

BENICIA FAMILIES IN TRANSITION (FIT)
"Extending a Hand to Help Families Keep a Home"

Non-Profit Organization - IRS #94-3152270

January 8, 2013

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2012

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City of Benicia
Benicia Human Services Board
Benicia CA 94510

Dear Fund Members:

As indicated in your instructions, attached are the completed original and 11 copies of the 2013-2115 Grant Application packet.

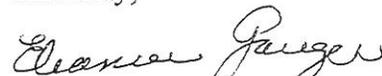
We have included several additional attachments which we believe will help you assess and confirm the effectiveness of *Families In Transition*, the program we so proudly have employed to serve Benicians in need since 1990.

Thank you for the support your Board has so generously given us over the 10 plus years you have funded *FIT*. In this time of budget restrictions and reduced funding, we are aware the Human Services Board will need to make difficult decisions. We at *FIT* have been working hard to increase donations from other sources so that, with your help, together we can meet the needs of Benicia families at risk of homelessness. For Fiscal year 2013/2014, *FIT* has set a goal of raising at least \$10,000 through donations because, based on the demands for our service so far, we are anticipating an increased need as families deal with the higher rents now prevalent in Benicia and with projected government reductions.

We hope that *Families In Transition's* commitment to using all of its grant funding to assist Benicia families, and *FIT's* proven record of effectiveness and dedication will lead you to once again fully fund our organization at the level requested (\$35,000 per year).

Again, many thanks for your past help. We look forward to hearing from you and will be happy to answer personally any questions you may have.

Sincerely,



Eleanor (Nora) Gauger
President

**CITY OF BENICIA
BENICIA HUMAN SERVICES BOARD
FY 2013-2015 GRANT APPLICATION**

TITLE PAGE

PART A

1. **Project/Program Name:** Aid to Benicia Families in Financial Need
2. **Amount of Funding Request: Annual:** \$ 35,000 **Grant period (2 years):** \$70,000
3. **Organization Submitting Proposal:** *Families in Transition of Benicia*

Organization Data:

Name: Families in Transition of Benicia
 Address: P.O. Box 321
 Benicia, CA 94510
 Phone: 707-645-3000
 Fax: None
 Fed. ID #: 94-3152270

Contact Person:

Name: Eleanor (Nora) Gauger
 Title: President
 Phone: 707-342-8034
 Email: ngauger7@comcast.net
 Fax: none

4. **Year organization legally established:** 1990 **State:** California

4. **Project or Program Category** (check applicable categories and subcategories):

<input checked="" type="checkbox"/> Safety Net	<input type="checkbox"/> Health & Wellbeing	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Rent	<input type="checkbox"/> Counseling	<input checked="" type="checkbox"/> Affordable Housing
<input type="checkbox"/> Food	<input type="checkbox"/> Suicide Prevention	<input type="checkbox"/> Job Skills
<input checked="" type="checkbox"/> Utilities	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Literacy
<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Abuse Prevention	<input type="checkbox"/> Parenting
<input type="checkbox"/> Childcare	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Mental Health	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Serving clients** (check all that apply):

<input checked="" type="checkbox"/> Children Under 5	<input checked="" type="checkbox"/> Youth (5-18)	<input checked="" type="checkbox"/> Adults (19 to 59)	<input checked="" type="checkbox"/> Seniors Over 60	<input checked="" type="checkbox"/> Family Unit
<input checked="" type="checkbox"/> Low-Income	<input checked="" type="checkbox"/> Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **Anticipated Number of Unduplicated Benicia Residents to be Served:** 135

ORGANIZATION CERTIFICATION: I hereby certify that all information contained in this application and any attachments is true and accurate.

NO CITY EMPLOYEE SHALL BE A SIGNATORY ON BEHALF OF AN ORGANIZATION REQUESTING FUNDS FROM THE BENICIA HUMAN SERVICES BOARD.

Eleanor Gauger
 Authorizing Signature

President
 Title

1/7/13
 Date

Typed name: Eleanor (Nora) Gauger

**CITY OF BENICIA
BENICIA HUMAN SERVICES BOARD
FY 2013-2015 GRANT APPLICATION**

Part B – BUDGET INFORMATION

8. Provide a budget for the project. (Expenses listed in this document should be consistent with the Project Description.) This budget is only for the project utilizing grant monies.

PROJECT EXPENSES	TOTAL PROJECT COST (A)	AMOUNT OF GRANT REQUEST (B)	APPLICANT'S COST (C)
DIRECT COSTS			
Personnel (Direct ¹)	\$	\$	\$
Benefits (Direct ¹)			
Personnel (Support ¹)			
Benefits (Direct ¹)			
Contract Services			
Project-Supplies			
Project Equipment			
Transportation (e.g. gas costs, rental)			
Other Direct Costs			
SUBTOTAL	0	0	0
INDIRECT COSTS			
(Administrative ¹)			
Personnel			
Benefits			
Space Rental			
Utilities			
Telephone	270		270
Office Supplies	60		60
Transportation (e.g. gas costs, rental)			
Gov't Fees/Taxes	55		55
Post Office Box	56		56
SUBTOTAL	430	0	430
TOTAL COSTS	\$ 430	\$ 0	\$ 430

Column A = Total cost of the proposed project.

