

HUMAN SERVICES COMMISSION AGENDA

**Wednesday, February 6, 2013
7:00 P.M.**

City Council Chamber, 200 Old Bernal Avenue

CALL TO ORDER

- Pledge of Allegiance
- Roll Call

AGENDA AMENDMENTS

MINUTES

1. Approve regular meeting minutes of December 5, 2012.

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 2012/13 Service Agreement Midterm Report
5. Review of FY 2012/13 Housing and Human Services Grant (HHSG) Semi-Annual Reports
6. Discuss Evaluation Process and Meeting Format for FY 2013/14 Housing and Human Services Grant Program Review
7. Approve and Recommend to City Council Commission Priorities for FY 2013/14 and 2014/15

COMMUNICATIONS

8. Housing Commission Minutes – November 15, 2012

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

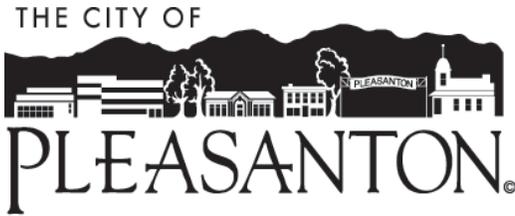
ADJOURNMENT

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 Minutes

**City Council Chamber, 200 Old Bernal Avenue, Pleasanton, CA
December 5, 2012 – 7:00 p.m.**

CALL TO ORDER

Chairperson Rowland called the meeting to order at 7:05 p.m. The Pledge of Allegiance to the flag was recited.

Roll Call

Commissioners Present: Joyce Berger, Prashant Jhanwar, David Nagler, Brock Roby, Don Wilson, Rosiland Wright, and Chairperson Theresa Rowland.

Commissioners Absent: None.

Staff Present: Kathleen Yurchak, Community Services Manager, and Edith Caponigro, Recording Secretary.

Guests: Karla Brown, City Council

AGENDA AMENDMENTS

There were none.

MINUTES

1. Approve regular meeting minutes of November 7, 2012

A motion was made by Commissioner Nagler, seconded by Commissioner Roby, to approve the minutes from the November 7, 2012 meeting. **The motion was approved.** Commissioner Jhanwar abstained.

MEETING OPEN TO THE PUBLIC

2. Introductions/Awards/Recognitions/Presentations

Ms. Yurchak introduced Commissioners to newly-elected City Council member Karla Brown, who indicated she was attending the meeting to observe and learn more about the Human Services Commission.

3. Public comment from the audience regarding items not listed on the agenda

There were none.

MATTERS BEFORE THE COMMISSION

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

Ms. Yurchak advised that annually the Human Services Commission selects a Chair and Vice Chairperson to facilitate meetings for the following year, and they also review committee appointments so they can make any necessary changes. She suggested the Commission consider selecting a new Chair and Vice Chairperson for 2013 and review committee appointments.

Chairperson Rowland noted that typically the Human Services Commission has nominated and elected a new Chair and Vice Chairperson based on Commissioner seniority.

Since Commissioners are allowed to serve two consecutive years as Commission Chair, Commissioner Nagler questioned whether Chairperson Rowland would consider serving a second year as Chair. Chairperson Rowland indicated she could not consider serving a second year.

A motion was made by Chairperson Rowland, seconded by Commissioner Berger, to nominate and elect Commissioner Roby to serve as Chair for the Human Services Commission in 2013.

ROLL CALL VOTE:

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

A motion was made by Commissioner Nagler, seconded by Commissioner Wright, to nominate and elect Commissioner Berger to serve as Vice Chairperson for the Human Services Commission in 2013.

ROLL CALL VOTE:

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

ABSTAIN: None

Commissioners reviewed the Committee Appointments list and made the following comments and changes:

Housing Scholarship Program Committee / monthly meetings - Commissioner Berger felt Commission representation at these meetings was unnecessary. She stated at the last meeting she attended those attending the meeting seemed to be angry and combative because of the last grant recommendation made by the Human Services Commission. She also expressed concerns pertaining to cost-value relationships. Commissioners discussed the reasons why the Human Services Commission chose not to allocate grant funds to this agency the past grant cycle and the lack of descriptive needs provided by the agency. Chairperson Rowland noted also that the agency did not use all funds allocated from the previous year's grant cycle.

Commissioner Nagler questioned how information would be provided to the Commission if they chose not to have a member attend the Housing Scholarship Program Committee meetings. Ms. Yurchak advised that she thought Scott Erickson attended the Committee meetings and may be able to provide the Commission with copies of the meeting minutes. Commissioners agreed not to have representation at the Committee meetings, but asked that they be provided with copies of the meeting minutes.

Housing Scholarship Program Appeals Committee - Commissioner Nagler indicated he would continue as the Commission representative to this Committee.

Pleasanton Paratransit Task Force - Commissioner Wilson indicated he was unable to attend meetings for this Task Force. Ms. Yurchak indicated she would provide the Commission with copies of the minutes from the meetings until another Commissioner is assigned. Commissioner Roby discussed Measure B funds and use of the Downtown Route service.

Senior Advisory Committee – Commissioner Wilson will continue to be the Commission representative to this Committee. He advised that he represents seniors when he attends the meetings. Commissioner Wright questioned whether the Senior Advisory Committee had discussed Behavioral Grants and indicated she would be interested in attending the Senior Support Program of the Tri-Valley meetings.

Valley Mental Health Committee - Commissioner Wilson discussed the problems encountered with the Committee meetings, i.e. lack of quorum, meeting cancellations, etc. Commissioner Roby noted that there definitely seemed to be a lack of interest, but there was still a huge need. Commissioner Wright made reference to a recent newspaper article regarding available mental health funds that have not been correctly used. She expressed concern about the misuse of these funds.

Commissioner Nagler felt there was a problem with people advocating for the needs, and perhaps the Commission could determine the needs and then do the advocating. Commissioner Wilson provided details about the Committee meetings and information about NAMI. Commissioner Berger questioned whether this was the only venue from which information about mental health was being provided. Ms. Yurchak indicated she would do some research to

determine what is available in the Tri-Valley area as well as Alameda County. Commissioner Nagler felt the Commission should look at ways of working with other Tri-Valley cities to advocate for mental health changes. Ms. Yurchak suggested a round-table format meeting be considered with other cities and agencies to try and determine what is needed and what can be done.

Commissioner Wright suggested Commissioner Roby consider this as an agenda item for a future meeting, when he could also provide information about a meeting he attended with county representatives. Commissioner Nagler felt consideration should be given to reformatting the Valley Mental Health Committee and looking at coordinating an active voice for the cities of Pleasanton and Livermore. He was in favor of Ms. Yurchak's recommendation to hold a round-table meeting. Chairperson Rowland suggested this be put as a "priority" discussion item.

Other Appointments

1. Alameda County Area Agency on Aging – Commissioner Wright to remain until June 2013.
2. Parks and Recreation Commission – Chairperson Rowland to remain.

5. Discuss Commission Priorities for Fiscal Year(s) 2013/2014 and 2014/2015

Ms. Yurchak noted that since City Council biannually holds a Priority Setting Workshop at which citywide initiatives and projects of various departments were considered, the Commission was being asked to review and discuss items within their jurisdiction to better aid staff with long-term goal setting and allocation of staff time. Recommendations made by the Commission would be forwarded to City Council for consideration at the Priority Setting Workshop.

Commissioner Nagler discussed with Ms. Yurchak the Commission's recent recommendation to hire a facilitator to guide the Commission through the process of developing a strategic plan based on findings within the Human Services Needs Assessment Findings Report. Ms. Yurchak advised that funding for this recommendation would need to come from the City's Contingency Budget and a Draft Scope of Work for such will be presented to the City Manager. She also provided Commissioners with information regarding the allocation of excess funds from the grant funding program.

Commissioner Jhanwar questioned how information was tracked by the company responsible for the Needs Assessment Findings Report, and Commissioner Roby felt a company representative should attend the proposed "round-table" meeting to discuss some of the concerns. Commissioner Wright agreed, and then discussed the benefits of having a facilitator on board.

Commissioner Roby discussed the grant cycle and mental health issues with Ms. Yurchak. He suggested asking agencies to provide informational videos, to help Commissioners better understand what they do. Ms. Yurchak suggested the Commission consider conducting agency visits for FY 13/14 HHS grant recipients. Commissioner Nagler suggested the Commission focus on what steps had been taken by previous Commissions.

Chairperson Rowland opened the meeting for public comment at 8:02 p.m.

Karla Brown, City Council – discussed Kottinger Place Redevelopment and the Stoneridge Creek project and asked what involvement the Commission would have in these. She noted that there was likely to be a need for an interpreter to help with resident issues during the Kottinger Place Redevelopment, and questioned whether this was something that would be of interest to the Commission.

Commissioners noted that Stoneridge Creek was a private development that would be providing varied levels of care and would not fall into any of the categories discussed by this Commission.

Ms. Brown questioned whether the Commission would be tracking the Kottinger Place Redevelopment project and working with Mid-Pen to support and assist placement of seniors to the new facility. Commissioner Wright discussed the services provided by Senior Support Program of the Tri-Valley and agreed that the Commission may want to look at ways they can assist. Commissioner Roby advised that the Commission look at anything relating to “Needs” within the community and that the Housing Commission would also be involved in many ways.

Commissioner Berger and Ms. Yurchak provided information about the recently published Pocket Guide, and informed Ms. Brown that the Commission was aware of the need for help with language issues, and had discussed having the next print of the Pocket Guide be done in multiple languages.

Commissioner Nagler discussed with Ms. Brown the fact that once completed, Pleasanton residents will not be given priority for apartments at Kottinger Place.

Chairperson Rowland asked Commissioners to review the Human Services Commission FY 2013/2014 – 2014/2015 Projects and Initiatives attachment included with the Staff Report and discuss how to prioritize.

Commissioners discussed the projects and agreed there was a need to support non-profit workshops and roundtables, mental health forum, a special project, and revisions to the Pocket Guide. Commissioners Nagler and Jhanwar agreed that having a facilitator should be part of a priority, and Commissioner Berger felt there should be a Community Health Liaison Project between the City and the School District. Commissioner Wright thought that implementation of the Needs Assessment should be included as a criteria item.

The Commission agreed that prioritization of the Human Services Commission FY 2013/2014 – 2014/2015 Projects and Initiatives should be as follows:

1. Facilitation of Human Services Needs Assessment Strategic Plan
2. Inclusion Policy and Implementation
3. Support to Non-Profits: a) Workshops; b) Roundtable Sessions; c) Mental Health Forum; d) Special Project; and e) Pocket Guide revisions/reprinting.
4. Promotores de Salud: a) Community health liaison with the School District; and b) Using health agencies / Providing culturally competent outreach.

