

**URBAN COUNTY
PROGRAM**
Hidalgo County Commissioners' Court
Agenda Request Form

No. _____

Date: June 25, 2008 Meeting Date Request: July 1, 2008

Deadline for Action: July 1, 2008 Contact Person: Diana R. Serna

Department: Urban County Program Phone: (956) 787-8127 Fax: (956) 787-5291

Diana R. Serna, UCP Director : *MS*

Caption:

The Urban County Program requests approval of Subrecipient Agreement with LRGVDC-Foster Grandparent Program (Senior Service) in the amount of \$15,000.00 for Urban County Program Year 21 (2008).

Background:

All funding will be utilized for the payment of mileage and stipends to elderly volunteers who provide one to one support to children with special needs.

Subrecipient:

Individual Agreement amounts:

LRGVDC-Foster Grandparent Program

Hidalgo County Precinct #1	8,000.00
Hidalgo County Precinct #2	3,500.00
<u>City of Weslaco</u>	<u>3,500.00</u>

Total Agreement Amount: **\$15,000.00**

Manager: _____ Finance: _____

Please initial for approval:

Legal Counsel _____	Budget _____	Human Resources _____
Dept./Fund No. _____	Amt. Expended: \$ _____	Funds/Staffing Budgeted: Yes: _____ No: _____
Account Code: _____	Impact on Future Budget: Yes _____ No _____	

Comments:

Action taken by Commissioner's Court:

Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote

Exhibit A
STATEMENT OF WORK

Section I In summary, describe the services that the agency / organization provide to the community.

Provide volunteer opportunities to low income individuals aged 62 and over to remain active in the community by providing one to one support to children with special and exceptional needs.

Section II State the CDBG grant amount awarded and state the name of awarding City / Pct.

\$ 8,000.00 Awarded By: Precinct I

Section III List the proposed type of expenditure(s) utilizing CDBG funds.

Funds will be used for stipends.

Section IV List the services that will be provided and how they will be performed as a result of CDBG funds.

1. Foster Grandparents will remain active in the community by serving children with exceptional or special needs. They will provide cognitive, social, and physical skills training. They will serve as mentors and offer guidance. They may serve a minimum of 9 months and may volunteer between 15 to 40 hours per week.

Section V As a result of the CDBG award; describe how funds will provide an increase in services or provide a new service to extremely low and/or low to moderate income residents. (EX: Additional ESL classes will be offered; new sports program will be created for the youth, etc.)

At least 5-10 low-income individuals aged 62 and over will have an opportunity to remain physically and mentally active and to enhance their self-esteem through continued participation in community services.

Section VI Describe the program beneficiaries, estimated number to be serviced, economic background and area of residency.

Low -income individuals aged 62 and over from the Edcouch-Elsa, Mercedes, Progresso, Weslaco, and Mercedes areas.

Section VII List all of the locations with physical address where the service(s) will be provided.

Elsa Head Start, 700 NW Hidalgo, Elsa TX; Mercedes Early Childhood Center, 950 W. 6th Street, Mercedes, TX; Travis Elementary-1551 S. Georgia Ave, Mercedes, TX. ; Progresso Elementary-1201 N. Bus. 1015; Lakeway Christian Academy-508 W. 5th Street, Mercedes, TX; Mercedes Boys and Girls Club- 701 S. Mathis, Mercedes, TX; Mercedes La Herencia Head Start-RR 3 Box 3059, Mercedes, TX ; Memorial Elementary, 910 W. 18th St., Weslaco, TX; Franklin D. Roosevelt Elementary, 306 N. Bridge, Weslaco, TX 78596.

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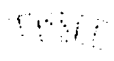

Initials _____

**Exhibit B-1
GRANT BUDGET**

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed two amendments to the grant budget for the term of the agreement.

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Stipends for 5 to 10 Foster Grandparent volunteers at \$2.65 and hour for 15 to 40 hours per week.	\$ 8,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 8,000.00

Initials _____


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**Exhibit B-2
PAYMENT SCHEDULE**

Subrecipient must submit a payment schedule to expend the CDBG award by completing the table below. Proposed changes to the payment schedule must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

200__ - 200__ For the Months of...	<u>Estimated Amount Of Expenditures</u>	Type of Budgeted Expenditures
July		
August		
September		
October		
November	1,200.00	Stipends
December	1,200.00	Stipends
January	1,200.00	Stipends
February	1,200.00	Stipends
March	1,200.00	Stipends
April	1,200.00	Stipends
May	800.00	Stipends
TOTALS:	8,000.00	

Initials _____

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**Exhibit C
SCHEDULE OF ACTIVITY**

Subrecipient hereby agrees to perform services as outlined in Exhibit A. A proposed monthly schedule of activity should be provided in the table below. Schedule should not exceed Subrecipient contract time frame of eleven months from effective contract date.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

<u>200 8 - 200 9</u> For the months of...	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July		
August		
September		
October		
November	5 to 10	One to one assistance with cognitive, social, and language skills. Tutoring in English or math.
December	5 to 10	One to one assistance with cognitive, social, and language skills. Tutoring in English or math.
January	5 to 10	One to one assistance with cognitive, social, and language skills. Tutoring in English or math.
February	5 to 10	One to one assistance with cognitive, social, and language skills. Tutoring in English or math.
March	5 to 10	One to one assistance with cognitive, social, and language skills. Tutoring in English or math.
April	5 to 10	One to one assistance with cognitive, social, and language skills. Tutoring in English or math.
May	5 to 10	One to one assistance with cognitive, social, and language skills. Tutoring in English or math.
Total:	5 to 10	

MIN 35
MAX 70

Initials _____

Exhibit A
STATEMENT OF WORK

Section I In summary, describe the services that the agency / organization provide to the community.