Column B = Amount you are requesting in this grant application.

Column C = The difference between Column A and Column B, or the costs of the project that are not included in this grant request, if any.

¹ Provide names, titles and total estimated annual salary. Attach additional sheets if necessary and summarize total here.

**CITY OF BENICIA
 BENICIA HUMAN SERVICES BOARD
 FY 2013-2015 GRANT APPLICATION**

Part B – BUDGET INFORMATION – (continued)

9. APPLICANT SOURCES: Provide sources of other funds for the project. Total amount should correspond with Total C (previous page). Do not include your entire budget here (it should be attached).

Applicant Sources – Other Funding (be specific)	Amount or Value	Indicate if Cash or In-kind
	\$	
Donations specifically designated for administrative expenses	430	Cash and In-kind
TOTAL	\$ 430	

10. List any prior City of Benicia grants or loans awarded to your organization and the number of Benicia residents served with the funds.

Fiscal Year	Program	Amount	Benicia Families Served
2012-13		33,200	30*
2011-12		33,200	64
2010-11		30,000	63
2009-10		22,500	55
2008-09		20,000	68
2007-08		20,000	49
2006-07		10,000	55
2005-06		10,000	53
2004-05		10,000	52
Prior to 2004		?	418
TOTALS		\$ 186,900	907 families

*Represents the first half of fiscal year only (through December 15, 2012)

**CITY OF BENICIA
BENICIA HUMAN SERVICES BOARD
FY 2013-2015 GRANT APPLICATION**

Part C - PROJECT / ORGANIZATION DISCUSSION (Please limit Part C to 5 pages.)

11. Brief Project Summary (Two to three sentences describing the grant proposal):

Families in Transition's (FIT's) goal is to continue to prevent homelessness in Benicia by assisting families who find themselves in unexpected financial difficulties and cannot meet rent and/or utility payments. *FIT* places special emphasis on providing for families with children with the additional goals of allowing these children to remain in a familiar school and minimize disruptions to their lives.

12. Describe organization's general purpose and activities:

FIT's sole purpose is to aid Benicians in short-term financial crisis with overdue rent and/or utilities so that they may regain their stability and the stability of their children. To accomplish this purpose, *FIT* reaches out to Benicians in need through a Hotline and the cooperation of referring agencies. *FIT's* representatives interview and qualify applicants as soon as possible, and then assist those who qualify with overdue rent and/or utilities. *FIT* provides this help on a short-term basis with the purpose of enabling the clients to remain in their homes and weather their financial crisis, so that they can once again be productive and responsible Benicia citizens.

FIT responds to requests for service in a quick and effective manner by scheduling interviews within 24 hours of receiving a call from an applicant through our Hotline or other source. If the applicant's request is judged to meet our criteria and he/she demonstrates his/her willingness to work hard to have a stable situation, our organization responds positively and quickly. Within hours, we contact the landlord and make a rent payment commitment or the utility company in question with a pledge to pay.

The *FIT* Board meets monthly to review financials, monitor our client activities, conduct the business that ensures we remain an effective organization, and generate new means of publicizing our services and soliciting additional funds to increase our ability to help Benicia's needy families. If our client interviewers have any questions about a particular case, the Executive Board is also available by email and/or phone to reach a consensus on client approvals.

During the year, the *FIT* Board members also engage in periodic outreach to the local faith community, business community, and general public in an effort to reach all those in need as well as solicit funding needed to supplement what we already have. This year the *FIT* Board has made a special effort to improve cooperation and communication with other community-based Benicia non-profits with the goal of improving the efficiency and effectiveness of our service to the community by initiating bi-monthly meetings.

13. List all financial liabilities or pending legal action:

None

CITY OF BENICIA
BENICIA HUMAN SERVICES BOARD
FY 2013-2015 GRANT APPLICATION

Part C - PROJECT / ORGANIZATION DISCUSSION (continued)

- 14. Is your organization applying for other grants for fiscal years 2013-2015?** If so, list the project, funding source(s), proposed budgets, and requested amount(s).

In the coming year, FIT will again submit an application to Valero for a financial contribution, as we have done regularly in these past few years. *FIT* submits a Letter of Intent and the required form to Valero. It is Valero's decision as to whether or not *FIT* will receive funds and how much. In 2012, *FIT* received a grant of \$2,500.

- 15. At what location will the proposed project take place and how long has the organization been at this location?**

Families in Transition of Benicia has been serving Benicia since its founding in 1990. It is a locally based non-profit operating exclusively in Benicia for Benicia residents. *FIT* has no office. Board members answer the Hotline from their homes. The *FIT* Board has held its monthly meeting in a number of different locations over the years, all of them generously donated by various local agencies. Currently the Board is meeting at Heritage Presbyterian Church.

