

Exhibit A
STATEMENT OF WORK

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

Pct 2 funding will provide meaningful retirement opportunities for four (4) 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.

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

\$ 5,000.00 Awarded By: Pct 2

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

Pct 2 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 1,887 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 ill 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.)

Senior Companions will be offered to serve and assist homebound and frail adults living at home who need person-to-person support to continue living at home.

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

Pct 2 funds will benefit twelve (12) frail and older individuals who are found to be at-risk of losing their independence or self care.

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	\$ 5,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 5,000.00

**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		
September		
October		
November		
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 @ 315 hrs.	\$ 834.75
May	Stipend \$2.65 @ 311.79 hrs.	\$ 826.25
TOTALS:	Stipend \$2.65 @ 1,886.79hrs.	\$ 5,000.00

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1.65 @ 315
5,000.00

_____ 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 Served	Services Provided
July		
August		
September		
October		
November		
December	12	In-Home Care Service
January	12	In-Home Care Service
February	12	In-Home Care Service
March	12	In-Home Care Service
April	12	In-Home Care Service
May	12	In-Home Care Service
Total:	12	Unduplicated