COMMUNICATIONS

6. Housing Commission Minutes – October 18, 2012

Reviewed.

COMMISSION REPORTS

Housing Scholarship Program Committee - No report.

Paratransit Advisory Committee - November 16, 2012 Meeting minutes reviewed.

Senior Advisory Committee - No report.

Valley Mental Health Committee - No report.

Parks and Recreation Master Plan Steering Committee – Commissioner Berger advised that she had attended two meetings; a telephone survey is under way. Chairperson Rowland noted the group had discussed fee structures and workshops that would allow people to provide input, and sports groups are being targeted at the next meeting.

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

Alameda County Area Agency on Aging - Commissioner Wright advised that Alameda County Area Agency on Aging have delivered food baskets to seniors in Alameda County.

Parks and Recreation Commission - No report.

COMMISSION COMMENTS

There were none.

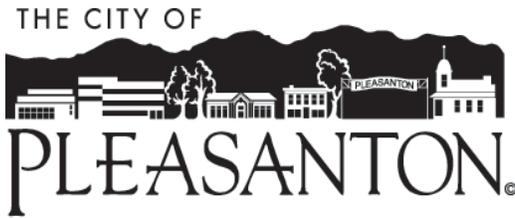
STAFF COMMENTS

Ms. Yurchak provided information on the following:

- A. A Grant Workshop was held in Pleasanton on December 4, 2012 and another one is to be held in Livermore on December 6, 2012.
- B. Regional Food Storage Project Ribbon Cutting Ceremony took place as planned and made the news on TV Channel 5. Commissioner Jhanwar asked about a slide show of this project that could be added to the City's website.

ADJOURNMENT

There being no further business, the meeting was adjourned at 9:03 p.m.



Human Services Commission Agenda Report

February 6, 2013
Item 4

SUBJECT: REVIEW OF FY 2012/13 SERVICE AGREEMENT MIDTERM REPORT

SUMMARY

The City contracts with Senior Support Program of the Tri-Valley to provide services to Pleasanton residents. As required per contract, Senior Support must complete a Midterm Report and present to the Human Services Commission on the status of its contracted services with the City.

RECOMMENDATION

It is recommended that the Commission review the Service Contract Midterm Report and receive the presentation from Senior Support Program of the Tri-Valley.

FINANCIAL STATEMENT

There is none.

BACKGROUND

The City contracts with Senior Support Program of the Tri-Valley to provide; Friendly Visiting, Case Management, and In Home Registry Care Provider Services to the senior population in Pleasanton.

As required per contract, Senior Support must complete a Midterm Report and present to the Human Services Commission on the status of its contracted services with the City. Marlene Petersen, Executive of Director of Senior Support Program of the Tri-Valley will provide an overview of the programs and services, and an update on the Midterm Report.

ALTERNATIVE ACTION

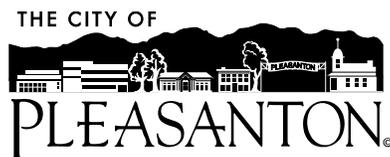
Any other action as determined by the Human Services Commission.

Submitted by:

/s/
Kathleen P. Yurchak
Community Services Manager

Attachment

1. Senior Support Program of the Tri-Valley Midterm Report



CITY SERVICE AGREEMENT FY 2012/13 MIDTERM REPORT

DUE JANUARY 23, 2013

City Service Agreement Number	SSP-13-01
--------------------------------------	-----------

Agency Name	Senior Support Program of the Tri Valley
--------------------	--

Agency Address	5353 Sunol Boulevard
-----------------------	----------------------

Project Name	Case Management-Friendly Visiting/Registry Services
---------------------	---

Executive Director	Marlene Petersen
---------------------------	------------------

Report Prepared By	Marlene Petersen
---------------------------	------------------

Telephone Number	931-5378	Email Address	mpetersen@ssptv.org
-------------------------	----------	----------------------	---------------------

Amount of 2012/13 Agreement	\$60,000	Total Amount Invoiced by Year To Date	\$	Amount of Agreement Remaining	\$
------------------------------------	----------	--	----	--------------------------------------	----

Is your project to be implemented in the second half of this fiscal year?	Yes ___x___ No _____	If so, when? _____
--	----------------------	--------------------

Please use as much space as necessary to complete the following questions, or attach additional pages.

- Has the project been modified or timeline adjusted? If so, please explain.

This project has not been modified or adjusted

Pleasanton City Service Agreement FY 2012/13 Midterm Report

2. What activities/services has your project implemented year to date?

Case management

The case managers continue to be the critical link between seniors in need and connecting them with assistance available in the community. They continue to problem-solve, locating, arranging and monitoring services such as transportation, meals, safety devices, in-home companions and workers, referral of volunteers, assistance with applications for benefits such as SSI and PG&E discounts, food vouchers and emergency financial aid. These services make the difference in whether a senior can remain in their home. The case managers also arrange and facilitate family meetings, providing a safe place for discussion, and planning of a loved one's care. We are proud to report to date that our case managers provided **69** Pleasanton seniors with **675** visits where case management services were required. They also provided an additional one-time service to **35** seniors; these seniors required services that could typically be accomplished in a short time frame.

Friendly Visiting:

Through this program we recruit and matched volunteers to seniors who are isolated, lonely and in need of a friendly visitor. The volunteer brings so much joy to the senior and the senior brings the same joy to the volunteer. Our coordinator checks on both the volunteer and the client regularly. We also have four dedicated in-house volunteers who call the seniors monthly to see how they are doing and assist with office work. These personal phone calls to the seniors mean so much. The volunteers not only share the joys and success stories, but are also trained to alert us about concerns they observe, such as needing more assistants or special care the senior may need which results in getting resources quickly and extending the time the senior can remain in their home.

During the last quarters of the year, the friendly visitor program held their holiday and spring luncheons. Both events had approximately 70 seniors in attendance. We could not do these luncheons without the assistance from local businesses and community groups. During the holidays so many wonderful groups joined in to make so many of our seniors holidays brighter. The Pleasanton Police department adopted 10 seniors, St Vincent DePaul adopted 13, the Livermore Lab adopted 25 a local women's group took 10 seniors to dinner at Castlewood country club, this along with the private citizens that adopted approximately 15 more seniors We are so fortunate to have so many wonderful friends in the community that are always going above and beyond. Through the first half of the year **seniors** were provided with volunteers to assist them with their needs. The volunteers provided **1,442** visits, in addition to **2,981** calls. We are so proud of everything our volunteers do to improve the quality of life for seniors living in our community.

Registry Services:

The registry program continues to be a key factor to finding good care providers for the seniors. The care providers are interviewed and screened by the Senior Support Care Provider Coordinator. Their names are then given to clients to interview and hire. Our coordinator continues to monitor to ensure that both the worker and client are happy

To date **55 Pleasanton** seniors were provided with caregivers to assist them in living independently. We continue to get wonderful letters thanking us for the wonderful service.

3. Summarize how your project performance measurement tools are reporting activity/service achievement to date and how you are meeting your project objectives.

The Staff at Senior Support Program continue to not only met but exceed our objectives. Staff continues to make home assessments and record the findings in the clients file. They keep complete narratives on all their communications with the clients. Part of the assessment is rating the ADL's activities of daily living and the clients are also assessed on their nutritional needs, safety of their home and environmental needs. These are the base lines that we look to see if there have been improvements made. **Case management is all about small successes. Our primary function is to provide seniors the tools and support that will enable them to make the choices necessary to maintain their independence, improve their quality of life and ensure their safety and wellbeing with dignity in tack.**

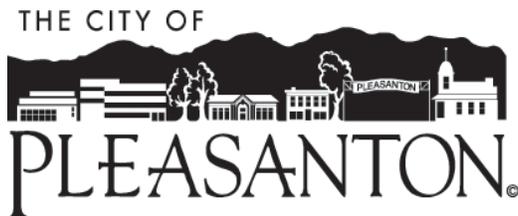
If tracked by your agency/project, please complete the following statistical data:

Clients/participants reported as:	Individuals <u> x </u> Duplicative <u> </u> Unknown <u> </u>
Total Clients/Participants Served Year to Date	# of Children (under 18) <u> </u> # of Adults <u> 125 </u>

Number of Pleasanton Residents to be served stated in Work Plan	Total Pleasanton clients served year to date	Total units of service delivered year to date (hours, etc.)	% of goal achieved to date
<u>Case Management :</u> 40 Seniors	69 Seniors Have been served	675 visits	172%
<u>Registry:</u> 25 Seniors	55 clients served		220%
<u>Friendly Visiting</u> 25 new seniors 2100 Visits 2000 Phone visits One-to-One 60	81 Seniors 1442 2981 26 OTO		149%

Signature <u> Marlene Petersen </u>	Date: 1/23/12
Title <u> Executive Director </u>	

Completed Form can be emailed to kyurchak@ciityofpleasanton.gov,
or handwrite/type/word process and mail to:
Attn: Kathleen Yurchak, PO BOX 520, Pleasanton, CA 94566



Human Services Commission Agenda Report

February 6, 2013
Item 5

**SUBJECT: REVIEW FY 2012/13 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 2012/13 HSG Semi-Annual Reports and summary spreadsheet and provide comments as appropriate.

FINANCIAL STATEMENT

Of the \$609,187 grant funds awarded to the 23 projects, \$275,019 (45%) has been expended thus far, leaving a balance of \$334,168 (55%) 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 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, 2013, and covers the period from July through December 2012.

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 fifteen (15) 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 29.

