	8	5	13	9	7	77
Fremont	293	169	124	118	39	24	94	62	35	530
Hayward	1025	606	419	453	190	72	381	269	169	1929
Livermore	106	54	52	46	11	6	40	32	19	196
Newark	90	53	37	42	16	7	35	27	19	145
Oakland	3539	1694	1845	1233	506	253	980	672	458	6283
Piedmont	3	1	2	1	0	0	1	0	0	9
Pleasanton	39	14	25	13	5	1	12	7	4	58
San Leandro	524	300	224	219	88	30	189	125	86	1031
San Lorenzo	53	33	20	27	10	6	21	18	10	110
Union City	97	65	32	54	21	12	42	30	19	165
Other	1033	98	935	76	28	17	59	27	18	457
Grand Total:	7863	3698	4165	2623	1068	497	2126	1439	936	12682

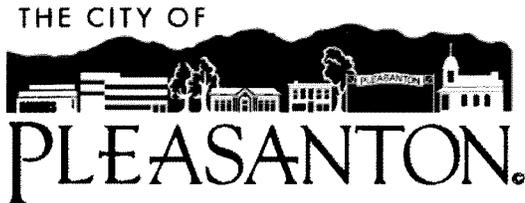
1. Total Calls: The total of Client Calls and General Calls for the reporting period.
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5. Youth Under 18: The total number of households with youth under the age of 18 in the household.

Alameda County Summary By City

7/1/2013 Through 12/31/2013; 2-1-1

	¹ Total Calls	² Client Calls	³ General Calls	⁴ Un-duplicated Clients	Disabled Clients	Male Clients	Female Clients	⁵ Youth Under 18	Single Mom W/ Minor Children	Referrals
Alameda	1119	630	489	393	168	88	305	191	122	2034
Albany	122	63	59	42	17	11	31	12	7	268
Berkeley	3438	1756	1682	772	363	199	573	318	212	5596
Castro Valley	755	458	297	246	80	47	199	121	79	1327
Dublin	334	192	142	111	39	20	91	55	35	596
Emeryville	256	151	105	89	34	22	67	37	27	488
Fremont	2226	1342	884	726	260	173	552	346	197	3917
Hayward	6729	4092	2637	2154	764	406	1747	1241	768	12546
Livermore	868	470	398	286	95	51	235	157	85	1549
Newark	613	411	202	208	79	37	171	122	78	1056
Oakland	24041	12466	11575	6503	2578	1450	5050	3335	2260	42647
Piedmont	17	3	14	4	1	1	3	0	0	41
Pleasanton	375	215	160	119	37	25	94	65	37	692
San Leandro	3335	2145	1190	1091	412	201	890	558	364	6553
San Lorenzo	416	288	128	169	56	35	134	95	56	821
Sunol	4	3	1	3	1	1	2	0	0	13
Union City	796	522	274	311	105	59	252	172	103	1449
Other	7336	728	6608	488	184	107	381	163	119	3279
Grand Total:	52780	25935	26845	13715	5273	2933	10777	6988	4549	84872

1. Total Calls: The total of Client Calls and General Calls for the reporting period.
2. Client Calls: The number of times Clients called during the reporting period.
3. General Calls: The number of callers who did not provide demographic information, birth date, and full address.
4. Unduplicated Clients: The number of unduplicated clients who called during the reporting period. These are callers willing to provide demographic information, birth date, and full address.
5. Youth Under 18: The total number of households with youth under the age of 18 in the household.



Housing Commission Minutes

City Council Chambers, 200 Old Bernal Ave., Pleasanton, CA

**July 23, 2013
7:00 p.m.**

CALL TO ORDER – PLEDGE OF ALLEGIANCE

Chairperson Casey called the meeting to order at 7:00 p.m. on Tuesday, July 23, 2013, in the City Council Chambers, 200 Old Bernal Avenue, Pleasanton, California.

The Pledge of Allegiance was recited, led by Chairperson Casey.

Roll call:

Present: Chairperson John Casey, Vice Chairperson Ann Welsh, Commissioners Joseph Butler, and Daniel Mermelstein (Commissioner Colleen Lopez arrived at 7:35 p.m.)