- 16. What are your proposed hours of operations for this project? Please indicate hours that actual services will be provided, and how this may or may not differ from the hours project staff will be available to respond to incoming calls, answer general questions, etc.?**

FIT's Hotline is available 24 hours a day. Our assigned Board members retrieve the calls twice a day seven days a week. When a request is received, the applicant is contacted and interviewed to determine need and eligibility. An assigned interviewer contacts eligible applicants right away and schedules an interview as soon as is possible (usually within 24 hours). Interviews are scheduled for mornings, afternoons, and/or evenings—including weekends—depending on the applicant's availability.

A detailed announcement at the beginning of the Hotline message answers general questions. For more specific answers, the caller is invited to leave his/her number and the call is returned in a timely fashion.

- 17. Describe the project associated with this grant request. Include the goals to be achieved and the strategy that will be used to meet the goals. Be specific when discussing what will be achieved as a result of your program.**

As mentioned above, *Families In Transition*'s specific purpose is to provide immediate assistance to Benicia families so that they can avoid homelessness or suspension of basic utilities. To accomplish this goal, *FIT* helps families pay overdue rent, mortgage, and/or utility bills. Seldom can *FIT* afford to contribute the full overdue amount (rents in Benicia for a two-bedroom apartment are generally at least \$1400/month). When possible, *FIT* works with these clients to procure the remainder from other sources. Often *FIT* and other Benicia non-profits work together to serve the clients jointly.

**CITY OF BENICIA
BENICIA HUMAN SERVICES BOARD
FY 2013-2015 GRANT APPLICATION**

Part C - PROJECT / ORGANIZATION DISCUSSION (continued)

By assisting Benicia families in need, *FIT* helps these Benicia citizens buy time to explore and pursue other alternatives to stabilize their situations and remain in their homes—and especially for their children to continue their schooling without interruption.

18. Why is this project necessary for the citizens of Benicia? How will recipients benefit from your services?

The appearance of our city is that of a solvent city population and there are few obvious signs of economic problems. This appearance is deceiving. There are many families in Benicia experiencing tough financial times. These financial difficulties can be due to loss of job, an injury, an illness of a child or other family member, separation or divorce (sometimes involving abuse) or other unexpected expenses (such as car repair) that can overwhelm a family with a very narrow margin between income and outlay.

Families In Transition prides itself on the fact that 100% of the moneys received either through the City or through other donors is used to help clients. *FIT* has no administrative expenditures other than the necessary phone service and PO Box rental. These expenditures are paid by donations specifically earmarked to cover them. Paper, envelopes, stamps and the cost of filing fees and documents are all covered by Board donations.

FIT's clients are asked to repay the money provided to them as they are able without interest or penalties. Clients often report that it is very empowering to know that all money that they are able to pay back will go to help other families encountering the same difficulties. Although the monthly repayments are usually as low as \$10 or \$15 a month, this past year the number and amount of repayments has increased significantly, showing that clients are making a real effort to regain their place as givers instead of being only receivers.

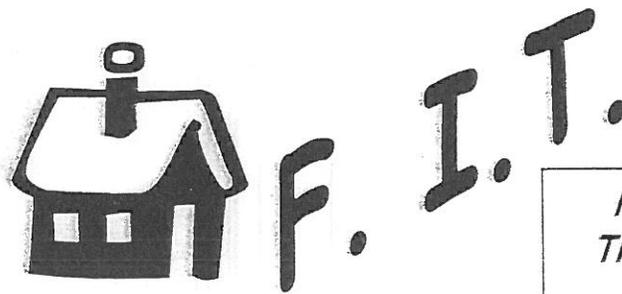
19. How will outreach be conducted?

Applications for *FIT* assistance are available at CAC, the City Utility office, local churches, Benicia Family Resource Center, apartment complex managers, and local real estate offices. Applications can also be downloaded from our website (www.familiesintransition.org). Both CAC and BFRC take an active role in referring potentially qualifying clients to *FIT*. In addition, *FIT* works with landlords in the area who often suggest *FIT* to renters who are overdue.

The *FIT* Board has developed a flyer in both Spanish and English specifically for potential clients, and has had it distributed to the Library Literacy Program, real estate offices, and other community organizations.

In addition, *FIT* works to inform the community of our existence and services by

- 1) Conducting a bi-annual mailing to targeted groups
- 2) Distributing flyers to churches, community organizations, etc.



*Families in
Transition of
Benicia*

Funded by Benicians to help Benicians in need

A volunteer organization devoted to helping Benicia families survive a temporary setback due to such events as

- Loss of Employment
- Health or other Medical problems
- Family Problems
- Unexpected Financial burdens



We can help with rent, PG&E, and water bills!