As noted in Attachment 1, all agencies submitted their Semi-Annual Reports by the January 15 deadline. Most of the agencies are making reasonable progress with their projects. Of the \$609,187 in grant funds awarded for the 23 projects, \$275,019 (45%) has been expended thus far, leaving a balance of \$334,168 (55%) 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 1/29/2013]*

**City of Pleasanton Housing and Human Services Grant (HHSG) Program
Semi-Annual Report (1st Period: Jul-Dec 2012)**

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
12001	City of Pleasanton	City "Section 108" Loan Repayment	5 People	1 Loan payment	5	30	100%	1	0	100%	\$22,104	\$22,104 100%	\$0
12002	Tri-Valley Housing Opportunity Center	Community Stabilization Program	71 Households	71 Households served	32	249	45%	32	249	45%	\$25,000	\$12,500 50%	\$12,500
12003A	Tri-Valley Haven	Tri-Valley Haven's Food Pantry	600 People	400 Employee hours	496	3,971	83%	316	1,237	79%	\$15,000	\$6,105 41%	\$8,895
12003B	Tri-Valley Haven	Counseling and Temporary Restraining Order Clinic	50 People	100 Counseling/Legal Clinic Sessions	42	166	84%	135	554	135%	\$15,000	\$7,500 50%	\$7,500
12003C	Tri-Valley Haven	Shiloh Domestic Violence Shelter and Services	5 People	25 Client Services Units	2	170	40%	19	808	76%	\$15,000	\$15,000 100%	\$0
12003D	Tri-Valley Haven	Sojourner House Homeless Shelter	5 People	60 Client Services Units	0	42	0%	0	740	0%	\$17,000	\$16,100 95%	\$900
12004A	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%	\$15,035	\$6,729 45%	\$8,306
12004B	Axis Community Health	Pre-Development for Capital Project	0 People	0 Number of persons	0	0		0	0		\$100,000	\$2,550 3%	\$97,450
12005	Neighborhood Solutions	City of Pleasanton Housing Rehabilitation Program	10 Households	2 Loans made	8	0	80%	1	0	50%	\$174,048	\$104,192 60%	\$69,856
12006A	Spectrum Community Services	Meals On Wheels for Homebound Pleasanton Elderly	80 People	10,500 Meals served	75	111	94%	5,301	10,989	50%	\$5,000	\$2,274 45%	\$2,726
12006B	Spectrum Community Services	Congregate Meals for Pleasanton Seniors	425 People	10,000 Meals served	235	1,280	55%	3,253	28,859	33%	\$16,000	\$8,233 51%	\$7,767
12007AB	Abode Services	Tri-Valley Housing Scholarship Program	4 Households	450 Hours of case management	6	5	150%	206	498	46%	\$24,000	\$3,522 15%	\$20,478

**City of Pleasanton Housing and Human Services Grant (HHS) Program
Semi-Annual Report (1st Period: Jul-Dec 2012)**

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
12008	Tri-City Health Center	East County HIV Client Advocacy	5 People	200 15 minutes of direct client contact	5	247	100%	124	12,045	62%	\$5,000	\$1,251 25%	\$3,749
12009A	Eden Council for Hope and Opportunity	Housing Counseling Services	400 People	400 Inquiry/Complaint	156	861	39%	161	856	40%	\$5,000	\$0 0%	\$5,000
12009B	Eden Council for Hope and Opportunity	Reverse Mortgage Counseling	42 Households	3 Reverse Mortgage Counseling Sessions	7	268	17%	0	10	0%	\$50,000	\$11,250 23%	\$38,750
12010	Legal Assistance for Seniors	Legal Assistance for Seniors	40 People	120 Hours of service	28	0	70%	78	0	65%	\$10,000	\$4,242 42%	\$5,758
12011A	Open Heart Kitchen	Senior Meals Program	145 People	8,333 Meals served	152	29	105%	6,234	171	75%	\$25,000	\$16,977 68%	\$8,023
12011B	Open Heart Kitchen	Trinity Hot Meal Program	150 People	4,000 Meals served	165	45	110%	7,413	987	185%	\$10,000	\$9,999 100%	\$1
12011C	Open Heart Kitchen	Regional Food Storage Project	0 Households	10 Nonprofit agencies using storage units	0	0		5	5	50%	\$10,000	\$10,000 100%	\$0
12012	Community Resources for Independent Living	Housing and Independent Living Services for People with Disabilities	40 People	300 Counseling hours	5	393	13%	153	438	51%	\$15,000	\$3,085 21%	\$11,915
12013	Easter Seals Bay Area	Community Inclusion Group	5 People	250 Hours of service	0	1	0%	564	3,097	225%	\$10,000	\$0 0%	\$10,000
12014	Eden I+R	2-1-1 Alameda County	1,100 Households	1,100 Calls for service	109	11,840	10%	414	53,886	38%	\$15,000	\$5,647 38%	\$9,353
12017	East Bay Innovations	Ticket to Work Employment Network	19 People	440 Hours of outreach and service provision	0	3	0%	277	79	63%	\$11,000	\$5,758 52%	\$5,242

23 Projects \$609,187 \$275,019 45% \$334,168



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) ▲▲▼

City of Pleasanton
 FY 2012/13 Housing and Human
 Services Grants

\$671,160.00 Available
 1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Tri-Valley Housing Opportunity Center
Community Stabilization Program
 \$30,000.00 Requested

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

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy) [1/15/2013](#)

Report Submitted: 10/30/2012

1 Name of Person Completing Report:
 Milly Seibel

2 Title:
 executive director

3 Telephone:
 925-373-3130 x 301

4 E-Mail:
 mlseibel@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.
 Community Stabilization Program. During the first three months of the year, the Center had 12 Pleasanton residents sign up for services; including homebuyer education and financial literacy courses and foreclosure recovery (mortgage default and delinquency). Seven of the new Pleasanton clients received homebuyer education. With housing prices within reach for low and moderate income households, many are interested in learning about the homebuying process and the resources available to help them attain affordable homeownership. During this quarter one Pleasanton household sought foreclosure recovery counseling, and the Center also sent out foreclosure / mortgage default information to three additional households (above the 12 cited) and we are awaiting the return of their packets to start working with them.

The Center also received calls from four Pleasanton households seeking information on rental housing, financial literacy and firsttime homebuyer classes. Most of the callers were provided assistance over the phone and were referred to other social or legal assistance as warranted.

6 Describe any significant actions taken during the reporting period.
 During this time, the Center held two first time homebuyer 8-hour workshops (equivalent to 34 hours of Center staff time). One of the classes was held at Las Positas College which was marketed throughout the Chabot/Las Positas service area. The Center also held two financial education workshops (equivalent to 12 hours of Center staff time) covering the topics of Understanding Credit and Budgeting.

On August 6th, the Center held a fundraiser at a local restaurant. Over 65 people attended to learn more about the Center services and how they can support our activities. Pleasanton Vice-Mayor Cheryl Cook-Kallio attended the event, along with elected officials from Dublin.

The Center is reaching out to the Pleasanton School District's hispanic community by working with the school site representatives. Our goal is to provide financial education to prepare Pleasanton households for the path to sustainable housing and future homeownership opportunities.

On August 29th, the Center attended a gathering of social service agencies sponsored by Supervisor Nate Miley's office. The gathering allowed the Center to let other nonprofits know of our services and the need for collaboration. The Center has contacted both ABODE Services and A-Hand-n-Hand to see how we can partner together to address the housing needs of our Veterans.

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.
Not applicable.

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):

71	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	71 total to date
32	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.]	32 total to date
249	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)	249 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
11	Very Low Income (30% to 50% Median)	11 total to date
7	Extremely Low Income (<30% Median)	7 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.]

5	White	5 total to date
17	White + HISPANIC	17 total to date
2	Black/African American	2 total to date
0	Black/African American + HISPANIC	0 total to date
8	Asian	8 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 services (averaged over the whole fiscal year)

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

200	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)	200 total to date
116	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	116 total to date
750	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)	750 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 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)	

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 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)	

20 Please include any additional comments or clarifications here:

In June, 2012, Keep Your Home California, the state-run mortgage payment assistance program, designated the Tri-Valley Housing Opportunity Center as a partner agency to provide housing counseling services to low and moderate income homeowners struggling to pay their mortgages. Keep Your Home California, established through the U.S. Treasury Department's Hardest Hit Fund, has dedicated two billion dollars to help at least 100,000 eligible California homeowners avoid preventable foreclosures. TVHOC was able to refer a Pleasanton family to the KYHC to seek financial assistance with their loan modification. In August, the TVHOC participated in a regional meeting of non-profits hosted by Supervisor Nate Miley's office. At this meeting the TVHOC collaborated with the Pleasanton School District's Parent Teacher Organization, to set up a financial education workshop for Hispanic families. The TVHOC's bilingual (Spanish) board member presented information and resources to 14 families in November. The TVHOC plans to build upon this partnership in the next part of this fiscal year. In addition, in December 2012, the TVHOC launched the Tri-Valley Down Payment Assistance (TVDPA) Program for qualified applicants seeking to purchase a home in the Tri-Valley. Through the TVDPA Program, eligible first time homebuyers will be able to apply for low interest, \$10,000 down payment loans with household income equal to or less than 80% of the area's median income. As its highest priority, the program will assist families currently living or working in the Tri-Valley cities to purchase homes in Livermore, Dublin, Danville, Pleasanton, and San Ramon. These funds are available to individuals and families seeking to purchase homes in Pleasanton and can be layered with other down payment assistance programs offered by the City of Pleasanton, as well as state and federal resources.

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-



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Tri-Valley Haven

Tri-Valley Haven's Food Pantry

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

\$20,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/8/2013

1 Name of Person Completing Report:

Irina Milinevskaya

2 Title:

Contracts Manager

3 Telephone:

(925) 449-5845

4 E-Mail:

-no answer-

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. This is still more than all the other local pantries combined.

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 607 families (2669 individuals) with the fixings for a full Thanksgiving meal. At the Holiday Warehouse Event we assisted 745 families (3273 individuals) with food and gifts.

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 also partnered with CareMore to provide Outreach for seniors in the community looking for health services.

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

This quarter we provided 7 clothing vouchers and 30 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 HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	600 total to date
496	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.]	496 total to date
3971	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)	3,971 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
47	Very Low Income (30% to 50% Median)	47 total to date
449	Extremely Low Income (<30% Median)	449 total to date
121	Seniors (62 and older)	121 total to date
45	Disabled	45 total to date
105	Female-Headed Households	105 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.]

174	White	174 total to date
3	White + HISPANIC	3 total to date
25	Black/African American	25 total to date
0	Black/African American + HISPANIC	0 total to date
120	Asian	120 total to date
1	Asian + HISPANIC	1 total to date
10	American Indian/Alaskan Native	10 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
47	Other/Multi Racial	47 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 hour 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
315.75	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	316 total to date
1237.40	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)	1,237 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 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)

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 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)

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.



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Tri-Valley Haven

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

Counseling and Temporary Restraining Order Clinic

\$20,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/10/2013

1 Name of Person Completing Report:

Irna Milinevskaya

2 Title:

Contracts Manager

3 Telephone:

(925) 449-5845

4 E-Mail:

-no answer-

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

TRO: The restraining order clinic is actively underway with no-cost clinics held every Tuesday evening in Pleasanton. Our focus is on providing legal assistance to low income families experiencing domestic abuse who wish to apply for restraining orders to prevent further violence.

Counseling services: We have been providing counseling services to our residential and community clients on the ongoing basis. Two new interns have joined our team recently, one of them is Spanish-speaking which is a huge help to our monolingual clients.

6 Describe any significant actions taken during the reporting period.

There were no significant changes to the project during the 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.

