

Exhibit A
STATEMENT OF WORK
Precinct #1

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

The Lower Rio Grande Valley Development Council-Foster Grandparent Program will provide volunteer opportunities to low income individuals aged 62 and over to remain active in the community by providing one to one support to children with special or exceptional needs.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
\$ 8,000.00 Awarded By: Precinct # 1

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

The \$ 8,000.00 awarded by the Precinct I will be utilized for stipends and travel for the Foster Grandparent Volunteers.

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.

Foster Grandparents will remain in the community by serving children with exceptional or special needs. They will provide cognitive, social, and physical skills training. They will serve as tutors, mentors and offer guidance. They will serve a minimum of 9 months and may volunteer from 15 to 40 hours per week.

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.)

At least 10 low-income individuals aged 62 and over will have the opportunity to remain physically and mentally active and to enhance their self-esteem through continued participation in needed community services.

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

Approximately 5 low – income seniors from the age of 62 and over who reside within the Precinct #1 area.

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

Program Office-Foster Grandparent Program, 311 N. 15th Street, McAllen, TX 78501

Designated Volunteer Sites: Elsa Head Start, 700 NW Hidalgo, Elsa, TX 78543

Mercedes Early Childhood Center, 950 W. 6th Street, Mercedes, TX 78570

Travis Elementary-1551 S. Georgia Ave., Mercedes, TX 78570

Progresso Elementary-P.O. Box 610. Progresso, TX 78579

Lakeway Christian Academy-508 W. 5th, Mercedes, TX 78570

Mercedes Boys and Girls Club, 701S. Mathis, Mercedes, TX 78570

La Herencia Head Start-RR 3 Box 3059, Mercedes, TX 78570

Memorial Elementary, 910 W. 18th St., Weslaco, TX 78596

Franklin Roosevelt Elementary, 306 N. Bridge, Weslaco, TX 78596

Mercedes I Head Start, 1100 W. Exp. 83, Mercedes, TX 78570

Initials _____

Revised June 2009

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
Stipends for 10 or more Foster Grandparent Volunteers at \$2.65 per hour at 15 to 40 hours per week.	\$ 6,670.00
Travel at .25 per mile for 6 or more Foster Grandparent Volunteers.	\$1,330.00
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$8,000.00

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>200 9 - 2010</u> For the Months of...	<u>Estimated Amount</u> <u>Of Expenditures</u>	Type of Budgeted Expenditures
July	\$0.00	
August	\$0.00	
September	\$0.00	
October	\$1,200.00	Stipends and Travel
November	\$1,200.00	Stipends and Travel
December	\$1,200.00	Stipends and Travel
January	\$1,200.00	Stipends and Travel
February	\$1,200.00	Stipends and Travel
March	\$1,200.00	Stipends and Travel
April	\$800.00	Stipends and Travel
May	\$0.00	
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 #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 proceeding 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	0	
September	0	
October	10	One to one assistance with cognitive, social and language skills and tutoring.
November	0	One to one assistance with cognitive, social and language skills and tutoring.
December	0	One to one assistance with cognitive, social and language skills and tutoring.
January	0	One to one assistance with cognitive, social and language skills and tutoring.
February	0	One to one assistance with cognitive, social and language skills and tutoring.
March	0	One to one assistance with cognitive, social and language skills and tutoring.
April	0	One to one assistance with cognitive, social and language skills and tutoring.
May	0	One to one assistance with cognitive, social and language skills and tutoring.
Total for the Year:	10	

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.

Provide volunteer opportunities to low income individuals aged 62 and over to remain active in the community by providing one to one support to children with special or exceptional needs.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
 \$ 3,500.00 Awarded By: Precinct #2

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

Funding will be utilized for stipends and travel for the Foster Grandparent Volunteers.

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.

Foster Grandparents will remain in the community by serving children with exceptional or special needs. They will provide cognitive, social, and physical skills training. They will serve as tutors, mentors and offer guidance. They will serve a minimum of 9 months and may volunteer from 15 to 40 hours per week.

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.)

At least 3 low-income individuals aged 62 and over will have the opportunity to remain physically and mentally active and to enhance their self-esteem through continued participation in needed community services.

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

Approximately 5 low – income seniors from the age of 62 and over who reside in the Precinct #2 area.

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

Main office-Foster Grandparent Program, 311 N. 15th Street, McAllen TX 78501.

The following are current and designated volunteer sites where Foster Grandparents serve:

San Juan Head Start Center I, 109 N. Cougar, San Juan, TX 78589

San Juan Head Start Center II, 601 Earling Rd. San Juan, TX 78589

Reed-Mock Elementary, 400 E. Eldora, San Juan, TX 78589

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
Stipends for 3 or more Foster Grandparent Volunteers at \$2.65 per hour at 15 to 40 hours per week.	\$ 3,400.00
Travel at .25 per mile for 3 or more Foster Grandparent Volunteers.	\$ 100.00
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 3,500.00

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.

<u>200 9 - 2010</u> For the Months of...	<u>Estimated Amount</u> <u>Of Expenditures</u>	Type of Budgeted Expenditures
July	\$0.00	
August	\$0.00	
September	\$0.00	
October	\$ 1,125.00	Stipends and Travel
November	\$ 1,125.00	Stipends and Travel
December	\$ 1,125.00	Stipends and Travel
January	\$ 125.00	Stipends and Travel
February	\$0.00	
March	\$0.00	
April	\$0.00	
May	\$0.00	
TOTAL:	\$3,500.00	

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 proceeding 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	0	
September	0	
October	3	One to one assistance with cognitive, social and language skills and tutoring.
November	0	One to one assistance with cognitive, social and language skills and tutoring.
December	0	One to one assistance with cognitive, social and language skills and tutoring.
January	0	One to one assistance with cognitive, social and language skills and tutoring.
February	0	One to one assistance with cognitive, social and language skills and tutoring.
March	0	One to one assistance with cognitive, social and language skills and tutoring.
April	0	One to one assistance with cognitive, social and language skills and tutoring.
May	0	One to one assistance with cognitive, social and language skills and tutoring.
Total for the Year:	3	

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

Initials _____

Revised June 2009