*We are here to help people get back on their feet
And be able to look forward again!*

To apply, pick up an application at CAC, 480 Military West,
download an application at www.familiesintransition.org,
or call our hotline 707-645-3000

*Further information and requirements to qualify are on
applications*

Want to Help?

*Volunteers welcome. Just
call 707-645-3000 and leave
your name, number and message.*

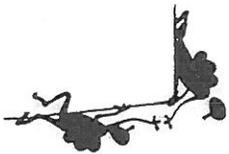
Benicia FIT thanks you

ESTAS ATRASADO EN EL PAGO DE
ARRIENDO?

NO PUEDES PAGAR LOS SERVICIOS DE
AGUA O ELECTRICIDAD?



Si tu familia vive en Benicia y estás
pasando dificultades económicas,
nuestra organización podría
ayudarte.



Families in Transition,

(F.I.T)

Benicia, CA

Teléfono: 707-645-3000

www.familiesintransition.org

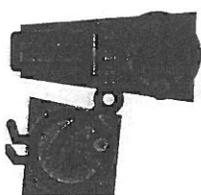
QUE PUEDE F.I.T. HACER POR TI?

- Ayuda a pagar el arriendo vencido.
- Ayuda con el pago de servicios.
- Ayuda con los gastos de deposito de arriendo si estás cambiando de residencia.

CUALES SON LOS REQUISITOS?

- Debes de haber vivido en Benicia como mínimo 3 meses.
- Debes ser cabeza de familia.
- La asistencia que pides debe de solucionar tu problema y darte estabilización.
- Tus chicos deben de estar matriculados en las escuelas de Benicia o estar en un programa aprobado de educación en casa.
- Si elegible, debes de haber solicitado ayuda al Estado o al Condado para recibir beneficios en los programas existentes.

- No debe de haber violencia, uso de sustancias narcoticas o ninguna actividad criminal o ilegal en tu casa.

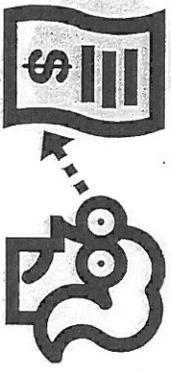


Hay varias maneras para
solicitor ayuda:

- Llamando a nuestro teléfono 707-645-3000
- Obteniendo una solicitud a través del internet a la siguiente direccion:
www.familiesintransition.org
- Pidiendo una solicitud en la oficina de CAC,
480 Military East,
Benicia

Behind on your rent?

Can't pay your utilities?



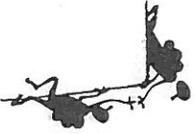
If you are a Benicia family

facing an unexpected

financial crisis, our

organization,

can help you



Families in Transition,

(F.I.T)

Benicia, CA

Our hot line: 707-645-3000

www.familiesintransition.org

WHAT CAN F.I.T. DO FOR YOU?

- Help you pay overdue rent
- Help you pay late utility bills
- Help you move by assisting with rental deposits

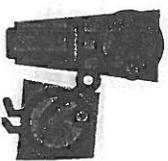
WHAT ARE THE REQUIREMENTS?

- You must have lived in Benicia for 3 months or more.
- You must be head of household (renter of record).
- The assistance you are requesting must enable you to solve your problem and regain stability.
- Your school-age children must be enrolled in Benicia schools, or in an approved home school program.

• If eligible, you must have applied for all state and/or county benefits available.

• There should be no criminal activity, substance abuse or domestic violence on the part of the applicant while receiving benefits.

More information



There are several ways to apply for help:

- call our hot line (707-645-3000)
- download an application from our website (www.familiesintransition.org)
- pick up an application at the CAC, 480

Military East, Benicia

**CITY OF BENICIA
 BENICIA HUMAN SERVICES BOARD
 FY 2013-2015 GRANT APPLICATION**

- 3) Speaking before local groups and organizations
Part C - PROJECT / ORGANIZATION DISCUSSION (continued)
- 4) Appearing at the Farmer’s Market and other community events --this year for the first time, at the Benicia Holiday Market
- 5) Maintaining *FIT*’s information in the Benicia Herald Community Calendar
- 6) Creating and maintaining a website which includes a downloadable application as well as information about the organization. This year *FIT* has added email access to the site; email activity is monitored regularly and all emails answered promptly. (The website design and hosting is a donation from Benicia Mijoyi Productions.)
- 7) Having information about *FIT* and its services appear on the City’s TV channel.
- 8) Reaching out to neighbors and friends by *FIT* Board members and supporters in the community.

20. List the specific quantifiable goals of the project.

(Please state your goal in terms of number of individuals, families or groups served. For example, agency will provide X number of individuals counseling services per quarter.)

