

Exhibit A
STATEMENT OF WORK
Precinct #1

Section I In summary, describe the service(s) that the agency / organization provides to the community.

We will conduct 6 self-development classes divided between 2 locations (Mercedes & Edcouch). In addition we will reach out to low-income residents of Precinct #1 with information about valuable services and programs available to area residents.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
\$ 19,977.00 Awarded By: Precinct #1

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

CDBG Funds will be used to pay a stipend to instructor(s) and to cover a portion of the salary and fringe benefits for an Outreach Specialist.

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

Each class will meet twice weekly for approximately 18 hours/month to prepare residents to become US citizens or to learn English. The Outreach Specialist will distribute information about LUPE programs and services, conduct community meetings, and provide leadership training for community residents.

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.)

The services being offered represent a continuation of current services.

Section VI Describe the program beneficiaries (age/gender), estimated number to be serviced, economic background and area of residency.

Services will be provided primarily for the benefit of low-income residents of Precinct #1. We expect to enroll at least 96 residents in our self-development classes over the course of the year.

Section VII List the location(s) with a physical address where the service(s) will be provided.

Casa Saldaña Community Center, 1225 N. FM491, Mercedes TX 78570
Casa Messina Community Center, MI 4W & MI 15 ½ N, Edcouch TX 78538

Exhibit B-1
GRANT BUDGET
Precinct #1

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed up to two (2) amendments to the budgeted amounts. Proposed changes to the budgeted amounts must be submitted in writing to UCP prior to the preceding month of the change.

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Teacher stipends (Mercedes & Edcouch sites)	\$ 13,464.00
Salary and fringe benefits for an Outreach Specialist	\$ 6,513.00
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 19,977.00

Initials _____

Revised June 2009

Exhibit B-2
PAYMENT SCHEDULE
Precinct #1

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 preceding month of the change**. Subrecipient will be allowed up to two (2) amendments to the payment schedule.

2009 - 2010 For the Months of...	Estimated Amount Of Expenditures	Type of Budgeted Expenditures
July	\$ 1,817.00	Teacher stipends and partial salary & benefits for Outreach Specialist
August	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
September	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
October	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
November	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
December	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
January	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
February	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
March	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
April	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
May	\$ 1,816.00	Teacher stipends and partial salary & benefits for Outreach Specialist
TOTAL:	\$ 19,977.00	

Note: Monthly expenditures are considered proposed. Amendments to the payment schedule must be requested when the *actual* monthly expenditure **exceeds** the estimated amount by 50%. If the *actual* monthly expenditure is **less** than 50% of the estimated amount, an amendment must be requested to the Urban County Program for review and approval.

Initials _____

Revised June 2009

Exhibit C
SCHEDULE OF ACTIVITY
 Precinct #1

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

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval **prior to the preceding month of the change**. The subrecipient will be allowed up to two (2) amendments for the term of the agreement.

2009 - 2010 For the months of...	Number of Unduplicated Beneficiaries to be Serviced	Services Provided
July	16	Self-development classes for 16 new enrollees
August	8	Self-development classes for 8 new enrollees
September	8	Self-development classes for 8 new enrollees
October	8	Self-development classes for 8 new enrollees
November	8	Self-development classes for 8 new enrollees
December	8	Self-development classes for 8 new enrollees
January	8	Self-development classes for 8 new enrollees
February	8	Self-development classes for 8 new enrollees
March	8	Self-development classes for 8 new enrollees
April	8	Self-development classes for 8 new enrollees
May	8	Self-development classes for 8 new enrollees
Total for the Year:	96	

Note: The number of unduplicated (individual) beneficiaries to be served should be counted only **once** per year.

Initials _____

Revised June 2009

Exhibit B-1
GRANT BUDGET
 Precinct #2

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed up to two (2) amendments to the budgeted amounts. Proposed changes to the budgeted amounts must be submitted in writing to UCP **prior to the preceding month of the change.**

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Teacher stipends	\$ 6,732.00
Salary and fringe benefits for an outreach specialist	\$ 3,117.00
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 9,849.00

Initials _____

Revised June 2009

Exhibit B-2
PAYMENT SCHEDULE
 Precinct #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 preceding month of the change. Subrecipient will be allowed up to two (2) amendments to the payment schedule.

2009 - 2010 For the Months of...	Estimated Amount Of Expenditures	Type of Budgeted Expenditures
July	\$ 896.00	Teacher stipends and partial salary & benefits for Outreach Specialist
August	\$ 896.00	Teacher stipends and partial salary & benefits for Outreach Specialist
September	\$ 896.00	Teacher stipends and partial salary & benefits for Outreach Specialist
October	\$ 896.00	Teacher stipends and partial salary & benefits for Outreach Specialist
November	\$ 895.00	Teacher stipends and partial salary & benefits for Outreach Specialist
December	\$ 895.00	Teacher stipends and partial salary & benefits for Outreach Specialist
January	\$ 895.00	Teacher stipends and partial salary & benefits for Outreach Specialist
February	\$ 895.00	Teacher stipends and partial salary & benefits for Outreach Specialist
March	\$ 896.00	Teacher stipends and partial salary & benefits for Outreach Specialist
April	\$ 895.00	Teacher stipends and partial salary & benefits for Outreach Specialist
May	\$ 894.00	Teacher stipends and partial salary & benefits for Outreach Specialist
TOTAL:	\$ 9,849.00	

Note: Monthly expenditures are considered proposed. Amendments to the payment schedule must be requested when the *actual* monthly expenditure exceeds the estimated amount by 50%. If the *actual* monthly expenditure is less than 50% of the estimated amount, an amendment must be requested to the Urban County Program for review and approval.