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):

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
42	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.]	42 total to date
166	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)	166 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
3	Very Low Income (30% to 50% Median)	3 total to date
29	Extremely Low Income (<30% Median)	29 total to date
3	Seniors (62 and older)	3 total to date
5	Disabled	5 total to date
23	Female-Headed Households	23 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.]

25	White	25 total to date
11	White + HISPANIC	11 total to date
0	Black/African American	0 total to date
0	Black/African American + HISPANIC	0 total to date
4	Asian	4 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
1	Other/Multi Racial	1 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 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
135	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	135 total to date

554 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)

554 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:
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-



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human
Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Tri-Valley Haven
Shiloh Domestic Violence Shelter
and Services

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

\$20,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/14/2013

1 Name of Person Completing Report:
Irina Milinevskaya

2 Title:
Contracts Manager

3 Telephone:
(925) 449-5845

4 E-Mail:
-no answer-

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 project is fully underway, providing shelter, case management, counseling and other supportive services to survivors of domestic violence and their children.

6 Describe any significant actions taken during the reporting period.
Our Life Skills Case Manager was on medical leave in October so the Life skills classes low, but we did catch up later and by now are on track.

Our long time Maintenance Coordinator Juan Tinnirello retired in September, but has been replaced by John Frazier and the Shelter is in good hands again.

Tri-Valley Haven is a part of the Cultural Competence study group funded by Blue Shield. The goal is both to improve services to African-American clients and to aid us in recruiting African-American staff for Domestic Violence 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.
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):

<input type="text" value="5"/>	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	5 total to date
<input type="text" value="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
<input type="text" value="170"/>	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)	170 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="0"/>	Very Low Income (30% to 50% Median)	0 total to date
<input type="text" value="1"/>	Extremely Low Income (<30% Median)	1 total to date
<input type="text" value="0"/>	Seniors (62 and older)	0 total to date
<input type="text" value="1"/>	Disabled	1 total to date
<input type="text" value="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.]

<input type="text" value="2"/>	White	2 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="0"/>	Asian	0 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):

Client Services 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 HHS contract for the units of service to be provided to Pleasanton clients THIS FISCAL YEAR (if none, enter a zero)	25 total to date
---------------------------------	---	------------------

19	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	19 total to date
808	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)	808 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:
One Pleasanton clients had a Moderate Income thus not being reflected in the categories provided.

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-



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) ▲▲▼

City of Pleasanton FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Tri-Valley Haven **Sojourner House Homeless Shelter** \$20,000.00 Requested

Application Status: **Approved**
\$17,000.00

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/8/2013

1 Name of Person Completing Report:
Irina Milinevskaya

2 Title:
Contracts Manager

3 Telephone:
(925) 449-5845

4 E-Mail:
-no answer-

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.
Sojourner House is an ongoing project that provides shelter and other supportive services to homeless families and single women in the Tri-Valley Area. Sojourner House is a unique program in that it is the only program in the area that accepts two-parent households and single-fathers. Additionally there is no age restriction on children in the program. The program offers weekly case management and counseling services and nightly Life Skills classes. The adult participants work in partnership with their Case Manager and other staff to establish and accomplish goals to help them overcome the barriers that lead to their homelessness with the ultimate goal of securing stable income and housing.

6 Describe any significant actions taken during the reporting period.
In addition to the ongoing shelter and support services, Tri-Valley Haven assisted nearly 750 families with gifts and food this holiday season.

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
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
42	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)	42 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)
- 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 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
----	--	------------------

0	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
740	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)	740 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:

There have been no Pleasanton residents at this time. The homeless population is transient in nature and many of the residents moved around from city to city in the Tri-Valley Area.

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-



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](mailto:serickson@cityofpleasantonca.gov)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human
Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

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

Application Status: **Approved**
\$15,035.00

\$15,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/14/2012

1 Name of Person Completing Report:
Valerie Jonas

2 Title:
Development Director

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.

392 Pleasanton residents received enrollment assistance through this project during the first six months of the project. This represents 87% 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 at our clinics. 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 HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	450 total to date
392	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.]	392 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
102	Very Low Income (30% to 50% Median)	102 total to date
290	Extremely Low Income (<30% Median)	290 total to date
12	Seniors (62 and older)	12 total to date
7	Disabled	7 total to date
35	Female-Headed Households	35 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.]

133	White	133 total to date
176	White + HISPANIC	176 total to date
16	Black/African American	16 total to date
	Black/African American + HISPANIC	
56	Asian	56 total to date
	Asian + HISPANIC	
4	American Indian/Alaskan Native	4 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	
7	Other/Multi Racial	7 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:

791	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)	791 total to date
-----	---	-------------------

396	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	396 total to date
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:

450	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)	450 total to date
392	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	392 total to date
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:

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)
	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



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Axis Community Health

Pre-Development for Capital Project

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

\$100,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/15/2012

1 Name of Person Completing Report:

Valerie Jonas

2 Title:

Development Director

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.

CDBG 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 and architecture design, which are necessary pre-development tasks leading up to the construction phase. During this quarter we engaged INDE Architecture and initiated architectural design. We also continued to develop our financial feasibility study, and continued preparing for our capital campaign.

6 Describe any significant actions taken during the reporting period.

During this second reporting quarter we focused on architectural design and have completed the schematic design phase. The process involved extensive analyses of personnel placement, building utilization, programmatic flow, and infrastructure needs. We continued work on financial planning and business plan development, working with JMWatt Consulting, and produced an initial business model. We continued working with Capital Incubator to update project timelines and identify project support necessary to each phase.

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)

- 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):

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 persons (unduplicated)

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

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
---	--	-----------------

- Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero) 0 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"):
N/A

17 Please complete the following table regarding the second 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)

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 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)

20 Please include any additional comments or clarifications here:

Please note that occupancy of the new site will not take place until early 2014; until that time there will be no numbers reported regarding number of persons served this fiscal year through this project.

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 HHS 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 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.
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



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [A ▲ ▼](#)

City of Pleasanton
FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account Payments](#) [Applications Reporting](#) [Custom Report Export Data](#) [Compare Applications Program Setup](#) [Scoring Report](#) [Invoices](#)

Neighborhood Solutions
Housing Rehabilitation Program for City of Pleasanton

Application Status: **Approved**
\$174,048.00

\$200,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/15/2013

1 Name of Person Completing Report:
Victoria Johnson

2 Title:
Executive Director

3 Telephone:
(925) 931-5013

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.
Activities are underway in the Housing Rehabilitation Program. Not only are we at 80% of our goal, but we have two loans in the pre-development phase. In addition, NS staff has worked with Pleasanton staff to develop a checklist and program binder with updated forms to use for the program, which has been very helpful in the administration of the program.

6 Describe any significant actions taken during the reporting period.
See question #5.

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
- 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):

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
8	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.]	8 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):

4	Low Income (50% to 80% Median)	4 total to date
3	Very Low Income (30% to 50% Median)	3 total to date
1	Extremely Low Income (<30% Median)	1 total to date
7	Seniors (62 and older)	7 total to date
1	Disabled	1 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.]

7	White	7 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):
loans extended

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

2	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)	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"):
grants extended

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

<input type="text" value="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" value="7"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	7 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:

A total of ten projects is our goal. We currently have one loan and 7 grants, for a total of eight projects for the period.

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



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](mailto:serickson@cityofpleasantonca.gov)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human
Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Spectrum Community Services
**Meals On Wheels for Pleasanton's
Homebound Elders**

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

\$5,387.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/15/2013

1 Name of Person Completing Report:
Tara Marino

2 Title:
Senior Meals Program Manager

3 Telephone:
510-881-0300 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's Meals for Homebound Pleasanton Seniors is going well and so far this year, we have served 75 homebound Pleasanton seniors, 5,301 nutritious 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):

80	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	80 total to date
75	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.]	75 total to date
111	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)	111 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)	
57	Very Low Income (30% to 50% Median)	57 total to date
18	Extremely Low Income (<30% Median)	18 total to date
75	Seniors (62 and older)	75 total to date
75	Disabled	75 total to date
28	Female-Headed Households	28 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
6	White + HISPANIC	6 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	
	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:

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
5301	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	5,301 total to date
10989	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)	10,989 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 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"):

-no answer-

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:

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-



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human
Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Spectrum Community Services

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

**Congregate Meals Program for
Pleasanton Seniors**

\$21,139.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/15/2013

1 Name of Person Completing Report:
Tara Marino

2 Title:
Senior Meals Program Manager

3 Telephone:
510-881-0300 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's Congregate Meals for Pleasanton Seniors program is progressing well with our goals. We have served 235 Pleasanton seniors, 3,253 nutritious 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):

425	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	425 total to date
235	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.]	235 total to date
1280	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)	1,280 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)	
202	Very Low Income (30% to 50% Median)	202 total to date
33	Extremely Low Income (<30% Median)	33 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.]

215	White	215 total to date
9	White + HISPANIC	9 total to date
	Black/African American	
	Black/African American + HISPANIC	
11	Asian	11 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:

10000	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)	10,000 total to date
3253	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	3,253 total to date
28859	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)	28,859 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 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"):

-no answer-

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:

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-



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human
Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Abode Services

Tri-Valley Housing Scholarship

Application Status: **Approved**
\$74,000.00

\$81,650.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/15/2013

1 Name of Person Completing Report:
Penny Andersen

2 Title:
Housing Program Manager

3 Telephone:
510 657-7409

4 E-Mail:
pandersen@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 6 households living in Pleasanton. These households consisted of 3 single adults, 2 single head-of-households, 1 two parent household and 6 children during this reporting period. Two of the households completed their education/training and graduated from the program. Both of the participants have remained living in Pleasanton and have gained full time employment.

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. In this first half of the year, 4 new households were approved for the program and successfully moved into housing while maintaining their educational responsibilities. With significant effort by the participants, case manager and leasing services coordinator new landlords were acquired so the participants could be housed in a very challenging housing market.

In addition to working with the current and new participants, the case Manager receives an average 5 calls a day from people needing housing assistance. About 50% of the time the caller is inquiring about the Housing Scholarship program. However, very few meet the criteria of the program to be given an application. Of the 80 potential applicants screened for the program in the first half of the year only 6 were qualified for the program of which 2 were approved. Outreach at Las Positas College is conducted twice a month, where the Case Manager sees between 5-8 students of which an average of 2 meet qualifications to apply.

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
- 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):

4	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	4 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
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)	
6	Extremely Low Income (<30% Median)	6 total to date
	Seniors (62 and older)	
1	Disabled	1 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.]