Report total services provided	Annual goal
1. Assistance with back rent/deposits or mortgage payments for qualifying applicants—over 850 Benicia families since 1990	To provide assistance to an estimated 60 families. The number varies month to month (See attached list)
17. Assistance with overdue utility bills for qualifying applicants—over 150 Benicia families since records differentiated (2002)	To provide assistance to an estimated 15 families. The number varies month to month (See attached list)
18. Continued cooperation with local non-profits like CAC and BFRC to reach and serve those Benicians in need	100% cooperation on all applicants who will benefit from combined services
19. Continued outreach to local community to inform and educate those in need about services available	At least one major local outreach effort each quarter

Discuss how your organization will collect, organize and disseminate this data.

FIT collects and records statistics of families and individuals helped, in what ways, and at what levels. (See attached list). Each month the *FIT* treasurer compiles the above listed information and reports it to the Board in written form. These documents (applications and reports) are then archived and are available for information, verification, and/or year-to-year comparison.

The *FIT* Board reviews monthly not only current clients, but also to what extent former clients are attempting to repay. Two communication coordinators on the Board contact clients after 60 days of their receiving help to find out how they are faring and if *FIT*’s assistance did indeed stabilize their situation. Repayments are shown on the monthly financial reports prepared by the Treasurer.

CITY OF BENICIA
BENICIA HUMAN SERVICES BOARD
FY 2013-2015 GRANT APPLICATION

Part C - PROJECT / ORGANIZATION DISCUSSION (continued)

Question 19 lists a number of ways that *FIT* attempts to disseminate information about its existence and services.

21. Is this project an existing program or activity provided by your organization? Please explain.

Families in Transition has been in existence since 1990. For 21+ consecutive years now, *FIT* has been helping Benicia families in need. *FIT* has an excellent reputation in the community as an effective organization with extremely minimum administrative expenses. As of this date, *FIT* has helped more than 900 Benicia families.

As always, the full amount of money received from the Benicia Human Services Fund will all go to assisting our clients. The few administrative expenses *FIT* has will continue to be paid by Board members themselves or through specific donations designated for this purpose.

22. Identify similar programs in the community and how yours will differ.

Other programs in the community that serve somewhat the same target group are Community Action Council, the Benicia Family Resource Center and sometimes organizations associated with various churches in the Benicia area (like St. Vincent de Paul). We work closely with these groups to complement each other when needs call for collaboration. *FIT* services are different because we provide assistance to those families/individuals who do not qualify under CAC, or BFRC requirements--such as Section 8 renters or families needing more than the \$200 BFRC can provide. This year *FIT* initiated bi-monthly meetings with these organizations to create greater opportunities for close cooperation, and minimize duplication of services,

23. Describe previous comparable projects or programs that your organization has undertaken that demonstrate successful administration and implementation.

Our program has been, and will continue to be, to prevent homelessness or untenable living conditions due to sudden economic problems. We have guidelines in place by which we determine eligibility (See attached criteria). We are sensitive and willing to help all those who meet our criteria and work hard and to refer those who do not qualify to other agencies where they may be helped. Bookkeeping is kept up-to-date. Financial reports are submitted monthly by the Treasurer and are reviewed at that Board meeting. We take very seriously our responsibility to administer the funds entrusted to us for this cause to which we are all committed.

FAMILIES IN TRANSITION (FIT)

Statistical Summary:

FIT began helping clients in October of 1990. The following is the breakdown by year:

Year	Total	Rent	Utilities
1990	4		
1991	16		
1992	32		
1993	38		
1994	15		
1995	27		
1996	15		
1997	18		
1998	56		
1999	45		
2000	26		
2001	42		
2002	47	36	11
2003	37	18	19
2004	52	37	15
2005	53	32	21
2006	19	12	7 (fiscal year changed)
2006/07	36	29	7
2007/08	49	38	11
2008/09	68	45	23
2009/10	55	35	20
2010/11	63	49	14
2011/12	64	56	9
2012/13	29	25	4 Through 12/13/2012
Total	906		

**FAMILIES IN TRANSITION
PO BOX 321
BENICIA CA 94510 --- HOT LINE (707-645-3000)**

CRITERIA TO OBTAIN HELP

The following criteria must be met by applicants in order to receive assistance from FIT:

1. Be a Benicia resident for at least 3 months. Prospective clients must complete FIT's application form and be interviewed by a FIT liaison person to determine eligibility and needs. The liaison works closely with the client to ensure that the program requirements are met and eliminate the possibility of duplicating services being provided by other organizations or agencies.
2. FIT's liaison and Executive Committee must be convinced that FIT's financial assistance at the time will be a stabilizing factor for the applicants and that the applicants, once the immediate crisis is taken care of, can afford to remain where they are living. This assurance is established by the completion of a budget and the development of a controlled expense plan.
3. School-age children must be enrolled and attending school in Benicia or approved homeschooling.
4. Clients must apply for county or state benefits, if they are eligible.
5. Clients, if able, must be actively searching for a job.
6. No domestic violence, no substance abuse, and no criminal activity while receiving assistance.
7. Clients are advised that FIT's assistance is a one-time assistance.
8. Clients must sign below to declare that all of the above requirements are met, and that a prepayment plan is acceptable and will comply with such plan.
9. Applicants are advised that submitted applications will remain valid for a maximum of 45 days from the date of interview. After the 45 day limit, applicants will need to reapply.