Absent: Commissioner Justin Probert

Staff: Steven Bocian, Assistant City Manager; and Edith Caponigro, Recording Secretary

AGENDA AMENDMENTS

Staff requested and the Commission agreed to reverse the order of agenda items 9 and 10.

MINUTES

1. Approve Regular Meeting Minutes of June 20, 2013

A motion was made by Commissioner Welsh, seconded by Commissioner Butler, to approve the minutes from the meeting of June 20, 2013. **The motion was approved unanimously.**

CONSENT CALENDAR

- 2. Approval of the June 2013 Financial Reports for Ridge View Commons and Kottinger Place**
 - 3. Management Updates for Kottinger Place and Ridge View Commons**
-

4. **Quarterly Update Regarding Miscellaneous Housing Projects and Issues (2nd Quarter 2013)**
5. **Quarterly Report of Housing Commission Activities (2nd Quarter 2013)**
6. **Quarterly Inventory of Below-Market Housing in Pleasanton (2nd Quarter 2013)**

Chairperson Casey noted that a variance listed in the report should be showing as a positive amount of \$1,924.18.

Barry Cammer from Barcelon informed Commissioners that he had met with a representative from Eden Housing and discussed water usage at Ridge View Commons caused by a water leakage. He also advised that a future capital project will include redoing the landscaping at the site and reducing lawn coverage. He stated that he is also working on a capital needs assessment for this facility.

A motion was made by Commissioner Mermelstein, seconded by Commissioner Welsh, to approve the consent calendar. **The motion was approved unanimously.**

MEETING OPEN TO THE PUBLIC

7. **Introductions / Awards / Recognitions**

There were none.

8. **Public Comment from the audience regarding items not listed on the agenda**

There were none.

PUBLIC HEARINGS AND OTHER MATTERS

10. **Approval of Proposed Affordable Housing Agreement for the Commons at Gateway Residential Development located at 1600 Valley Avenue (South of the Pleasanton Gateway Shopping Center)**

Mr. Bocian advised that Pleasanton Gateway, LLC is proposing to construct 210 apartment units and 97 single-family detached units, with other amenities and a central recreation area on approximately 26.72 acres located at 1600 Valley Avenue. Because of the size of this proposed project and it being subject to the City's Inclusionary Zoning Ordinance (IZO), staff has met with the developer and is recommending an Affordable Housing Agreement (AHA) that will detail the type of affordability proposed for the development.

Mr. Bocian discussed aspects of a recent joint meeting workshop with members of the Housing Commission and City Council and Council's endorsement of staff pursuing a flexible model in trying to achieve affordable rent restricted units in new residential rental developments. He noted that Council had encouraged all at the meeting to try and meet IZO requirements in a flexible manner, and because of this staff was putting focus on creative options for meeting long-term affordable housing needs.

Mr. Bocian provided a PowerPoint presentation and reviewed with the Commission a map of the proposed project location and the anticipated unit mix for the development. He noted that, in following the direction given by City Council at the joint workshop, staff discussed with the

developer, Pleasanton Gateway, various ways of meeting the intent of the IZO so the maximum number of affordable units could be achieved on-site. From these negotiations, a draft Affordable Housing Agreement (AHA) has been developed that would provide 32 units (15% of the total rental units) as rent-restricted affordable units.

The Commission was advised by Mr. Bocian that the key terms of the AHA were the following:

- Provide 32 units (15% of the total rental units) as rent-restricted affordable units as follows:

<u>Bedroom</u> <u>Unit Type</u>	<u>Affordable Unit Mix</u>		<u>Total</u>	<u>%</u>
	<u>50% AMI</u>	<u>60% AMI</u>		
1-Bedroom	9	9	18	56%
2-Bedroom	6	7	13	41%
3-Bedroom	1	0	1	3%
TOTAL	16	16	32	100%

- Pay the City's Lower Income Housing Fee in the amount of \$5,356 for each of the 97 single family homes for a payment of \$519,532.
- Unit household sizes for determining rents will be consistent with standards used typically in the City's AHA (Section 1B of the AHA).
- The agreement will be recorded with the land and the affordability will remain in perpetuity.
- Requires the development to accept Section 8 housing vouchers from eligible qualified applicants.
- Affordable units will be marketed by the developer and rented based on the City's adopted preference system.
- One of the affordable 1-bedroom units, one affordable 2-bedroom unit, and one affordable 3-bedroom unit shall be fully accessible for the physically disabled. Unit design shall include amenities such as grab bars, modified case work and bathroom facilities and other amenities deemed significant for disabled access.