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 HHS contract):
hours of case management

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

<input type="text" value="450"/>	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)	450 total to date
<input type="text" value="206"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	206 total to date
<input type="text" value="498"/>	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)	498 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:

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.

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



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Tri-City Health Center

HIV Advocacy and Case Management

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

\$7,500.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Not Submitted Yet

1 Name of Person Completing Report:
Alison Wakefield

2 Title:
HIV Program & Community Health Education Manager

3 Telephone:
5104563524

4 E-Mail:
awakefield@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.

TCHC provides HIV testing and counseling for residents of East Alameda County at our Livermore offices. Clients who test positive are enrolled in our Early Intervention Program (EIS). The EIS program provides newly diagnosed clients with an advocate to help them enroll in Ryan White Services and accompany them to their first several medical appointments.

TCHC is actively serving HIV positive residents of Pleasanton with services that maximize their well-being, health and self-sufficiency. Services available include ambulatory/outpatient healthcare, preventative dental treatment, medical case management, enrollment in ADAP and HealthPAC, nutritional counseling and support, medical transportation vouchers and emergency financial assistance for food, housing, and utilities.

6 Describe any significant actions taken during the reporting period.

TCHC is in the process of readying our clinics and clients for the implementation of the Affordable Care Act. We are enrolling clients in Alameda Counties HealthPAC program and preparing our clinic to become a Patient Centered Medical Home.

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):

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
247	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)	247 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
	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.]

3	White	3 total to date
	White + HISPANIC	
2	Black/African American	2 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 HHSG contract):

One Unit of Service equals 15 minutes of case management, dental care, emergency financial assistance or early intervention services

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

200	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)	200 total to date
-----	--	-------------------

124	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	124 total to date
12045	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)	12,045 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:

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
0	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
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:

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
0	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
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



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account Payments](#) [Applications Reporting](#) [Custom Report Export Data](#) [Compare Applications Program Setup](#) [Scoring Report](#) [Invoices](#)

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

Application Status: **Approved**
\$50,000.00

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/24/2013

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, 2012). During the first half of the fiscal year, we provided 161 counseling sessions to 156 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 50 fliers to Pleasanton agencies, distributed a public service announcement to 19 radio stations, and participated in the Alameda County Health Fair at the Alameda County Fairgrounds.

7 If applicable, describe any modifications to the project goals, timeliness, 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
- 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):

400	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	400 total to date
156	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.]	156 total to date
861	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)	861 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):

6	Low Income (50% to 80% Median)	6 total to date
13	Very Low Income (30% to 50% Median)	13 total to date
126	Extremely Low Income (<30% Median)	126 total to date
23	Seniors (62 and older)	23 total to date
26	Disabled	26 total to date
103	Female-Headed Households	103 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.]

95	White	95 total to date
3	White + HISPANIC	3 total to date
22	Black/African American	22 total to date
0	Black/African American + HISPANIC	0 total to date
11	Asian	11 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
1	Native Hawaiian/Other Pacific Islander + HISPANIC	1 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
23	Other/Multi Racial + HISPANIC	23 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:

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
161	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	161 total to date
856	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	856 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



PRO

Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Eden Council for Hope and Opportunity

Reverse Mortgage Counseling

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

\$5,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/17/2013

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.

Granted funds for Reverse Mortgage Counseling: inquiries, in-depth counseling and education/outreach.

6 Describe any significant actions taken during the reporting period.

HEC Counselor distributed 22 public service announcements in the first quarter; conducted an outreach at the Alameda County Fair Grounds on October 11, 2012; a speaking presentation at the Financial Fitness Expo Reverse Mortgage Presentation on October 20, 2012, at which 5 persons were in attendance; distributed 100 fliers to Alameda County Environmental Services, Alameda County Offices, Pleasanton Partnership, Pleasanton Unified School District, Tri-Valley Community Foundation, Valley Creative Living Center, Alcoholics Anonymous, Child Care Links.

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):

42	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	42 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
268	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)	268 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):

6	Low Income (50% to 80% Median)	6 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
7	Seniors (62 and older)	7 total to date
1	Disabled	1 total to date
1	Female-Headed Households	1 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.]

7	White	7 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):
Reverse Mortgage Counseling

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

3	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)	3 total to date
0	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
10	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	10 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"):
Reverse Mortgage Inquiries

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

<input type="text" value="4"/>	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)	4 total to date
<input type="text" value="2"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	2 total to date
<input type="text" value="18"/>	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 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"):
Individual/Group Education

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

<input type="text" value="41"/>	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)	41 total to date
<input type="text" value="5"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	5 total to date
<input type="text" value="240"/>	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)	240 total to date

20 Please include any additional comments or clarifications here:
Cherisse Baptist has resigned her position as HEC Counselor for ECHO Housing as of December 31, 2012. Cynthia Ambrose will take over her position, and will continue to conduct various forms of outreach in order to fulfill the contracted goals.

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 HHS 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 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.
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



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human
Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Legal Assistance for Seniors

Application Status: **Approved**
\$10,000.00

**Free Legal Services for Low-
Income Seniors**

\$15,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Not Submitted Yet

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.
Legal Assistance for Seniors' is providing legal services and community education presentations to Pleasanton residents. An LAS' attorney has been scheduled to provide and will continue to provide free legal consultations at the Pleasanton Senior Center. LAS staff and volunteers have provided and are in the process of planning additional education and outreach events for Pleasanton residents.

6 Describe any significant actions taken during the reporting period.
During this reporting period, LAS' have provided free legal services to 28 Pleasanton seniors. Among the 28 seniors, there were 9 home visits to 5 Pleasanton seniors. An LAS' attorney was available to provide legal consultations and referrals at the Pleasanton senior center on July 19th, August 13th, September 10th, October 15th, November 19th, and December 10th. Additionally, LAS' staff provided 9 group presentations with 196 attendees, as well as one health fair with 100 attendees. LAS' has a new community education coordinator, Kelly Harp, who is also a trained HICAP counselor. The CE Coordinator continues to explore new sites for educational presentations and keeps alert to ways in which LAS' can better serve Pleasanton seniors.

7 If applicable, describe any modifications to the project goals, timeliness, 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 time lines 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="28"/>	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.]	28 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="1"/>	Low Income (50% to 80% Median)	1 total to date
<input type="text" value="8"/>	Very Low Income (30% to 50% Median)	8 total to date
<input type="text" value="17"/>	Extremely Low Income (<30% Median)	17 total to date
<input type="text" value="28"/>	Seniors (62 and older)	28 total to date
<input type="text" value="7"/>	Disabled	7 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="21"/>	White	21 total to date
<input type="text" value="2"/>	White + HISPANIC	2 total to date
<input type="text" value="2"/>	Black/African American	2 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 services used to track this project are hours of services.

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

<input type="text" value="120"/>	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)	120 total to date
----------------------------------	---	-------------------

78.35	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	78 total to date
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:

	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:
NA

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-



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Open Heart Kitchen
Pleasanton Senior Meal Program
\$25,000.00 Requested

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

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/11/2013

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 6405 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 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):

145	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	145 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
29	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)	29 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):

68	Low Income (50% to 80% Median)	68 total to date
70	Very Low Income (30% to 50% Median)	70 total to date
14	Extremely Low Income (<30% Median)	14 total to date
152	Seniors (62 and older)	152 total to date
17	Disabled	17 total to date
62	Female-Headed Households	62 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.]

64	White	64 total to date
7	White + HISPANIC	7 total to date
3	Black/African American	3 total to date
	Black/African American + HISPANIC	
26	Asian	26 total to date
	Asian + HISPANIC	
2	American Indian/Alaskan Native	2 total to date
	American Indian/Alaskan Native + HISPANIC	
3	Native Hawaiian/Other Pacific Islander	3 total to date
	Native Hawaiian/Other Pacific Islander + HISPANIC	
4	American Indian/ Alaskan Native and White	4 total to date
	American Indian/ Alaskan Native and White + HISPANIC	
6	Asian and White	6 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	
28	Other/Multi Racial	28 total to date
9	Other/Multi Racial + HISPANIC	9 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):
 senior meals served

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

8333	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)	8,333 total to date
6234	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	6,234 total to date
171	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not	171 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 HHS 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 HHS 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:
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):
N/A

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.
N/A we will spend all grant money by year end.

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.
N/A not Grant year end

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 not grant year end

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 not grant year end

26 For CAPER: List agencies you collaborated with on this project. Describe the nature of the collaboration.
N/A not grant year end

27 For CAPER: Did you obtain other funding sources? If so, list sources and amounts.
N/A not grant year end



PRO

Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

HELP LOGOUT ▲▲▼

City of Pleasanton FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

My Account Applications Custom Report Compare Applications Scoring Report Invoices
Payments Reporting Export Data Program Setup

Open Heart Kitchen Pleasanton Meal Program Trinity \$10,000.00 Requested

Application Status: **Approved**
\$10,000.00

[Print/Preview](#)

Review Tools My Notes Research Scoring Decisions
Application Applicant Information Questions Budget Documents Extra Activity Log
Post-Decision Invoices & Payments Report 1 Report 2

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/8/2013

1 Name of Person Completing Report:
Linda McKeever

2 Title:
executivedirector@openheartkitchen.org

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.
The Open Heart Kitchen Hot Meal Program provides hot nutritious meals free of charge to those in need in Pleasanton each Friday evening at the Trinity serving location on Hopyard.

6 Describe any significant actions taken during the reporting period.
From July 1st of 2012 to December 31st of 2012 Open Heart Kitchen served 8400 meals at the Pleasanton serving location. CDBG funds paid for 4000 of the Hot meals served here in Pleasanton to Pleasanton residents. Open Heart Kitchen also provided 4210 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):

150	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	150 total to date
165	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.]	165 total to date
45	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)	45 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):

35	Low Income (50% to 80% Median)	35 total to date
73	Very Low Income (30% to 50% Median)	73 total to date
42	Extremely Low Income (<30% Median)	42 total to date
20	Seniors (62 and older)	20 total to date
9	Disabled	9 total to date
15	Female-Headed Households	15 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.]

45	White	45 total to date
27	White + HISPANIC	27 total to date
10	Black/African American	10 total to date
	Black/African American + HISPANIC	
17	Asian	17 total to date
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
4	Native Hawaiian/Other Pacific Islander	4 total to date
	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	
38	Other/Multi Racial	38 total to date
9	Other/Multi Racial + HISPANIC	9 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):
meals served

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

4000	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)	4,000 total to date
7413	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	7,413 total to date
987	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	987 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:
Number of units for total agency is only the hot meals served at the Pleasanton Trinity location.