Revised 9.1.2012

**FAMILIES IN TRANSITON
P.O. BOX 321 – BENICIA CA 94510
HOTLINE – 707-645-3000**

STEPS TO DETERMINE ELIGIBILITY

1. CLIENT MEETS CRITERIA
2. SITUATION IS TEMPORARY
3. HISTORY OF EMPLOYMENT IS CONSISTENT
4. RECORD OF ON TIME PAYMENTS OF RENT IS CONSISTENT
5. REASONS FOR UNEMPLOYMENT
6. ASSESS POTENTIALITY OF EMPLOYMENT
7. IF DISABLED, REQUIRE PROOF OF DISABILITY
8. CAN SITUATION BE STABILIZED
9. OTHER ORGANIZATIONS HELPING
10. WITHIN THE RANGE OF FIT'S CAPABILITY
11. WITHIN LIAISON'S LIMIT
12. APPROVAL BY EXECUTIVE BOARD NEEDED
13. URGENCY

FAMILIES IN TRANSITION

P. O. BOX 321 BENICIA, CA 94510 - HOTLINE 707 645-3000

Reviewed and Approved by the Board of Directors on September 10, 2012

RECOMMENDED CONDUCT FOR FIT INTERVIEWERS

1. Interview should be conducted in public places or in offices when other employees are present, and never alone with the client in an isolated environment.
2. Interviews can be conducted at the residence of a client when client is disabled or under extreme circumstances that will not allowed him/her to leave his/her home. In this case interviewer should be accompanied by another FIT member.
3. Interviewer should maintain at all times a professional interaction with the applicant. No personal comments. No assumptions. Interviewer should ask questions to clarify such items as: a) income, b) reasons for falling behind payments, c) plans on how to pay future rent or utility bills, d) ability to repay, e) whether or not applicant is seeking or has received help from other organizations, families or individuals.
4. Interviewer should go over each item on the Criteria page with applicant and make sure the applicant fulfills all the requirements and specifically is aware that the submitted application is only valid for a maximum of 45 days. After 45 days, applicants need to reapply.
5. Interviewer should not promise help until he/she verifies information with landlord, or utility companies.
6. Interviewer should not make specific comments about other applicants.
7. Interviewer should not exhibit or express superiority because of his/her position to be able to obtain help for the applicant.
8. Interviewer should consult with the Executive Board if he/she has doubts on how to recommend the application be treated.
9. Interviewer should be sensitive that people asking for help have deadlines and are under stress. The interviewer should be diligent in conducting the pertinent investigation, in requesting the documentation he/she needs to reach a conclusion based on facts, and in communicating the recommendation/decision to the client as soon as possible.
10. Interviewer should keep in mind that he/she is representing FIT. Any mishandling of the application and/or divulging personal information submitted or obtained during interview is illegal, and it could result in the organization facing costly legal fees.
11. Interviewer should keep in mind that he/she is doing this task because he/she wants sincerely to help.
12. Interviewer should document the interview briefly but clearly and should write his/her recommendation, sign and date using the space provided for that effect at the bottom of page 2.
13. Interviewer should submit promptly all applications processed to the next Board meeting for data entry.

FAMILIES IN TRANSITION
P. O. BOX 321 BENICIA, CA 94510
HOTLINE 707 645-3000

GUIDELINES FOR FIT INTERVIEWERS

1. Interviewer contacts client and sets up time for an interview. If client has not completed an application, interviewer informs client where to obtain an application and that the application must be fully completed by the time the interview takes place. The interviewer also provides applicant with a contact telephone number.
2. Interviewer request client provide photo id and documentation such as rental agreement, disability certification, utility bill or any other document pertinent to the situation.
3. Interviewer follows FIT's "Recommended Conduct for Interviewers," reviews application and documentation, verifying data provided by client.
4. Interviewer commits to call client after investigation and assessment of clients request.
5. Interviewer explains the repayment plan and asks the client to sign his/her commitment to repay through installments for the amount requested.
6. After telephone verification of client's rent/utilities situation, Interviewer may approve up to \$800 for rent payment without consultation with the Executive Board. Interviewer must obtain approval by the Executive Board if payment exceeds \$ 800.
7. Interviewer should consult with an Executive Board Member if there is a questionable issue in the situation.
8. Interviewer must call client to let him/her know of the decision. When an application is denied, the client should be notified of the decision either by phone or letter. Decision must be documented properly on the application.
9. Interviewer emails the Treasurer with his/her recommendation and with the pertinent information about the client. The Treasurer must acknowledge receipt of the email. If the payment is urgent, the Interviewer must phone the Treasurer to alert him/her of the forthcoming "urgent" email request.