Mr. Bocian informed the Commission that staff believes the draft AHA for this project is consistent with the IZO, meets the intent of design guidelines, and provides the flexibility that the City Council had recommended during the recent joint workshop.

Commissioner Butler discussed with Mr. Bocian the demand for 3-bedroom units in Pleasanton. Mr. Bocian discussed Resolution No. 390 and advised that, while additional 3-bedroom units would have been desirable, there would have been a trade-off. He also noted that the City receives considerable demand for 2-bedroom units.

Scott Trobbe, Pleasanton Gateway LLC, addressed the Commission advising that his company takes the zoning changes for this project seriously and met many times with members of the community to discuss the project. They believe they have taken a collaborative approach in trying to meet all concerns, including:

- Location of the site
- Other amenities in the area
- The office project originally proposed for this site

- The 7-acre high density component of the site with 9 three-story buildings
- three-story single-family single units with low maintenance yards
- 2-story single family traditional homes
- 1.3-acre park/common area
- Large park area with play fields
- Planting of over 1,200 trees
- Tuck-under parking design
- High quality architectural design
- Floor plans and designs that include brick
- Total of 307 units
- No blocking of ridge line

Commissioner Butler discussed with Mr. Trobbe the elevation of the three-story buildings.

Chairperson Casey opened the meeting for public comment at 7:35 p.m.

Christine Steiner, 596 Hamilton Way – indicated she was a member of Citizens for a Caring Community and felt that this project would be an asset to Pleasanton and the community. She would like more three-bedroom units to be included in the project but is happy with the proposed project and pleased that no studio units are being included. Ms. Steiner discussed Section 8 possibilities and advised that she supports the project and thanked staff for working collaboratively with the developer.

Patricia Belding, 7703 Highland Oaks – also a member of Citizens for a Caring Community advised that she supported this project and approval of the Affordable Housing Agreement with Pleasanton Gateway LLC. She felt the project was being presented to the Commission after a great deal of developmental work, including involvement of work force housing advocates. Ms. Belding thinks this will be a top-flight property, close to work, shopping and transportation, and it is appropriate that it should include a significant extension of benefit to all income levels of the Pleasanton community. She applauded the proposed affordability component for the Gateway project and urged the Housing Commission to give its approval.

Chairperson Casey closed the meeting for public comment at 7:40 p.m.

It was noted that written communications in support of this project had been received from:

- Becky Dennis, Citizens for a Caring Community (dated July 22, 2013)
- Dolores Bengtson, Citizens for a Caring Community (dated July 22, 2013)

Commissioner Butler thanked staff for the work done on the draft AHA and indicated he was pleased to see that emphasis had been put on units rather than fees. He supported approval.

Commissioner Welsh liked that it was a project with a variety of units and design concepts, but had reservations about the amount of the Lower Income Housing Fee since it appeared to be less than what the draft Nexus Study is supporting.

Chairperson Casey commended staff and felt that the project addressed some of the Commission's concerns about affordability. He agreed with Commissioner Welsh's comments about the Lower Income Housing Fee but liked the curb appeal of the project.

A motion was made by Commissioner Butler, seconded by Commissioner Mermelstein,

recommending City Council approve the Affordable Housing Agreement with Pleasanton Gateway LLC for a 307-unit residential development at 1600 Valley Avenue (PUD-96).

ROLL CALL VOTE:

AYES: Commissioners Butler, Lopez, Mermelstein, and Chairperson Casey.
NOES: None
ABSENT: Commissioner Probert
ABSTAIN: None

9. Presentation of Lower Income Housing Fee Draft Nexus Study

Mr. Bocian noted that a communication had been received from Becky Dennis dated July 22, 2013, and copies were provided to the Commission. He provided background information pertaining to the establishment of the City's Lower Income Housing Fee (LIHF). He noted that in December 2012 the City again entered into an agreement with Economic and Planning Systems, Inc. (EPS) to prepare a comprehensive review of the City of Pleasanton's current fee methodology and to establish a nexus based fee program. EPS has submitted its draft report and is prepared to present it at this meeting to the Commission. Commissioners were informed that a final recommendation regarding the study will be made available for their review in September. The matter will also be reviewed by the City's Economic Vitality Committee and the Chamber of Commerce before going to City Council.