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



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human
Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account Payments](#) [Applications Reporting](#) [Custom Report Export Data](#) [Compare Applications Program Setup](#) [Scoring Report](#) [Invoices](#)

Open Heart Kitchen
Food Storage Project for local non profits

Application Status: **Approved**
\$21,973.00

\$10,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/7/2013

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.
The project is completed and 5 nonprofits currently have access to the increased storage space.

6 Describe any significant actions taken during the reporting period.
The additional Storage space is currently accessible 5 local non-profits groups. The additional freezer space made it possible for Open Heart Kitchen and other small church groups to distribute over 585 Thanks giving Dinner bags; Including a turkey, vegetable, potatoes, gravy and all the fixing of a full thanksgiving meal. We distributed over 300 additional bags over the Christmas Holiday. In addition we supplied homeless bags with nonperishable food items for the homeless population in the 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.
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

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):

<input type="text" value="n/a"/>	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)
<input type="text" value="n/a"/>	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.]
<input type="text" value="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):

<input type="text"/>	Low Income (50% to 80% Median)
<input type="text"/>	Very Low Income (30% to 50% Median)
<input type="text"/>	Extremely Low Income (<30% Median)
<input type="text"/>	Seniors (62 and older)
<input type="text"/>	Disabled
<input type="text"/>	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.]

<input type="text"/>	White
<input type="text"/>	White + HISPANIC
<input type="text"/>	Black/African American
<input type="text"/>	Black/African American + HISPANIC
<input type="text"/>	Asian
<input type="text"/>	Asian + HISPANIC
<input type="text"/>	American Indian/Alaskan Native
<input type="text"/>	American Indian/Alaskan Native + HISPANIC
<input type="text"/>	Native Hawaiian/Other Pacific Islander
<input type="text"/>	Native Hawaiian/Other Pacific Islander + HISPANIC
<input type="text"/>	American Indian/ Alaskan Native and White
<input type="text"/>	American Indian/ Alaskan Native and White + HISPANIC
<input type="text"/>	Asian and White
<input type="text"/>	Asian and White + HISPANIC
<input type="text"/>	Black/African American and White
<input type="text"/>	Black/African American and White + HISPANIC
<input type="text"/>	American Indian/Alaskan Native and Black/African American
<input type="text"/>	American Indian/Alaskan Native and Black/African American + HISPANIC
<input type="text"/>	Other/Multi Racial
<input type="text"/>	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):
Number non profit using units

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

<input type="text" value="10"/>	10) 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 total to date
<input type="text" value="5"/>	5) Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	5 total to date
<input type="text" value="5"/>	5) Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	5 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 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:

We continue to work with local small groups that what to start serving the Tri Valley area Hunger relief efforts to share the space to help our neighbors in need.

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 HHS 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 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.

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



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Community Resources for Independent Living
Housing and Independent Living Services for People with Disabilities
\$20,000.00 Requested

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

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Not Submitted Yet

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.
There were 14 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; Amador Tri-Valley Center; Axis; East Bay Innovations; ECHO; Season of Sharing; Valley Care Regional Center, and the Tri-Valley Housing Scholarship. CRIL also helped, indirectly, 20 Pleasanton residents with disabilities who have not yet become consumers. The annual goal is 50.

We had 10 new Pleasanton consumers during this reporting period. The annual goal is 40.

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)
 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):

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
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
393	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)	393 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
5	Extremely Low Income (<30% Median)	5 total to date
0	Seniors (62 and older)	0 total to date
5	Disabled	5 total to date
1	Female-Headed Households	1 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
	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	
2	Other/Multi Racial + HISPANIC	2 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 hours

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

300	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)	300 total to date
152.5	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	153 total to date
438	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	438 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 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"):
-no answer-

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:
CRIL has experienced a decline in consumers the 2nd Quarter. Due to staffing limitations, the on-site personnel has decreased. We are examining various new ways to deliver services which will continue to deliver these services to Tri-Valley consumers. It is hoped that by the end of the 3rd Quarter, the numbers of consumers will substantially increase.

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-



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human
Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Easter Seals Bay Area
**Easter Seals Bay Area Community
Inclusion Group**

Application Status: **Approved**
\$10,000.00

\$15,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/2/2013

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 Community Inclusion Group, services individuals ranging from the ages of 18 to 22 with disabilities. Currently the Community Inclusion group is engaged in outdoor gardening on-site, volunteer projects at BART in Pleasanton, volunteer community clean-up at various city parks, job searching throughout Pleasanton and continuous life skill and social skill training.

6 Describe any significant actions taken during the reporting period.

During this portion of the reporting period many of the participants attended school full time. While our participants attend school, the Lead teacher of the Community Inclusion group was able to make connections within the surrounding community to set up volunteering and job skills training opportunities. Currently the Community Inclusion group volunteers at the SPCA in Dublin every Tuesday afternoon, performs community clean ups at Bart or Main St. in Pleasanton on Wednesdays and performs park clean ups on Thursday afternoons in Livermore. Due to time constraints, our participants only travel to Livermore and Pleasanton once per week.

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 the current project goal. When the participants returned to school in late August early September or age out of program/move into the Community Inclusion Group, the Lead Teacher of the group will assessed the groups needs and develop a plan for community inclusion.

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):

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
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
1	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)	1 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
0	Extremely Low Income (<30% Median)	0 total to date
0	Seniors (62 and older)	0 total to date
1	Disabled	1 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.]

1	White	1 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):
units of service are direct hours provided care

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

250	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)	250 total to date
563.50	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	564 total to date
3097.00	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)	3,097 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:

The CI Group, on average, serves 13-15 disabled adults and transition-aged youth, with a quarter to half of the group, on average, being residences in the City of Livermore. HHS funds not only benefit the CI Group, however, as the CI Group often gives back to their younger peers within the Teen and Youth Groups, and often give back to the community when they volunteer off-site.

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 HHS 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 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.

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



PRO

Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton FY 2012/13 Housing and Human Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

Eden I&R, Inc.

2-1-1 Alameda County

\$20,000.00 Requested

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

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/15/2013

1 Name of Person Completing Report:
Alison DeJung

2 Title:
Deputy Director

3 Telephone:
510-537-2710 x505

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 FY12/13, the 2-1-1 Alameda County Communication system provided Pleasanton residents with access to information from Eden I&R's database of over 2,600 programs, as well as to a database of over 77,000 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 2012 through December 2012, 2-1-1 handled a total of 54,300 calls, 414 of which were from Pleasanton. These callers were provided 837 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 phoneline team as to what services (new, changing, expanding) are available to 2-1-1 callers. Eden I&R's Information Management department 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.

Eden I&R has been conducting extensive outreach in the Tri-Valley area this fiscal year, with a particular emphasis in Pleasanton, in an attempt to make greater number of residents aware of 2-1-1 and how it can assist them access the critical information and services they need. From June through December 2012, outreach in Pleasanton included:

-East Bay Stand Down: provided information and referral services via laptop to veterans and their families

- Kaiser-Pleasanton Emergency Preparedness Fair: provided general material on Eden I&R and 2-1-1
- CareMore Care Center Grand Opening and Senior Fair: provided general material on Eden I&R and 2-1-1
- Pleasanton Community Wellness Festival: at this festival, outreach materials were distributed to Axis Community Health, Pleasanton Public Library, Pleasanton Unified School District, Pleasanton Fire and Police Departments
- Valley Wellness Center: 2-1-1 In-Service Training for staff, volunteers, and clients

Additionally, contact was made with the following Pleasanton agencies during November and December to schedule in-service training and check on outreach supplies (sessions are scheduled with many of these agencies in January 2013):

- Pleasanton Library
- Open Heart Kitchen
- Tri-Valley YMCA
- Child Care Links
- Tri-Valley Haven
- Pleasanton Park and Recreation Department
- Pleasanton Senior Center
- Pleasanton Police and Fire Departments
- Pleasanton Unified School Districts
- Pleasanton Community Services Division
- Axis Community 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.
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):

1,100	A) Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	1,100 total to date
109	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.]	109 total to date
11,840	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)	11,840 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):

2	Low Income (50% to 80% Median)	2 total to date
18	Very Low Income (30% to 50% Median)	18 total to date
86	Extremely Low Income (<30% Median)	86 total to date
13	Seniors (62 and older)	13 total to date
27	Disabled	27 total to date
85	Female-Headed Households	85 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
11	White + HISPANIC	11 total to date
18	Black/African American	18 total to date
0	Black/African American + HISPANIC	0 total to date
18	Asian	18 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
4	American Indian/Alaskan Native + HISPANIC	4 total to date
0	Native Hawaiian/Other Pacific Islander	0 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
1	American Indian/ Alaskan Native and White	1 total to date
2	American Indian/ Alaskan Native and White + HISPANIC	2 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
1	Black/African American and White	1 total to date
1	Black/African American and White + HISPANIC	1 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
1	Other/Multi Racial	1 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):

2-1-1 call

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

1,100	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)	1,100 total to date
414	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	414 total to date
53,886	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)	53,886 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:

Examples of Pleasanton calls handled by 2-1-1 during the report period include:

~ A resident of Pleasanton called seeking information on financial assistance and any additional support services to meet basic needs. The caller identified herself as a victim of domestic violence. The 2-1-1 operator asked after the safety of the caller and was informed that the caller is no longer living with the

perpetrator and is in custody of her two minor children. She was screened, and found eligible for, CalFresh and referred to Alameda County Social Services for CalFresh and for CalWorks. The caller was also referred to the Alameda County Department of Child Support Services for assistance with financial support for the children and to prevent homelessness.

~ A single female Pleasanton resident, who is a senior citizen, called seeking information on legal assistance. The caller stated that her caregiver had emptied out her bank account and left her penniless. The caller was referred to Centro Legal de la Raza and the Alameda County Bar Association's Lawyer Referral Service as well as Legal Assistance for Seniors. The caller was pre-screened for CalFresh and referred to CalFresh benefits.

~ A self-employed single mother of two small children residing in Pleasanton called for low-income housing listings. The caller was referred to the Maple Square Apartments in Fremont since there was no available housing in Pleasanton that met her income requirements. As per the caller's request, referrals were provided for Alameda County Housing Authorities for Livermore and Hayward for additional information on Section 8.

