

Exhibit A
STATEMENT OF WORK
Precinct #1

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

PCT #1 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. The seniors will assist eighteen (18) frail and older individuals who are found to be at-risk of losing their independence or self care.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
\$ 5,000.00 Awarded By: Precinct #1

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

PCT #1 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 944 hours per year.

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.

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

Beneficiaries will be approximately six (6) low income seniors 62 years or older who reside in Pct 1.

Section VII List the location(s) with a 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
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
Senior Companion Stipends @ \$2.65 per/hour	\$ 5,000.00
TOTAL GRANT BUDGET:	\$5,000.00

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.

<u>2009 - 2010</u> For the Months of...	<u>Estimated Amount</u> <u>Of Expenditures</u>	<u>Type of Budgeted Expenditures</u>
July	\$0.00	
August	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
September	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
October	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
November	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
December	\$ 993.20	Stipend \$2.65 @ 375 hrs.
January	\$0.00	
February	\$0.00	
March	\$0.00	
April	\$0.00	
May	\$0.00	
TOTAL:	\$ 5,000.00	Stipend \$2.65 @ 1,887 hrs.

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	0	
August	6	In-Home Care Service
September	0	In-Home Care Service
October	0	In-Home Care Service
November	0	In-Home Care Service
December	0	In-Home Care Service
January	0	
February	0	
March	0	
April	0	
May	0	
Total for the Year:	6	

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.

PCT #2 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. The seniors will assist eighteen (18) frail and older individuals who are found to be at-risk of losing their independence or self care.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
 \$ 5,000.00 Awarded By: Precinct #2

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

PCT #2 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 944 hours per year.

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.

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

Beneficiaries will be approximately six (6) low income seniors 62 years or older who reside in Pct 2.

Section VII List the location(s) with a 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
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
Senior Companion Stipends @ \$2.65 per/hour	\$ 5,000.00
TOTAL GRANT BUDGET:	\$5,000.00

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.

200 9 - 2010 For the Months of...	Estimated Amount Of Expenditures	Type of Budgeted Expenditures
July	\$0.00	
August	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
September	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
October	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
November	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
December	\$ 993.20	Stipend \$2.65 @ 375 hrs.
January	\$0.00	
February	\$0.00	
March	\$0.00	
April	\$0.00	
May	\$0.00	
TOTAL:	\$ 5,000.00	Stipend \$2.65 @ 1,887 hrs

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.

200 <u>9</u> - 2010 For the months of....	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July	0	
August	6	In-Home Care Service
September	0	In-Home Care Service
October	0	In-Home Care Service
November	0	In-Home Care Service
December	0	In-Home Care Service
January	0	
February	0	
March	0	
April	0	
May	0	
Total for the Year:	6	

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.

PCT #4 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. The seniors will assist eighteen (18) frail and older individuals who are found to be at-risk of losing their independence or self care.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
 \$ 5,000.00 Awarded By: Precinct #4

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

PCT #4 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 944 hours per year.

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.

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

Beneficiaries will be approximately six (6) low income seniors 62 years or older who reside in Pct 4.

Section VII List the location(s) with a 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 provide at the respective individual's home.

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
Senior Companion Stipends @ \$2.65 per/hour	\$ 5,000.00
TOTAL GRANT BUDGET:	\$5,000.00

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	\$0.00	
August	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
September	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
October	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
November	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
December	\$ 993.20	Stipend \$2.65 @ 375 hrs.
January	\$0.00	
February	\$0.00	
March	\$0.00	
April	\$0.00	
May	\$0.00	
TOTAL:	\$ 5,000.00	Stipend \$2.65 @ 1,887 hrs.

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	0	
August	6	In-Home Care Service
September	0	In-Home Care Service
October	0	In-Home Care Service
November	0	In-Home Care Service
December	0	In-Home Care Service
January	0	
February	0	
March	0	
April	0	
May	0	
Total for the Year:	6	

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
City of Mercedes

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

Mercedes 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. The seniors will assist eighteen (18) frail and older individuals who are found to be at-risk of losing their independence or self care.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
\$ 5,000.00 Awarded By: City of Mercedes

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

Mercedes 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 944 hours per year.

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.

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

Beneficiaries will be approximately six (6) low income seniors 62 years or older who reside in the City of Mercedes.

Section VII List the location(s) with a 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 provide at the respective individual's home.

Exhibit B-1
GRANT BUDGET
 City of Mercedes

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
Senior Companion Stipends @ \$2.65 per/hour	\$ 5,000.00
TOTAL GRANT BUDGET:	\$5,000.00

Initials _____

Revised June 2009

Exhibit B-2
PAYMENT SCHEDULE
City of Mercedes

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.

<u>2009 - 2010</u> For the Months of...	<u>Estimated Amount</u> <u>Of Expenditures</u>	<u>Type of Budgeted Expenditures</u>
July	\$0.00	
August	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
September	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
October	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
November	\$ 1,001.70	Stipend \$2.65 @ 378 hrs.
December	\$ 993.20	Stipend \$2.65 @ 375 hrs.
January	\$0.00	
February	\$0.00	
March	\$0.00	
April	\$0.00	
May	\$0.00	
TOTAL:	\$ 5,000.00	Stipend \$2.65 @ 1,887 hrs.

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
City of Mercedes

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	0	
August	6	In-Home Care Service
September	0	In-Home Care Service
October	0	In-Home Care Service
November	0	In-Home Care Service
December	0	In-Home Care Service
January	0	
February	0	
March	0	
April	0	
May	0	
Total for the Year:	6	

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
 City of San Juan

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
Senior Companion Stipends @ \$2.65 per/hour	\$ 2,500.00
TOTAL GRANT BUDGET:	\$2,500.00

Initials _____

Revised June 2009

Exhibit B-2
PAYMENT SCHEDULE
City of San Juan

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	\$0.00	
August	\$ 848.00	Stipend \$2.65 @ 320 hrs.
September	\$ 848.00	Stipend \$2.65 @ 320 hrs.
October	\$ 804.00	Stipend \$2.65 @ 304 hrs.
November	\$0.00	
December	\$0.00	
January	\$0.00	
February	\$0.00	
March	\$0.00	
April	\$0.00	
May	\$0.00	
TOTAL:	\$ 2,500.00	Stipend \$2.65 @ 944 hrs.

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
City of San Juan

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	0	
August	4	In-Home Care Service
September	0	In-Home Care Service
October	0	In-Home Care Service
November	0	In-Home Care Service
December	0	In-Home Care Service
January	0	
February	0	
March	0	
April	0	
May	0	
Total for the Year:	4	

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

Initials _____

Revised June 2009