10. Treasurer will either mail payment to landlord or utility. If local, Treasurer may drop payment personally.
11. Interviewer attached to application any pertinent documents and at the monthly meeting submits them to the Treasurer for database.
12. Applications entered into database by Treasurer are transferred to the Communications Coordinator to follow-up by phone with the client served.
13. Communication Coordinator phones clients after 90 days to check on the progress of the family and to remind them of their pledge to repay. Coordinator documents phone call results and reports at the monthly meeting.
14. Applications are then archived. Archiving is done by the President.

INSTRUCTIONS & GUIDELINES FOR HOTLINE

To pick up messages from clients: Dial our 645-3000

Upon answer: Dial 01

Then, punch code 3482#

1. Retrieve messages twice a day
2. Record phone calls on the log form
3. Call client and acknowledge receipt of the phone call, and find out the type of need (rent/utilities, etc.)
4. Inform client that assistance is for PAST DUE rent and/or utility bills.
5. If application is not completed, explain procedure and provide information how to obtain the application forms. Ask client to call again when application is completed to schedule interview.
6. Emphasize to client that he/she must meet criteria in the application.
7. If client has application ready, then schedule interview, and ask for verification papers as well, or, assign an Interviewer to handle the client's request.
8. When delegating an interview, call Interviewer and provide him/her with client's phone # and all pertinent information so Interviewer can schedule interview.
9. Save the phone message until client is actually reached and has gotten an interview.
10. Log copies must be retained so information about number of calls received can be provided to the Treasurer for preparation of the quarterly report to City.

Approved by the Board, 2006

Applications will remain valid for a maximum of 45 days from the date of interview.
After the 45 day limit, applicants must reapply.

FAMILIES IN TRANSITION
P.O. Box 321 -- Benicia, CA 94510 -- Hot Line: 707-645-3000
www.familiesintransition.org

APPLICATION FOR ASSISTANCE

(All information is kept confidential)

Date: _____

NAME: _____ SS# _____

Current Address _____
Street City Zip

How long have you resided at the above address: _____

Home Telephone #: _____ Work: _____

Name of your Landlord _____ Phone # _____

Landlord address _____

Marital Status _____ Spouse's Name _____ SS# _____

Is spouse working? _____ Employer _____ Phone # _____

Are you disabled? _____ If yes, explain _____

Previous address: _____
Street City Zip

How long did you live at this address: _____ Why did you move _____

Members of your family living with you: _____ Please detail below:

<u>Relationship</u>	<u>Age</u>	<u>Sex</u>	<u>School Name</u>	<u>Disability</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is your present need: _____

Reason for this need: _____

Have you used our services in the past? ____ Date: _____ How ? ____ Did you repay? _____

Are you working? _____ Name of your last employer _____

Phone # _____ Employed for how long? _____

If unemployed, reason for ending employment _____ When did it end? _____

List 3 other previous employers, their phone #s, and dates of employment.

What is your educational/vocational background: _____

Are you currently seeking employment? _____

List companies / business with which you have filed work applications:

_____ Phone # _____
 _____ Phone # _____

Do you have transportation? _____ Type of vehicle _____

Driver's License # _____ Do you have child care: _____

In case of an emergency, contact: _____ at _____

Monthly Budget Information:

Income from:		Household Expenses:		Current (c)
Job (s)		Rent you pay*	\$	Behind (b)
AFDC		Pg&E		
Disability				
Unemployment		Water		
Pension		Phone		
SSI		Other		
Social Security		Cable		
Other		Food you pay*		
		Child Care		
		Medical Expenses		
		Car Insurance		
		Car payments		
		Fuel for Car		
		Clothing		
		Credit Cards		
		Entertainment		
		Other		
Total Income	\$	Total Expenses	\$	

* Do not include portion paid by Housing Authority, Section 8, or Food Stamps

Summary

Monthly Income \$ _____
 Minus Monthly Expenses \$ _____
 Difference \$ _____

How are you planning to cover/spend the difference? _____

I hereby give my permission to Families in Transition to verify the above information. I also hereby give my consent to release this information. I understand that completion of this application does not constitute acceptance in the program.

Signed: _____

Date _____

Interviewed by _____

Date _____

Recommendation _____

FAMILIES IN TRANSITION OF BENICIA

The following criteria must be met by applicants in order to receive assistance from FIT:

1. Be a Benicia resident for at least 3 months. Prospective clients must complete FIT's application form and be interviewed by a FIT liaison person to determine eligibility and needs. The liaison works closely with the client to ensure that the program requirements are met and eliminate the possibility of duplicating services being provided by other organizations or agencies.
2. FIT's liaison and Executive Committee must be convinced that FIT's financial assistance at the time will be a stabilizing factor for the applicants and that the applicants, once the immediate crisis is taken care of, can afford to remain where they are living. This assurance is established by the completion of a budget and the development of a controlled expense plan.
3. School-age children must be enrolled and attending school in Benicia or approved homeschooling.
4. Clients must apply for county or state benefits, if they are eligible.
5. Clients, if able, must be actively searching for a job.
6. No domestic violence, no substance abuse, and no criminal activity while receiving assistance.
7. Clients are advised that FIT's assistance is a one-time assistance.
8. Clients must sign below to declare that all of the above requirements are met, and that a prepayment plan is acceptable and will comply with such plan.
9. Applicants are advised that submitted applications will remain valid for a maximum of 45 days from the date of interview. After the 45 day limit, applicants will need to reapply.