Initials _____

Revised June 2009

Exhibit C
SCHEDULE OF ACTIVITY
 Precinct #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. The schedule should not exceed the agreement time frame of eleven months.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval **prior to the preceding month of the change.** The subrecipient will be allowed up to two (2) amendments for the term of the agreement.

2009 - 2010 For the months of....	Number of <u>Unduplicated</u> Beneficiaries to be Served	Services Provided
July	16	Self-development classes for 16 new enrollees
August	8	Self-development classes for 8 new enrollees
September	6	Self-development classes for 6 new enrollees
October	6	Self-development classes for 6 new enrollees
November	4	Self-development classes for 4 new enrollees
December	4	Self-development classes for 4 new enrollees
January	4	Self-development classes for 4 new enrollees
February	4	Self-development classes for 4 new enrollees
March	4	Self-development classes for 4 new enrollees
April	4	Self-development classes for 4 new enrollees
May	4	Self-development classes for 4 new enrollees
Total for the Year:	64	

Note: The number of unduplicated (individual) beneficiaries to be served should be counted only **once** per year.

Initials _____

Revised June 2009

Exhibit A
STATEMENT OF WORK
 Precinct #3

Section I In summary, describe the service(s) that the agency / organization provides to the community.

The IVHI provides first aid kits to Colonia residents with limited to no access to health care by establishing and maintaining social networks. Through the work of Promotores (Community Health workers), the kits are refilled as needed and the residents receive health related educational and referral support. Each social network includes approximately 10 families that share responsibility for the kit. The kit is available to the residents and any visitors.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
 \$ 14,774.00 Awarded By: Precinct #3

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

CDBG Funds will be used to pay a stipend to each instructor and to cover a portion of the salary and fringe benefits for an Outreach Specialist.

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

Classes will meet 4.5 hours per week over 2 days. Outreach will be conducted by an Outreach Specialist who will provide information to the public about programs and services available at the LUPE offices, conduct community meetings, and provide leadership training for community residents.

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.)

These are the same services we have provided over the last 4 years. No new services are envisioned at this point.

Section VI Describe the program beneficiaries (age/gender), estimated number to be serviced, economic background and area of residency.

Services will be provided primarily for the benefit of low-income residents of Precinct #3. We expect to enroll at least 64 residents in our self-development classes over the course of the year.

Section VII List the location(s) with a physical address where the service(s) will be provided.

201 W. Main, Alton TX 78573

Exhibit B-1
GRANT BUDGET
 Precinct #3

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed up to two (2) amendments to the budgeted amounts. Proposed changes to the budgeted amounts must be submitted in writing to UCP prior to the preceding month of the change.

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Teacher stipends	\$ 6,732.00
Salary and fringe benefits for an Outreach Specialist	\$ 8,042.00
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 14,774.00

Initials _____

Revised June 2009

Exhibit B-2
PAYMENT SCHEDULE
 Precinct #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 preceding month of the change**. Subrecipient will be allowed up to two (2) amendments to the payment schedule.

2009 - 2010 For the Months of...	Estimated Amount Of Expenditures	Type of Budgeted Expenditures
July	\$ 1,344.00	Personnel, first aid supplies, first aid manual supplies, mileage
August	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
September	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
October	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
November	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
December	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
January	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
February	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
March	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
April	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
May	\$ 1,343.00	Personnel, first aid supplies, first aid manual supplies, mileage
TOTAL:	\$ 14,774.00	

Note: Monthly expenditures are considered proposed. Amendments to the payment schedule must be requested when the *actual* monthly expenditure **exceeds** the estimated amount by 50%. If the *actual* monthly expenditure is **less** than 50% of the estimated amount, an amendment must be requested to the Urban County Program for review and approval.

Initials _____

Revised June 2009

Exhibit C
SCHEDULE OF ACTIVITY
 Precinct #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. The schedule should not exceed the agreement time frame of eleven months.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval **prior to the preceding month of the change.** The subrecipient will be allowed up to two (2) amendments for the term of the agreement.

2009 - 2010 For the months of....	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July	16	Self-development classes for 16 new enrollees
August	8	Self-development classes for 8 new enrollees
September	6	Self-development classes for 6 new enrollees
October	6	Self-development classes for 6 new enrollees
November	4	Self-development classes for 4 new enrollees
December	4	Self-development classes for 4 new enrollees
January	4	Self-development classes for 4 new enrollees
February	4	Self-development classes for 4 new enrollees
March	4	Self-development classes for 4 new enrollees
April	4	Self-development classes for 4 new enrollees
May	4	Self-development classes for 4 new enrollees
Total for the Year:	64	

Note: The number of unduplicated (individual) beneficiaries to be served should be counted only **once** per year.

Initials _____

Revised June 2009