Darin Smith and Michael Nimon, Economic and Planning Systems (EPS) – reviewed with the Commission their findings and recommendations from the Lower Income Housing Fee Draft Nexus Study, which included:

Scope of Services

Housing Fees:

- Number of units based on impact of new housing
- Income levels based on impacts
- Subsidy Calculations
- Proposed Nexus based fee calculations
- Approach to calculating
- Methodology examples
- For-sale fee comparisons and other jurisdictions

Rental Residential Fees:

- Current housing fee
- Updated maximum fee levels
- Fee comparisons of other jurisdictions

Commercial//Office/Industrial Fees:

- Approach updating
- Methodology
- Maximum fee levels and recommendations
- Fee comparisons of other jurisdictions

Commissioner questions and comments included:

Chairperson Casey asked about higher fees for larger homes and whether a fee structure was being used by other Tri-Valley cities.

Commissioner Welsh asked for confirmation that fees being shown in the study were what other communities have adopted and are being charged or negotiated.

Commissioners Butler and Welsh were concerned that pushing fees upward would affect potential development and discourage building. Commissioner Mermelstein felt fees were ultimately absorbed by property buyers. Mr. Bocian and Mr. Smith provided information on fees that have been charged in the past, and noted that typically values come from the land and development profit margins. Mr. Smith noted that higher fees could have a negative effect.

Mr. Bocian provided information on what staff will be considering regarding the feasibility of various fee levels. He stated that the City Council will also review the fee levels and look at what possible impacts there will be.

Chairperson Casey opened the meeting for public comment at 8:20 p.m.

Christine Steiner, 596 Hamilton Way – was concerned about putting into effect unreasonable fees that will affect the business park community. She would like to see fees that are comparable with other communities and would like for them to be used to help developers while allowing the City of Pleasanton to remain competitive with other communities. Ms. Steiner felt it was important for this nexus study to take all aspects into consideration.

Chairperson Casey closed the meeting for public comment at 8:25 p.m.

Following are the points outlined in staff report discussed by Commissioners with Mr. Bocian:

- Retaining a per unit fee as opposed to a fee based on bedroom type for rental housing.
 - Mr. Bocian advised that this is typically done on a bedroom basis for rental units.
- Whether or not to include a “discounted” fee for smaller single family units.
 - Mr. Bocian advised that this was implemented some time ago and focused on what is known as “work-force housing”. Commissioner Welsh asked about penalties in other communities for larger units and thought the discounted fee was valuable and should be kept.
- Whether or not the average/consolidated commercial rate should be retained or should be separated by industry.
 - Mr. Bocian noted there were sound reasons for separating by industry, but the City of Pleasanton has traditionally maintained one rate. Chairperson Casey expressed concerns regarding this, but felt the City Council would provide insight on this matter and that fees should be market-based and competitive. Commissioner Welsh discussed the benefits of retail sales tax that could be impacted with higher fees. Commissioner Lopez felt that there should be separate rates.
- Comparable fees in neighboring communities.
 - Commissioners agreed that City of Pleasanton fees should be comparable to other local communities.
- Methodology adjustments.
 - Mr. Bocian noted that staff accepts the methodology used in the Draft Nexus Report from EPS.

Chairperson Casey discussed with Mr. Bocian the next steps in the process of the nexus study. Mr. Bocian advised that the study along with staff and Commission recommendations will be taken to the Economic Vitality Committee and the Chamber of Commerce for input before it goes to the City Council for final review and action. Chairperson Casey asked about the possibility of conducting workshops to discuss possible impacts and fees to the community.

Commissioner Lopez questioned whether a grace period would be considered for developers before new fees were put in place. Mr. Bocian noted that this was something to be addressed by the City Council.

Commissioner Butler discussed the possibility of presenting information to the East Pleasanton Specific Plan Task Force. He was advised by Mr. Bocian and Mr. Smith that an analysis is being done for the East Pleasanton Plan and that it is important that fees be brought to the attention of the Task Force.