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



Welcome, serickson@cityofpleasantonca.gov [Not serickson@cityofpleasantonca.gov?](#)

[HELP](#) [LOGOUT](#) [▲▲▼](#)

City of Pleasanton
FY 2012/13 Housing and Human
Services Grants

\$671,160.00 Available
1/23/2012 Deadline

[My Account](#) [Applications](#) [Custom Report](#) [Compare Applications](#) [Scoring Report](#) [Invoices](#)
[Payments](#) [Reporting](#) [Export Data](#) [Program Setup](#)

East Bay Innovations
Ticket to Work Employment
Network

Application Status: **Approved**
\$11,000.00

\$15,000.00 Requested

[Print/Preview](#)

[Review Tools](#) [My Notes](#) [Research](#) [Scoring](#) [Decisions](#)
[Application](#) [Applicant Information](#) [Questions](#) [Budget](#) [Documents](#) [Extra](#) [Activity Log](#)
[Post-Decision](#) [Invoices & Payments](#) [Report 1](#) [Report 2](#)

Report for Period Ending 1/15/2013

Change due date for this application to (mm/dd/yyyy)

Report Submitted: 1/14/2013

1 Name of Person Completing Report:
Linda Ratner

2 Title:
Program Developer

3 Telephone:
(510)882-8758

4 E-Mail:
lratner@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.
During the first half of the year, EBI marketed the program and conducted outreach for TTW clients, meeting with/informing representatives of the following about the TTW program: Community Resources for Independent Living; Department of Rehabilitation; EDD in Livermore; Center for Working Life; Pleasanton Stand Down; Livermore Multi-Services Center; Tri-Valley One Stop Center; Eric's Corner (a support group for people with epilepsy); Workability III; Valley Home Care; BACS; Livermore Veterans Hospital; Los Positas College; Chamber of Commerce, Pleasanton; Kaiser Administration, Livermore; and Open Heart Kitchen. EBI widely distributed and posted flyers about the TTW program in the Tri-Valley area. The current focus continues to be aggressive outreach.

6 Describe any significant actions taken during the reporting period.
In addition to outreach to the agencies listed in #5, EBI participated in workshops at CRIL and the One Stop Center, and established an ongoing presence at the One Stop Center. And, EBI met with staff of the Department of Rehabilitation (DOR) to develop a collaborative referral process. The agreement reached with DOR will be critical to EBI's identifying prospective TTW clients.

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.
NA

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="19"/>	A) Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (unduplicated)	19 total to date
<input type="text" value="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
<input type="text" value="3"/>	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 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="0"/>	Very Low Income (30% to 50% Median)	0 total to date
<input type="text" value="0"/>	Extremely Low Income (<30% Median)	0 total to date
<input type="text" value="0"/>	Seniors (62 and older)	0 total to date
<input type="text" value="0"/>	Disabled	0 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="0"/>	White	0 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="0"/>	Asian	0 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):
Hours of outreach and service provision

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

<input type="text" value="440"/>	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)	440 total to date
----------------------------------	---	-------------------

277.25	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	277 total to date
78.75	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)	79 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:

The results of EBI's extensive outreach efforts to date have been disappointing and have not yet yielded the number of participants anticipated. As of January 2013, EBI will intensively implement additional outreach strategies. EBI is considering producing and airing a 30 second "spot" on Cable TV that will target specific markets likely to include the demographic EBI is seeking. And in March, EBI will host a benefits training workshop for individuals with disabilities who want to return to work but are concerned about the impact of employment on the benefits they're receiving -- MediCal, SSI, and/or SSDI. EBI is preparing to widely and intensively promote this event to reach prospective TTW participants.

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 HHS 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 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.
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

THE CITY OF



Human Services Commission Agenda Report

February 6, 2013
Item 6

**SUBJECT: DISCUSS EVALUATION PROCESS AND MEETING FORMAT FOR FY 2013/14
HOUSING AND HUMAN SERVICES GRANT PROGRAM REVIEW**

SUMMARY

The Human Services Commission will be reviewing the FY 2013/14 Housing and Human Services Grant (HHSG) applications at its March 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 last year.

RECOMMENDATION

It is recommended that the Commission discuss the evaluation and meeting format procedures for the FY 2013/14 Housing and Human Services Grant process to be held on Wednesday, March 6, 2013, 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 6. This will be the third year of the HHSG program. This year, for the third time, the Commission will be reviewing the FY 2013/14 HHSG applications online with the ZoomGrants program that was implemented two years ago. The Commission received a tutorial of the new ZoomGrants program in 2011 and successfully utilized the program to review applications for the past two years. Consequently, no additional tutorial has been provided.

HHSG applications for FY 2013/14 were due Monday, January 28, by 5:00pm. The attached table lists the 25 applications that were received (with an aggregate funding request of \$739,359). Commissioners were sent email notification 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 two (2) weeks until Monday, February 11, 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 6 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 two weeks (January 29 - February 11), 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 6 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 6 meeting, Commissioners should discuss how they would like to structure the format of the March 6 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 two 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 1/28/2013 Deadline
2. Evaluation Criteria

**ATTACHMENT 1:
FY 2013/14 HHSO APPLICATIONS RECEIVED THROUGH ZOOMGRANTS**

TOTAL REQUESTS: \$ 739,359

Alpha Ord	Agency Name	Project Title	Funds Requested	Date / Time Submitted	Order Recd.
1	Abode Services	Tri-Valley Housing Scholarship Program	\$ 33,925	1/28/2013 - 11:09 AM	14
2	Axis Community Health	Access to Health Care for Uninsured, Low-income Pls Residents	\$ 15,000	1/28/2013 - 1:01 PM	17
3	Axis Community Health	Pre-Development for Capital Project	\$ 100,000	1/28/2013 - 12:59 PM	16
4	Bay Area Community Services, Inc.	Valley Wellness Center	\$ 10,000	1/27/2013 - 9:26 PM	12
5	City of Pleasanton	Annual Section 108 Loan Payment (11 of 11)	\$ 21,408	1/28/2013 - 4:59 PM	25
6	Community Resources for Independent Living	Housing & Indep Living Support Services for People with Disabilities	\$ 15,000	1/28/2013 - 1:29 PM	19
7	East Bay Innovations	Ramping Up for Independence (RU4I)	\$ 7,500	1/23/2013 - 9:50 PM	7
8	Easter Seals Bay Area	Kaleidoscope Community Integration	\$ 10,000	12/12/2012 - 4:49 PM	1
9	Eden Council for Hope and Opportunity	Housing Counseling	\$ 50,000	1/28/2013 - 2:20 PM	20
10	Eden Council for Hope and Opportunity	Reverse Mortgage Counseling	\$ 5,000	1/28/2013 - 2:45 PM	21
11	Eden I&R, Inc.	2-1-1 Alameda County	\$ 20,000	1/25/2013 - 2:30 PM	10
12	Legal Assistance for Seniors	Legal Services for Pleasanton Seniors	\$ 15,000	1/28/2013 - 4:34 PM	23
13	Neighborhood Solutions	City of Pleasanton Housing Rehabilitation Program	\$ 200,000	1/28/2013 - 8:44 AM	13
14	Open Heart Kitchen	Open Heart Kitchen Hot Meal Program (Trinity)	\$ 10,000	1/5/2013 - 11:03 AM	3
15	Open Heart Kitchen	Open Heart Kitchen Senior Meal Program (Ridge View Commons)	\$ 25,000	1/3/2013 - 2:47 PM	2
16	Spectrum Community Services	Congregate Meal Program	\$ 21,139	1/28/2013 - 11:54 AM	15
17	Spectrum Community Services	Meals on Wheels Program	\$ 5,387	1/28/2013 - 1:26 PM	18
18	Tri-City Health Center	East County HIV Advocacy	\$ 5,000	1/28/2013 - 2:57 PM	22
19	Tri-Valley Haven	Counseling and Temporary Restraining Order Clinic	\$ 20,000	1/24/2013 - 3:05 PM	9
20	Tri-Valley Haven	Shiloh Domestic Violence Shelter and Services	\$ 20,000	1/24/2013 - 10:14 AM	8
21	Tri-Valley Haven	Sojourner House Homeless Shelter	\$ 20,000	1/23/2013 - 1:23 PM	6
22	Tri-Valley Haven	Tri-Valley Haven's Food Pantry	\$ 20,000	1/22/2013 - 3:43 PM	4
23	Tri-Valley Housing Opportunity Center	Community Stabilization Program	\$ 30,000	1/27/2013 - 7:18 PM	11
24	Tri-Valley YMCA	Case Management Services for Children and Families	\$ 48,000	1/28/2013 - 4:52 PM	24
25	ValleyCare Health System	Meals on Wheels Project	\$ 12,000	1/22/2013 - 4:34 PM	5

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

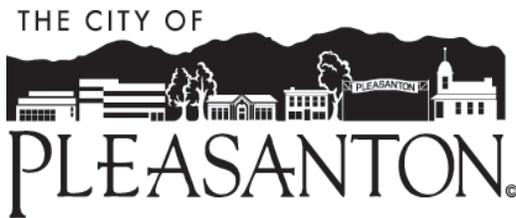
- 1 The agency has been successful in obtaining supplemental on-going funding from other sources for its activities/services.
- 2 When appropriate, the agency charges a fee and/or produces other income that may be used to support this activity/service.
- 3 The agency contributes to this activity/service.
- 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



Human Services Commission Staff Report

February 6, 2013
Item 7

SUBJECT: APPROVE AND RECOMMEND TO CITY COUNCIL COMMISSION PRIORITIES FOR FISCAL YEAR(S) 2013/2014 AND 2014/2015

SUMMARY

At its December 5, 2012 meeting, the Commission discussed projects, initiatives and policies to better aid staff with long-term goal setting and allocation of staff time. The Commission is recommending that the identified projects and initiatives be forwarded to the City Council for its consideration during its Priority Setting Workshop for the next two-year budget cycle (FY 2013/2014 and 2014/2015).

RECOMMENDATION

It is recommended that the Commission approve its priorities for fiscal year(s) 2013/2014 and 2014/2015 and forward to City Council for its consideration.

FINANCIAL STATEMENT

There is none.

BACKGROUND

Biannually, the City Council holds a Priority Setting Workshop where they discuss citywide initiatives and projects for implementation by the appropriate department(s) during the two-year budget cycle. Historically, the Council's Priority Setting Workshop has been held in spring. In preparation for the workshop, the Commission is being asked to discuss and prioritize projects, initiatives and policies to better aid staff with long-term goal setting and allocation of staff time.

At its December 5, 2012 meeting, the Commission discussed projects and initiatives that they would like forwarded to the City Council for its consideration during its Priority Setting Workshop for the next two-year budget cycle (FY 2013/2014 and 2014/2015).

At the conclusion of its discussion the Commission developed the following recommended Human Services Commission FY 2013/2014 – 2014/2015 Projects and Initiatives:

1. Facilitation of Human Services Needs Assessment Strategic Plan
2. Inclusion Policy and Implementation
3. Support to Non-Profits: a) Workshops; b) Roundtable Sessions; c) Mental Health Forum; d) Special Project; and e) Pocket Guide revisions/reprinting.
4. Promotores de Salud: a) Community health liaison with the School District; and b) Using health agencies / Providing culturally competent outreach

DISCUSSION

The Commission has an opportunity to review its recommended projects and initiatives, make any revisions and then approve its recommendations for the City Council's consideration during its Priority Setting Workshop for the next two-year budget cycle (FY 2013/2014 and 2014/2015).

