

Exhibit A
STATEMENT OF WORK

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

Donna CDBG funding will be used to provide meaningful retirement opportunities for six (6) low-income persons 62 years and older. Senior Companion Program will foster independence, supplement their fixed income and enrich their social contact and retirement years. Senior Companions will serve and assist eighteen (18) homebound and frail adults living at home who need person-to-person support to continue living at home.

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

\$ 7,500.00 Awarded By: City of Donna

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

Donna CDBG funds will be used to provide a small tax-free stipend of \$2.65 per/hour. Senior Companions will serve four hours a day for five days a week for 2,831 hours per year.

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

Senior Companions will be recruited, trained and placed in an in-home setting and will assist the frail individuals with daily tasks of living; to enable these such as light house keeping, meal preparation, light laundry, errands, personal care, and relief for caregivers.

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.)

Donna CDBG funds will provide assistance for task of daily living to frail and older individuals who are found to be at-risk of losing their independence or self care.

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

Donna CDBG funds will benefit twenty-four (24) elderly clients and SCP Volunteers who are low income within the city limits of Donna, Texas.

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

Services will be coordinated through the Senior Community Outreach Services, Inc. office located at 840 W. Austin Avenue in Alamo, Texas 78516-2516. Services for beneficiaries will be provide at the respective individual's home.

**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
Senior Companion Program @ \$2.65 per/hour	\$ 7,500.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 7,500.00

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.

2008- 2009 For the Months of...	<u>Estimated</u> Amount Of Expenditures	Type of Budgeted Expenditures
July		
August	Stipend \$2.65 @ 315 hrs.	\$ 834.75
September	Stipend \$2.65 @ 315 hrs.	\$ 834.75
October	Stipend \$2.65 @ 315 hrs.	\$ 834.75
November	Stipend \$2.65 @ 315 hrs.	\$ 834.75
December	Stipend \$2.65 @ 315 hrs.	\$ 834.75
January	Stipend \$2.65 @ 315 hrs.	\$ 834.75
February	Stipend \$2.65 @ 315 hrs.	\$ 834.75
March	Stipend \$2.65 @ 315 hrs.	\$ 834.75
April	Stipend \$2.65 @ 311 hrs.	\$ 822.00
May		
TOTALS:	Stipend \$2.65 @ 2831 hrs.	\$ 7,500.00

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.

2008- 2009 For the months of...	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July		
August	24	In-Home Care Service
September	24	In-Home Care Service
October	24	In-Home Care Service
November	24	In-Home Care Service
December	24	In-Home Care Service
January	24	In-Home Care Service
February	24	In-Home Care Service
March	24	In-Home Care Service
April	24	In-Home Care Service
May		
Total:	24	Unduplicated

Exhibit A
STATEMENT OF WORK

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

Weslaco CDBG funding will be used to provide meaningful retirement opportunities for six (6) low-income persons 62 years and older. Senior Companion Program will foster independence, supplement their fixed income and enrich their social contact and retirement years. Senior Companions will serve and assist eighteen (18) homebound and frail adults living at home who need person-to-person support to continue living at home.

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

\$ 3,500.00 Awarded By: City of Weslaco

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

Weslaco CDBG funds will be used to provide a small tax-free stipend of \$2.65 per/hour. Senior Companions will serve four hours a day for five days a week for 2,831 hours per year.

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

Senior Companions will be recruited, trained and placed in an in-home setting and will assist the frail individuals with daily tasks of living; to enable these such as light house keeping, meal preparation, light laundry, errands, personal care, and relief for caregivers.

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.)

Weslaco CDBG funds will provide assistance for task of daily living to frail and older individuals who are found to be at-risk of losing their independence or self care.

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

Weslaco CDBG funds will benefit twenty-four (24) elderly clients and SCP Volunteers who are low income within the city limits of Weslaco, Texas.

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

Services will be coordinated through the Senior Community Outreach Services, Inc. office located at 840 W. Austin Avenue in Alamo, Texas 78516-2516. Services for beneficiaries will be provide at the respective individual's home.

**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
Senior Companion Program @ \$2.65 per/hour	\$ 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.

2008 - 2009 For the Months of...	<u>Estimated</u> Amount Of Expenditures	Type of Budgeted Expenditures
July		
August	Stipend \$2.65 @ 148 hrs.	\$ 392.20
September	Stipend \$2.65 @ 148 hrs.	\$ 392.20
October	Stipend \$2.65 @ 148 hrs.	\$ 392.20
November	Stipend \$2.65 @ 148 hrs.	\$ 392.20
December	Stipend \$2.65 @ 148 hrs.	\$ 392.20
January	Stipend \$2.65 @ 148 hrs.	\$ 392.20
February	Stipend \$2.65 @ 148 hrs.	\$ 392.20
March	Stipend \$2.65 @ 148 hrs.	\$ 392.20
April	Stipend \$2.65 @ 137 hrs.	\$ 362.40
May		
TOTALS:	Stipend \$2.65 @ 1,321 hrs.	\$ 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.

2008 - 2009 For the months of....	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July		
August	24	In-Home Care Service
September	24	In-Home Care Service
October	24	In-Home Care Service
November	24	In-Home Care Service
December	24	In-Home Care Service
January	24	In-Home Care Service
February	24	In-Home Care Service
March	24	In-Home Care Service
April	24	In-Home Care Service
May		
Total:	24	Unduplicated