Chairperson Casey felt it was important that fees be market-based and competitive with other jurisdictions. He wants to make sure that Pleasanton continues to grow and remains the City of Planned Progress. Commissioner Casey indicated that he needed to look more closely at the fees and better understand the ratios. He would like to see single-family based without putting any burden on the smaller units.

COMMUNICATIONS

Planning Commission Staff Report – July 10, 2013. Reviewed - no comment.

MATTERS INITIATED BY MEMBERS OF THE COMMISSION

Chairperson Casey noted that at the last meeting he had asked for meeting notes from the joint workshop meeting with City Council. Mr. Bocian advised that these would be forthcoming.

COMMITTEE REPORTS

No reports.

DISCUSSION OF FUTURE MEETING AGENDAS

Mr. Bocian stated that staff was tentatively recommending canceling the August 15, 2013, meeting. Commissioners discussed and it was agreed that the meeting should be canceled.

Commissioner Butler informed everyone that he would be meeting with Mayor Thorne to hand in his resignation from the Commission since his family is moving from Pleasanton. He noted that he had enjoyed being a member of the Commission and will miss everyone.

Mr. Bocian noted that discussion at the next meeting will need to include finding a replacement representative from the Commission for the East Pleasanton Specific Plan Task Force.

ADJOURNMENT

The meeting was adjourned at 8:55 p.m. by unanimous consent.

DATED: July 23, 2013

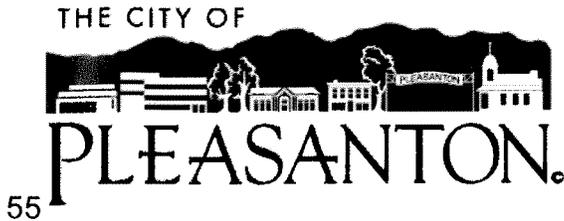


John Casey, Chairperson

ATTEST:



Steven Bocian, Assistant City Manager



Housing Commission Minutes

City Council Chambers, 200 Old Bernal Ave., Pleasanton, CA

**September 26, 2013
7:00 p.m.**

CALL TO ORDER – PLEDGE OF ALLEGIANCE

Chairperson Casey called the meeting to order at 7:00 p.m. on Thursday, September 26, 2013, in the City Council Chambers, 200 Old Bernal Avenue, Pleasanton, California.

The Pledge of Allegiance was recited, led by Chairperson Casey.

Roll call:

Present: Chairperson John Casey, Vice Chairperson Ann Welsh, Commissioners Daniel Mermelstein, and Justin Probert

Absent: None

Staff: Steven Bocian, Assistant City Manager; Scott Erickson, Housing Specialist; and Edith Caponigro, Recording Secretary

AGENDA AMENDMENTS

There were none.

MINUTES

1. Approve Regular Meeting Minutes of July 23, 2013

The Commission agreed to postpone approving the July 23, 2013, meeting minutes in order for staff to verify some concerns raised by Commissioner Probert.

CONSENT CALENDAR

2. Approval of the July and August 2013 Financial Reports for Ridge View Commons and Kottinger Place

3. Management Updates for Kottinger Place and Ridge View Commons

Mr. Cammer provided information about a meeting he had had with a representative from Eden

Housing concerning some wood rot issues at Ridge View Commons. He advised that they will be looking at how best to address this problem, and including it as a capital needs item.

Chairperson Casey questioned whether the wood rot problem was extensive. Mr. Cammer advised that deterioration of exposed wood areas, such as on decks and walls, has taken place and it has become necessary to look at the long-term picture for correcting the problem. Consideration is being given to replacing wood with another more durable material.

Commissioner Probert discussed utility variances and was advised by Mr. Cammer water usage should be reduced now that a leak in the auto-fill for the pond has been isolated and fixed. He noted that re-landscaping of some areas with more drought tolerant planting should also help to reduce water usage.