ALTERNATIVE ACTION

Any other action as determined by the Human Services Commission.

Submitted by:

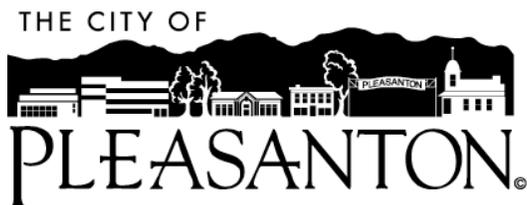
/s/

Kathleen P. Yurchak
Community Services Manager

Attachment:

1. Recommended Projects and Initiatives

<u>Project Name</u>	<u>Description</u>	<u>Project Priority</u>	<u>Estimated Cost</u>	<u>Current Status</u>
Facilitation of Human Services Needs Assessment Strategic Plan	Contract facilitation services for the development of a Strategic Plan	1	\$5,000-\$20,000	Human Services Needs Assessment is complete, next phase is to hire a facilitator to help develop a strategic plan
Inclusion Policy and Implementation	Policy that explains how the City provides services to persons with disabilities	2	TBD	Staff has developed draft Inclusion Policy, Statement, Prodecures, Participant Profile
Support to Non-Profits	To provide a)Low-cost workshops for non-profits organizations , b)Host Roundtable Sessions, c)Mental Health Forum, d) Special Project, and e)Update Pocket Guide to Human Services	3	\$4,000-\$8,000	a)Last workshop was February 2010, "How to Make Friends with Foundations", b) Last Roundtable Sessions were held in 2010, c)Mental Health Forums would be a new focus, d) Special Project needs to be determined, and e) Update of the Pocket Guide is in progress
Promotores de Salud	Community members who have a close understanding of an underserved community and who share the language, ethnicity or socioeconomic status of the target population	4	TBD	The Commission would like to collaborate with the School District and health orgnizations to provide culturally competent outreach



Housing Commission Minutes

City Council Chambers, 200 Old Bernal Ave., Pleasanton, CA

November 15, 2012
7:00 p.m.

CALL TO ORDER – PLEDGE OF ALLEGIANCE

Chairperson Probert called the meeting to order at 7:02 p.m. on Thursday, November 15, 2012, in the City Council Chambers, 200 Old Bernal Avenue, Pleasanton, California.

The Pledge of Allegiance was recited, led by Chairperson Probert.

Roll call:

Present: Chairperson Justin Probert, Vice Chairperson John Casey, Commissioners Joseph Butler, Daniel Mermelstein, and Ann Welsh

Absent: Colleen Lopez

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 October 18, 2012

A motion was made by Commissioner Mermelstein, seconded by Commissioner Welsh, to approve the minutes from the meeting of October 18, 2012. **The motion was approved unanimously.**

CONSENT CALENDAR

- 2. Approval of the October 2012 Financial Reports for Ridge View Commons and Kottinger Place**
 - 3. Management Updates for Kottinger Place and Ridge View Commons**
-

A motion was made by Commissioner Welsh, seconded by Commissioner Mermelstein, to approve the consent calendar. **The motion was approved unanimously.**

MEETING OPEN TO THE PUBLIC

4. Introductions / Awards / Recognitions

There were none.

5. Public Comment from the audience regarding items not listed on the agenda

There were none.

PUBLIC HEARINGS AND OTHER MATTERS

6. Approval of the Annual Operating Budget for Ridge View Commons for 2013

Mr. Erickson reviewed with Commissioners the proposed Fiscal Year 2013 Operating Budget for Ridge View Commons. He advised that the proposed budget was prepared by Barcelon Associates and had been reviewed by both Eden Housing and staff. Footnotes from Barcelon Associates were also included to provide additional information regarding line items within the budget. The Commission was informed that some changes in format had been made since last year in order to make the budget easier to follow.

Commissioner Butler had questions regarding a new procedure for future annual rent increases that had been approved by the Housing Commission in 2003. Staff responded that the annual rent adjustment process adopted in 2003 has been followed since that time to address changes in project expenses and to maintain a positive fiscal condition on an ongoing basis. Commissioner Butler also discussed with Mr. Erickson methods used to determine maximum rent levels.

Commissioner Welsh discussed with Mr. Cammer from Barcelon the significant decrease in electricity expenses proposed for 2013 and the negative amount of debt service. Mr. Cammer noted that based on anticipated increases from vendors, Barcelon was not expecting increases to be as much as in previous years. He also provided additional information to Commissioner Mermelstein regarding the cable contract in place for Ridge View Commons and anticipated laundry and office supply expenses.

Chairperson Probert was pleased to note the anticipated savings for electricity because of the recent solar installation and questioned whether any savings would be put into a reserve account. He also questioned whether Open Heart Kitchen expenses were being discounted.

Commissioner Butler advised that when attending a recent event at Ridge View Commons he had been approached by a resident who had concerns about deck repair and dual-pane window installations. Mr. Cammer advised that decks are being repaired on an as-needed basis with approximately 10-12 replacements or repairs per year. He stated further that replacement of existing windows with dual-pane windows would be a major capital project is not anticipated within the scope of the proposed 2013 budget. Barcelon is currently working on a list of longer-term capital needs that it plans to present to the City of Pleasanton and Eden Housing for consideration in the near future.

Mr. Bocian advised that a facility capital assessment was done for this site approximately four years ago. The study yielded a list of major capital improvements that could be implemented if the project is refinanced and the tax credits resyndicated. However, refinancing was deemed to be infeasible due to the current tax credit market.

A motion was made by Commissioner Welsh, seconded by Commissioner Mermelstein, recommending adoption of the Annual Operating Budget for Ridge View Commons for 2013, and approving the use of up to \$10,000 from the City's Lower Income Housing Fund to cover any unforeseen expenses for the year.

ROLL CALL VOTE:

AYES: Commissioners Butler, Casey, Mermelstein, Welsh and Chairperson Probert.

NOES: None

ABSENT: Commissioner Lopez

ABSTAIN: None

7. Discussion Regarding Demographic Information from City Survey of Below-Market Rate Home Owners

Mr. Erickson noted that at the October 2012 meeting, the Commission had requested staff provide demographic information relative to the below-market rate (BMW) homes that have been developed through the Pleasanton Homeownership Assistance Program (PHAP). He advised that in late 2004, staff conducted the first survey of owners of BMR homes, which collected statistical and demographic data regarding the program, and reminded owners of the key restrictions affecting homes purchased under the PHAP program. Staff intended that this type of survey be repeated periodically, and agrees that it is probably time to repeat the survey soon.

Commissioner Welsh indicated she was curious about some of the survey questions and the follow-up that had been done, especially pertaining to upgrades and inheritance. Mr. Erickson advised that upgrades are not prohibited; however, because of the difficulty in tracking and accounting for the cost of such improvements, the City has maintained a firm policy that does not give credit for improvements in determining the maximum resale price for BMR homes.

Mr. Bocian provided details about how this program was set up and the difficulty of figuring out the value of improvements. He noted that it has always been the City's intent that homes in the program should always remain relatively affordable over time and that significant improvements could potentially increase the prices beyond the range of affordability. With regard to inheritance, Mr. Bocian advised that homeowners are required to sign a letter of agreement which states the specific restrictions relative to inheritance.

Commissioner Casey discussed the fact that the stock of homes in this program is still relatively young and it is important to ensure that the properties are well maintained. Mr. Bocian advised that the City has the right to inspect properties but relies primarily on pride of ownership and the assumption that owners are going to take care of their homes to maintain their living environment. He also advised of a provision that allows for keeping some funds to make necessary improvements and the City's legal authority to purchase back these properties.

Commissioner Casey discussed with Mr. Erickson the likelihood that additional questions could be added to any future surveys. He also indicated that he would like to see response trends from the different surveys.

8. Cancellation of December 20, 2012, Housing Commission Meeting

Mr. Erickson advised that due to the proximity of the holidays, staff was recommending that the Commission consider canceling the December 20, 2012 meeting.

A motion was made by Commissioner Casey, seconded by Commissioner Welsh, recommending that the December 20, 2012, Housing Commission meeting be canceled.

ROLL CALL VOTE:

AYES: Commissioners Butler, Casey, Mermelstein, Welsh and Chairperson Probert.
NOES: None
ABSENT: Commissioner Lopez
ABSTAIN: None

COMMUNICATIONS

Planning Commission Staff Report – October 10, 2012. Reviewed - no comment.

MATTERS INITIATED BY MEMBERS OF THE COMMISSION

There were none.

COMMITTEE REPORTS

East Pleasanton Specific Plan Task Force

Commissioners Casey and Butler provided information about the recent Task Force meeting. They provided information about the work done to date and items of interest, e.g., land use, environment, traffic, community fit, parks, etc. They discussed the possibility of including low-cost housing and ideas for slowing traffic. A central question was how best to use the property taking into consideration use of three lakes in the area. The group discussed use of the lakes for recreational use by the public. Of concern to the Task Force is traffic patterns in the area, growth management, and determining that whatever is done in the area fits with Pleasanton.

Commissioner Butler will attend a planned workshop at which public input will be solicited.

DISCUSSION OF FUTURE MEETING AGENDAS

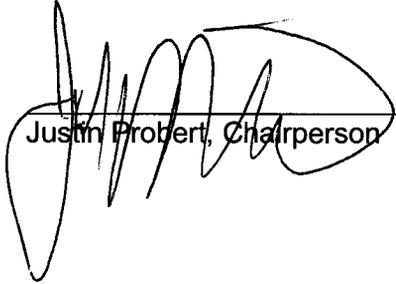
Mr. Erickson stated that the January 2013 meeting is tentatively scheduled to include the following items:

- Review of affordable housing proposals for two proposed high-density residential developments
- Review and comment regarding the proposed Lower Income Housing Fee nexus study
- Review and comment regarding the Housing Element Annual Report for 2012
- Appointment of new officers (Chairperson and Vice Chairperson) for 2013

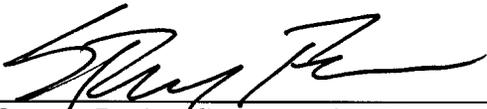
ADJOURNMENT

The meeting was adjourned at 8:00 p.m. by unanimous consent.

DATED: November 15, 2012


Justin Probert, Chairperson

ATTEST:


Steven Bocian, Assistant City Manager