

URBAN COUNTY PROGRAM

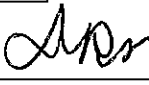
**Hidalgo County Commissioners' Court
Agenda Request Form**

No. _____

Date: October 6, 2008 Meeting Date Request: October 14, 2008

Deadline for Action: October 14, 2008 Contact Person: Diana R. Serna

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

Diana R. Serna, UCP Director: 

Caption:



The Urban County Program requests approval to amend the Subrecipient Agreement with Mujeres Unidas-Women Together (Battered & Abused Spouses) for Urban County Program Year 21 (2008).

Background:

An amendment to the agreement is being requested to delete the Community Education / Professional Trainer position and replace with a Transitional Housing Case Worker. The amendment is necessary in order to secure sufficient funding for the new position. This will enable Mujeres Unidas to continue its support services to battered and abused victims. The amendment will affect the Pct 2 & Pct 3 Statements of Work, but will not affect the grant budgets. See attached request and revised exhibits.

Subrecipient: Mujeres Unidas-Women Together

Individual Agreement amounts:	Hidalgo County Precinct #1	10,000.00
	Hidalgo County Precinct #2	13,500.00
	<u>Hidalgo County Precinct #3</u>	<u>10,000.00</u>
Total Funding Amount:		\$33,500.00

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
PCT. 2

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

Women Together/Mujeres Unidas, a non-profit agency has been in operation for 30 years. Our mission is to provide shelter and crisis intervention services for victims of family violence or sexual assault.

Section II State the CDBG grant amount awarded and state the name of awarding City / Pct.
\$ 13,500 Awarded By: PCT. 2

Section III List the proposed type of expenditure(s) utilizing CDBG funds.
Funding will be used to pay a portion of wages and fringes for one part-time shelter advocate, a portion of will be used for the wages and fringes for a Transitional Housing Advocate.

Section IV List the services that will be provided and how they will be performed as a result of CDBG funds.
Advocate will assist families residing at the shelter with crisis intervention, counseling, emergency transportation and referrals to medical and social services in the community. The Transitional Housing Case Worker will provide case management to families from Pct. 2 living in the transitional Housing complex.

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.)
As a result of the award, victims will be able to have accessible services in emergency situations . In addition, families will receive: parenting classes, financial budgeting classes and will learn skill that will assist them in living an independent life, free of violence.

Section VI Describe the program beneficiaries, estimated number to be serviced, economic background and area of residency.
616 Low-income residents of Pct. 2, will receive emergency shelter and crisis intervention services. Women and children will learn skills on how to become independent and by living and receiving case management at transitional housing, they will have someone who will help them succeed in achieving their goals.

Section VII List all of the locations with physical address where the service(s) will be provided.
501 N. Cynthia, McAllen, TX or 420 N. 21st St., McAllen, TX . Shelter location is confidential.

**Exhibit B-1
GRANT BUDGET
PCT. 2**

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
Salary for part-time Shelter Advocate wages @\$6,264; FICA @\$486 - \$6750	\$6,750
Case Worker – Transitional Housing and a portion of the cost for Health Insurance.	\$ 6,750
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$13,500

Exhibit B-2
PAYMENT SCHEDULE
PCT. 2

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...	Estimated Amount Of Expenditures	Type of Budgeted Expenditures
July 2008	\$1,227	Shelter advocate + fringes: Community Educator + Fringes & Health Insurance
August 2008	\$1,227	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
September 2008	\$1,227	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
October 2008	\$1,227	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
November 2008	\$1,227	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
December 2008	\$1,227	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
January 2009	\$1,227	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
February 2009	\$1,227	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
March 2009	\$1,227	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
April 2009	\$1,227	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
May 2009	\$1,230	Shelter advocate + fringes: Transitional Housing Case Worker + portion of Health Ins.
TOTALS:	\$13,500	

Initials _____

Exhibit C
SCHEDULE OF ACTIVITY
PCT. 2

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 2008	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
August 2008	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
September 2008	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
October 2008	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
November 2008	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
December 2008	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
January 2009	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
February 2009	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
March 2009	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
April 2009	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
May 2009	56	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work
Total:	616	

Initials _____

Exhibit A
STATEMENT OF WORK

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

Women Together/Mujeres Unidas, a non-profit agency has been in operation for 30 years. Our mission is to provide shelter and crisis intervention services for victims of family violence or sexual assault.

Section II State the CDBG grant amount awarded and state the name of awarding City / Pct.
\$ 10,000 Awarded By: PCT. 3

Section III List the proposed type of expenditure(s) utilizing CDBG funds.
Funding will be used to pay a portion of wages and fringes for one part-time shelter advocate, a portion of will be used for the wages and fringes for a Transitional Housing Case Worker.

Section IV List the services that will be provided and how they will be performed as a result of CDBG funds.
Advocate will assist families residing at the shelter with crisis intervention, counseling, emergency transportation and referrals to medical and social services in the community. The Transitional Housing Case Worker will provide case management to families from Pct. 3 living in the transitional Housing complex.

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.)
As a result of the award, victims will be able to have accessible services in emergency situations . In addition, families will receive: parenting classes, financial budgeting classes and will learn skill that will assist them in living an independent life, free of violence.

Section VI Describe the program beneficiaries, estimated number to be serviced, economic background and area of residency.
517 Low-income residents of Pct. 3, will receive emergency shelter and crisis intervention services. Women and children will learn skills on how to become independent and by living and receiving case management at transitional housing, they will have someone who will help them succeed in achieving their goals.

Section VII List all of the locations with physical address where the service(s) will be provided.
501 N. Cynthia, McAllen, TX or 420 N. 21st St., McAllen, TX . Shelter location is confidential.

**Exhibit B-1
GRANT BUDGET
Pct. 3**

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
Salary for part-time shelter advocate. No Health Insurance is available for part-time employees	\$5,000
Salary for Transitional Housing Caseworker to include portion of Health Insurance	\$5,000
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 10,000

Initials _____

Exhibit B-2
PAYMENT SCHEDULE
PCT. 3

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 Amount Of Expenditures</u>	Type of Budgeted Expenditures
July 2008	\$909.00	Shelter Advocate Shelter + Fringe Benefits; Community Education +Fringe Benefits and Health Insurance;
August 2008	\$909.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
September 2008	\$909.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
October 2008	\$909.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
November 2008	\$909.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
December 2008	\$909.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
January 2009	\$909.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
February 2009	\$909.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
March 2009	\$909.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
April 2009	\$909.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
May 2009	\$910.00	Shelter Advocate + fringes: Transitional Housing Case worker +portion of Health Ins.
TOTALS:	\$10,000	

Initials _____

Exhibit C
SCHEDULE OF ACTIVITY
PCT. 3

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 2008	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
August 2008	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
September 2008	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
October 2008	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
November 2008	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
December 2008	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
January 2009	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work.
February 2009	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
March 2009	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
April 2009	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
May 2009	47	Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case Work
Total:	517	

Initials _____