A motion was made by Commissioner Lopez, seconded by Commissioner Mermelstein, to approve the consent calendar. **The motion was approved unanimously.**

MEETING OPEN TO THE PUBLIC

4. Introductions / Awards / Recognitions

Chairperson Casey noted that Commissioner Joe Butler had submitted his resignation at the July meeting because he and his family were moving out of Pleasanton. He read the following commendation in honor of Commissioner Butler:

“The Housing Commission commends Joe Butler this 26th day of September, 2013. Whereas, Joe Butler has served on the City's Housing Commission since May 2012; and whereas, Joe has given many hours of his time in consistent and faithful attendance at monthly City commission and committee meetings – including the East Pleasanton Specific Plan Task Force and others – over the past two years; and whereas, Joe has contributed immeasurably to these groups through his thoughtful decision-making skills and his valuable expertise in the areas of housing affordability and human services; and whereas, the insights and contributions made by Joe have helped the Commission in its role of promoting affordable housing in Pleasanton; and whereas, the Housing Commission appreciates Joe's enthusiasm, leadership, and dedication in his role as Commissioner and committee member; now, therefore, be it resolved that the Housing Commission does hereby recognize and commend Joe Butler and expresses its sincere appreciation for his years in service to the City of Pleasanton.”

Chairperson Casey requested that staff forward the signed commendation to Joe Butler with their thanks for his service to the Commission and to the City of Pleasanton.

5. Public Comment from the audience regarding items not listed on the agenda

There were none.

PUBLIC HEARINGS AND OTHER MATTERS

6. Approval of 2014 Annual Operating Budget for Ridge View Commons

Mr. Erickson reviewed with the Commission the proposed 2014 Annual Operating Budget for Ridge View Commons and advised that this budget was similar to that for the previous year. Operating expenses have increased slightly and modest rent increases are being proposed for 2014.

Chairperson Casey discussed with Mr. Cammer the utility expenses outlined in the budget, and questioned whether the addition of solar energy at this facility had been beneficial. Mr. Cammer noted that a decline in utility expenses has been noted since the installation of the solar improvements; however, substantial benefits have not been realized because of the continued offsetting increases in electricity costs from PG&E.

Mr. Cammer provided Commissioner Probert with information about reimbursable capital items that could be sought if the projected \$64,100 net cash flow amount is achieved.

A motion was made by Commissioner Probert, seconded by Commissioner Mermelstein, to approve the 2014 Annual Operating Budget for Ridge View Commons, with a recommendation that \$10,000 from the City's Lower Income Housing Fund be included if needed to cover any unforeseen expenses for the year.

ROLL CALL VOTE:

AYES: Commissioners Lopez, Mermelstein, Probert, Welsh, and Chairperson Casey.
NOES: None
ABSENT: None
ABSTAIN: None

7. Annual Survey of Apartment Rents and Vacancy Rates (2013)

Mr. Erickson reviewed with the Commission the results of a rent and vacancy survey conducted during the summer of 2013. The survey includes major complexes in Pleasanton with a total of approximately 3,900 apartments. The complexes surveyed include 239 units subject to below-market rental (BMR) agreements with the City in which the rents cannot exceed a level affordable to households at 80% of the area median income level and in some cases less.

The survey shows that market rents for two-bedroom apartments range from just over \$1,000 to nearly \$3,600 per month, with an average of approximately \$1,850. Rents for one-bedroom units range from approximately \$1,000 to over \$2,700 per month. The rents in older complexes are generally lower by several hundred dollars than those of newer complexes.

Mr. Erickson noted that an upward trend in market rents for Pleasanton apartments has continued. This trend appears to be due to a combination of factors, including the constrained supply of apartments and a growing demand. Staff has also noticed that foreclosures and the displacement of former homeowners is still affecting the rental market and causing the increased competition for the limited supply of rental apartments.

The Commission was further advised by Mr. Erickson that several new high-density apartment developments have been approved or are being reviewed by the City of Pleasanton, and when completed will contribute approximately 2,300 new apartment units to the City's housing stock.

Chairperson Casey requested that the age of the developments surveyed be included in future reports. He also discussed with staff the possibility of the City of Pleasanton partnering with owners of older properties on projects for upgrading their units. He felt that this would be a good opportunity for owners of older properties and for the City. Mr. Erickson advised that the ages of developments surveyed could be added to the report. He also noted that property owners have been improving their properties, and discussed the possibility of Lower Income Housing funds being used for rehabilitation projects.

Mr. Bocian noted that the City has not been aggressive in pursuing such opportunities, but has been discussing possible rehabilitation of properties with rent restrictions and has been working with both non-profit and for-profit developers on this possibility. He noted that the City of Pleasanton has typically been more interested in putting funds into new projects, but is not opposed to doing something like that suggested by Chairperson Casey.

