

Exhibit A
STATEMENT OF WORK

Precinct #1

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

The mission of Women Together/Mujeres Unidas is to provide shelter and crisis intervention services for victims of family violence and sexual assault.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
\$ 10,000.00 _____ Awarded By: _____ Precinct #1 _____

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

Funding awarded to Women Together/Mujeres Unidas from Pct. 1 will be utilized to pay a portion of the wages for a part-time intake clerk/receptionist providing direct services at the Weslaco office.

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.

The intake receptionist will be responsible for answering the hotline and conducting the initial intake and screening of victims coming in for services. The intake receptionist will maintain all client files in a secure locked cabinet. Work schedule is M-T from 8-5.

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.)

Victims of family violence and/or sexual assault will have accessible crisis intervention and shelter services. Many victims are low income and live in colonias and rural areas and lack the knowledge about services or transportation to receive services in McAllen.

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

Program beneficiaries include victims of family (children and adults) violence and/or sexual assault. It is estimated that approx. 440 victims from Pct. 1 will receive services.

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

Services will be provided from the Mujeres Unidas Weslaco Satellite Office located at 111 E. 5th. St., Weslaco, TX.

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 |
|--|---------------------|
| Salaries for P/T Intake clerk / receptionist providing direct services | \$ 10,000.00 |
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| TOTAL GRANT BUDGET: | \$ 10,000.00 |

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 | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| August | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| September | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| October | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| November | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| December | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| January | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| February | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| March | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| April | \$ 909.09 | Salaries for Part-time intake clerk/receptionist |
| May | \$ 909.10 | Salaries for Part-time intake clerk/receptionist |
| TOTAL: | \$10,000.00 | |

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 <u>Unduplicated</u> Beneficiaries to be Serviced | Services Provided |
|--|---|--|
| July | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| August | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| September | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| October | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| November | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| December | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| January | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| February | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| March | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| April | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| May | 40 | Crisis intervention, Emergency Shelter, Advocacy, Outreach and Community Education |
| Total for the Year: | 440 | |

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 #2

Section I In summary, describe the service(s) that the agency / organization provides 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 / Precinct.
\$ 13,500.00 Awarded By: Precinct #2

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

Funding will be used to pay for salaries and health insurance of staff to include, but not limited to Shelter advocate(s), Transitional Housing case worker / Advocate (s), etc.

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.

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 / advocate will provide case management to families from Pct. 2 living in the transitional Housing complex. Services are offered 24-7.

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 (age/gender), estimated number to be serviced, economic background and area of residency.

Approx. 550 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 the location(s) with a 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
 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 |
|---|---------------------|
| Salaries and health insurance for staff to include, but not limited to Shelter Advocate(s) and Transitional housing case workers / advocate(s). | \$13,500.00 |
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| TOTAL GRANT BUDGET: | \$ 13,500.00 |

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 | \$1,227.00 | Salaries for staff providing direct services. |
| August | \$1,227.00 | Salaries for staff providing direct services. |
| September | \$1,227.00 | Salaries for staff providing direct services. |
| October | \$1,227.00 | Salaries for staff providing direct services. |
| November | \$1,227.00 | Salaries for staff providing direct services. |
| December | \$1,227.00 | Salaries for staff providing direct services. |
| January | \$1,227.00 | Salaries for staff providing direct services. |
| February | \$1,227.00 | Salaries for staff providing direct services. |
| March | \$1,227.00 | Salaries for staff providing direct services. |
| April | \$1,227.00 | Salaries for staff providing direct services. |
| May | \$1,230.00 | Salaries for staff providing direct services. |
| TOTAL: | \$13,500.00 | |

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 Serviced | Services Provided |
|---|---|--|
| July | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| August | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| September | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| October | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| November | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| December | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| January | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| February | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| March | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| April | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| May | 50 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| Total for the Year: | 550 | |

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.