Provide volunteer opportunities to low income individuals aged 62 and over to remain active in the community by providing one to one support to children with special and exceptional needs.

Section II State the CDBG grant amount awarded and state the name of awarding City / Pct.

\$ 3,500.00 Awarded By: Precinct II

Section III List the proposed type of expenditure(s) utilizing CDBG funds.

Funds will be used for stipends and travel.

Section IV List the services that will be provided and how they will be performed as a result of CDBG funds.

1. Foster Grandparents will remain active in the community by serving children with exceptional or special needs. They will provide cognitive, social, and physical skills training. They will serve as mentors and offer guidance. They may serve a minimum of 9 months and may volunteer between 15 to 40 hours per week.

Section V As a result of the CDBG award; describe how funds will provide an increase in services or provide a new service to extremely low and/or low to moderate income residents. (EX: Additional ESL classes will be offered; new sports program will be created for the youth, etc.)

At least 4 low-income individuals aged 62 and over will have an opportunity to remain physically and mentally active and to enhance their self-esteem through continued participation in community services.

Section VI Describe the program beneficiaries, estimated number to be serviced, economic background and area of residency.

Low -income individuals aged 62 and over from San Juan or Hidalgo, Texas.

Section VII List all of the locations with physical address where the service(s) will be provided.

San Juan Head Start Center I, 109 N. Cougar, San Juan, TX 78589, San Juan head Start II 601 Earling Rd. San Juan, TX 78589. The San Juan Public Schools will be an optional site (No current placements)

Initials _____

**Exhibit B-1
GRANT BUDGET**

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed two amendments to the grant budget for the term of the agreement.

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Stipends for up to 4 Foster Grandparent volunteers at \$2.65 and hour for 15 to 40 hours per week.	\$ 3,300.00
Travel at .25 per mile for volunteers to and from volunteer stations for up to 4 volunteers.	\$ 200.00
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 3,500.00

Initials _____

**Exhibit B-2
PAYMENT SCHEDULE**

Subrecipient must submit a payment schedule to expend the CDBG award by completing the table below. Proposed changes to the payment schedule must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

200__ - 200__ For the Months of...	<u>Estimated Amount Of Expenditures</u>	Type of Budgeted Expenditures
July		
August		
September		
October		
November	1,125.00	Stipends and Travel
December	1,125.00	Stipends and Travel
January	1,125.00	Stipends and Travel
February	125.00	Stipends and Travel
March		
April		
May		
TOTALS:	3,500.00	

Initials _____

**Exhibit C
SCHEDULE OF ACTIVITY**

Subrecipient hereby agrees to perform services as outlined in Exhibit A. A proposed monthly schedule of activity should be provided in the table below. Schedule should not exceed Subrecipient contract time frame of eleven months from effective contract date.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

200 8 - 200 9 For the months of....	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July		
August		
September		
October		
November	4	One to one assistance with cognitive, social, and language skills. Tutoring in English or Math.
December	4	One to one assistance with cognitive, social, and language skills. Tutoring in English or Math.
January	4	One to one assistance with cognitive, social, and language skills. Tutoring in English or Math.
February	4	One to one assistance with cognitive, social, and language skills. Tutoring in English or Math.
March		
April		
May		
Total:	4 16	

Initials _____

**Exhibit B-1
GRANT BUDGET**

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed two amendments to the grant budget for the term of the agreement.

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Stipends for up to 4 Foster Grandparent volunteers at \$2.65 and hour for 15 to 40 hours per week.	\$ 3,500.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 3,500.00

Initials _____

**Exhibit B-2
PAYMENT SCHEDULE**

Subrecipient must submit a payment schedule to expend the CDBG award by completing the table below. Proposed changes to the payment schedule must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

200<u>8</u> - 200<u>9</u> For the Months of...	<u>Estimated</u> Amount Of Expenditures	Type of Budgeted Expenditures
July		
August		
September		
October		
November	1,125.00	Stipends
December	1,125.00	Stipends
January	1,125.00	Stipends
February	125.00	Stipends
March		
April		
May		
TOTALS:	3,500.00	

Initials _____

**Exhibit C
SCHEDULE OF ACTIVITY**

Subrecipient hereby agrees to perform services as outlined in Exhibit A. A proposed monthly schedule of activity should be provided in the table below. Schedule should not exceed Subrecipient contract time frame of eleven months from effective contract date.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

200 <u>8</u> - 200 <u>9</u> For the months of...	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July		
August		
September		
October		
November	5	One to one assistance with cognitive, social, and language skills. Tutoring in English or Math.
December	5	One to one assistance with cognitive, social, and language skills. Tutoring in English or Math.
January	5	One to one assistance with cognitive, social, and language skills. Tutoring in English or Math.
February	5	One to one assistance with cognitive, social, and language skills. Tutoring in English or Math.
March		
April		
May		
Total:	5 20	

Initials _____