Commissioner Welsh was advised by Mr. Bocian that units made affordable through rehabilitation would generally not gain "credit" toward the City's RHNA (Regional Housing Needs Assessment) targets. He also advised that the purpose of the RHNA targets was primarily to encourage construction of new units to add to the housing stock in the state.

Chairperson Casey felt that some benefits could be achieved by considering rehabilitation opportunities.

Mr. Erickson discussed the issue of increased rents and advised that this has been problematic to the Tri-Valley Housing Scholarship Program. He noted that staff is working with the City of Livermore, Abode Services, Eden Information and Referral, and the Rental Housing Association to host a workshop in late October for rental property owners. The objective of the workshop will be to provide information on federal and local programs with the hope that rental property owners will be open to working with the programs and agencies.

8. Appoint Alternate Member to East Pleasanton Specific Plan Task Force

Mr. Erickson noted that Joe Butler, who recently resigned from the Commission, served as alternate representatives to the East Pleasanton Specific Plan Task Force. With his absence, and the increased work travel that Chairperson Casey is anticipating, staff recommends the Commission discuss this matter and approve the appointment of a new alternate member to the Task Force.

Chairperson Casey advised that he anticipates more business travel and would appreciate knowing that another member of the Commission is going to be available to attend East Pleasanton Specific Plan Task Force meetings in his absence.

Commissioner Welsh agreed to take on the position of alternate to the East Pleasanton Specific Plan Task Force for the Housing Commission.

A motion was made by Commissioner Lopez, seconded by Commissioner Probert, to nominate and appoint Commissioner Welsh as the Alternate representative to the East Pleasanton Specific Plan Task Force for the Housing Commission.

ROLL CALL VOTE:

AYES: Commissioners Lopez, Mermelstein, Probert, Welsh, and Chairperson Casey.
NOES: None
ABSENT: None
ABSTAIN: None

COMMUNICATIONS

Planning Commission Staff Report – September 11, 2013. Reviewed - no comment.

MATTERS INITIATED BY MEMBERS OF THE COMMISSION

There were none.

COMMITTEE REPORTS

Kottinger Place Task Force – Commissioner Probert advised that the Task Force discussed the City's Planned Unit Development (PUD) process as it relates to the project. The task force discussed the process and how the Housing Commission will be involved in the process. The task force also went over updates to the design components for the development. A new development name of "Kottinger Gardens" was also agreed upon.

Commissioner Welsh advised that a lot of great comments were received at the meeting. The task force also noted that changes to the design might mean the loss of some windows. Further discussions included locations for a community garden and possible minor design modifications to get more light into the units.

East Pleasanton Specific Plan Task Force – Chairperson Casey advised that the Task Force discussed the various design options and the number of possible housing units. He noted that the challenge for the Task Force has been the number of single-family and multi-family units. He advised there is not much support from the Task Force for more than 2,000 units, and that between 1,600 and 1,700 units seems to be much more acceptable with a ratio of 65% single-family and 35% multi-family units. Discussions are still taking place on moving some components around to different locations.

DISCUSSION OF FUTURE MEETING AGENDAS

Mr. Erickson stated that the October meeting is tentatively scheduled to include the following items:

- A presentation by Sunflower Hill, a new nonprofit agency, regarding special needs housing for persons with autism

He also reminded the Commission of the annual reception with Ridge View Commons residents scheduled for Thursday, October 3, at 6:30pm at 5200 Case Avenue. Administrator Pam Geiger has invited members of the Commission to enjoy dinner at the complex prior to the reception, and Commissioners are requested to RSVP directly to Ms. Geiger prior to October 3.

Mr. Bocian stated that the Commission is scheduled to participate in a joint workshop with the City Council on Tuesday, October 22, to discuss the Lower Income Housing Fee nexus study. An agenda and related information will be sent out prior to the workshop.

Chairperson Casey reminded Commissioners about the Mayor's Dinner on September 27.

ADJOURNMENT

The meeting was adjourned at 7:50 p.m. by unanimous consent.

DATED: September 26, 2013



John Casey, Chairperson

ATTEST:



Steven Bocian, Assistant City Manager