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 / Precinct.
\$ 10,000.00 Awarded By: Precinct #3

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

Funding will be used to pay for salaries and health insurance of staff to include, but not limited to, shelter advocate, and a Transitional Housing Case Worker. The Transitional Housing Case Worker will provide case management to families from Pct. 3 living in the transitional Housing complex. Services include: weekly case management meetings, emergency meetings as needed, children's support groups, enrollment in schools, job readiness.

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.

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. Services will be offered 24 – 7.

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 (age/gender), estimated number to be serviced, economic background and area of residency.

Approximately 440 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 the location(s) with a 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
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 |
|--|---------------------|
| Salaries and health insurance for staff to include, but not limited to Shelter Advocate(s) and Transitional Housing Case worker(s), etc. | \$10,000.00 |
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| TOTAL GRANT BUDGET: | \$ 10,000.00 |

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 | \$909.00 | Salaries and health insurance for staff |
| August | \$909.00 | Salaries and health insurance for staff |
| September | \$909.00 | Salaries and health insurance for staff |
| October | \$909.00 | Salaries and health insurance for staff |
| November | \$909.00 | Salaries and health insurance for staff |
| December | \$909.00 | Salaries and health insurance for staff |
| January | \$909.00 | Salaries and health insurance for staff |
| February | \$909.00 | Salaries and health insurance for staff |
| March | \$909.00 | Salaries and health insurance for staff |
| April | \$909.00 | Salaries and health insurance for staff |
| May | \$910.00 | Salaries and health insurance for staff |
| TOTAL: | \$10,000.00 | |

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.

| 200 9 - 2010 For the months of.... | Number of <u>Unduplicated</u> Beneficiaries to be Serviced | Services Provided |
|---|---|--|
| July | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| August | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| September | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| October | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| November | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| December | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| January | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| February | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| March | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| April | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| May | 40 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| Total for the Year: | 440 | |

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 #4

Section I In summary, describe the service(s) that the agency / organization provides 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 / Precinct.
 \$ 8,000.00 Awarded By: Precinct #4

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

Funding will be used to pay for salaries and health insurance of staff to include, but not limited to, shelter advocate(s), and Transitional Housing Advocate/caseworker(s).

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.

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. 4 living in the transitional Housing complex. Services are provided 24 – 7 and include: weekly case management meetings, emergency meetings as needed, children's support groups, enrolment in schools, job readiness.

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 (age/gender), estimated number to be serviced, economic background and area of residency.

Approximately 330 Low-income residents of Pct. 4, 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 the location(s) with a 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
 Precinct #4

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 |
|---|--------------------|
| Salaries and health insurance for staff to include, but not limited to Shelter Advocate(s) and transitional housing advocate(s) /caseworker(s). | \$8,000.00 |
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| TOTAL GRANT BUDGET: | \$ 8,000.00 |

Initials _____

Revised June 2009

Exhibit B-2
PAYMENT SCHEDULE
 Precinct #4

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 | \$727.28 | Salaries and health insurance for staff |
| August | \$727.28 | Salaries and health insurance for staff |
| September | \$727.28 | Salaries and health insurance for staff |
| October | \$727.28 | Salaries and health insurance for staff |
| November | \$727.28 | Salaries and health insurance for staff |
| December | \$727.28 | Salaries and health insurance for staff |
| January | \$727.28 | Salaries and health insurance for staff |
| February | \$727.28 | Salaries and health insurance for staff |
| March | \$727.28 | Salaries and health insurance for staff |
| April | \$727.28 | Salaries and health insurance for staff |
| May | \$727.20 | Salaries and health insurance for staff |
| TOTAL: | \$8,000.00 | |

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 #4

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 | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| August | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| September | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| October | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| November | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| December | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| January | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| February | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| March | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| April | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| May | 30 | Emergency Shelter, Crisis Intervention, Advocacy, Transitional Housing and Case work |
| Total for the Year: | 330 | |

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

Initials _____

Revised June 2009