I declare that I meet the conditions stipulated above and that I will make every effort to repay the amount FIT is providing in accordance with the payment plan, of which I received a copy.

Signature

Date

**FAMILIES IN TRANSITION
PO BOX 321
BENICIA CA 94510 --- HOT LINE (707-645-3000)**

As agreed, here is a payment plan for you to repay FIT. Your repayment will enable us to help others. Thank you.

PAYMENT PLAN

Name: _____

Total Amount: \$ _____ Prepayment Amount \$ _____

Be Paid: Monthly Weekly Quarterly

	<u>Date Paid</u>	<u>Balance</u>
January	_____	\$ _____
February	_____	\$ _____
March	_____	\$ _____
April	_____	\$ _____
May	_____	\$ _____
June	_____	\$ _____
July	_____	\$ _____
August	_____	\$ _____
September	_____	\$ _____
October	_____	\$ _____
November	_____	\$ _____
December	_____	\$ _____

Please send payments by mail to the address shown at the top of this page. Make sure your name is also written on the envelope so we can keep track of your payments.

We hope your situation will be stable soon. Please contact us to let us know how you are doing. Thank you.
Remember applications will remain valid for a maximum of 45 days from the date of interview. After the 45 day limit, applicants must reapply.

Treasurer

This page for FIT's Treasurer

FAMILIES IN TRANSITION
 PO BOX 321
 BENICIA CA 94510 --- HOT LINE (707-645-3000)

As agreed, here is a payment plan for you to repay FIT. Your repayment will enable us to help others. Thank you.

PAYMENT PLAN

Name: _____

Total Amount: \$ _____ Prepayment Amount \$ _____

Be Paid: Monthly Weekly Quarterly

	<u>Date Paid</u>	<u>Balance</u>
January	_____	\$ _____
February	_____	\$ _____
March	_____	\$ _____
April	_____	\$ _____
May	_____	\$ _____
June	_____	\$ _____
July	_____	\$ _____
August	_____	\$ _____
September	_____	\$ _____
October	_____	\$ _____
November	_____	\$ _____
December	_____	\$ _____

Please send payments by mail to the address shown at the top of this page. Make sure your name is also written on the envelope so we can keep track of your payments.

We hope your situation will be stable soon. Please contact us to let us know how you are doing. Thank you. **Remember applications will remain valid for a maximum of 45 days from the date of interview. After the 45 day limit, applicants must reapply.**

Treasurer

This page for Client

**CITY OF BENICIA
 BENICIA HUMAN SERVICES BOARD
 FY 2013-2015 GRANT APPLICATION**

24. REQUIRED ATTACHMENTS: Verify and check off confirmation indicating that the following required items are attached to the original application.

Attachment Confirmation	Item No.	Item Description
(X)	1.	IRS Letter of Tax Exempt Status
(X)	2.	Organization's total budget for the current year
(X)	3.	Copy of most recent audit or financial statement
(X)	4.	Names and addresses of Board of Directors
(X)	5.	List of paid principal staff and positions
(NA)	6.	Job descriptions for principal staff and personnel <u>to be paid partially or in full with grant funding</u>
(X)	7.	Copy of resolution or board meeting minutes indicating organization's support of the project application.
(X)	8.	If a partnership, then of letters of commitment from each organization indicating degree of participation and a budget showing each organization's financial responsibility are required.

Thank You!

FAMILIES IN TRANSITION OF BENICIA
INC

% PATRICIA RIDDELL
PO BOX 321
BENICIA CA 94510-0321

Employer Identification Number: 94-3152270
Person to Contact: K. Hess
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 02, 2009, regarding your tax-exempt status.

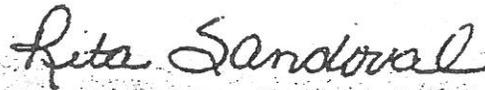
Our records indicate that a determination letter was issued in March 1992, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Rita Sandoval
Accounts Management II

3:07 PM
01/02/13
Cash Basis

Families In Transition
Profit & Loss
July through December 2012

	Jul - Dec 12
Ordinary Income/Expense	
Income	
4030 · Contributions Income	
4040 · Client Re-payments	1,279.00
4050 · Restricted	250.00
4070 · Unrestricted	6,352.85
	<hr/>
Total 4030 · Contributions Income	7,881.85
4110 · City of Benicia Grants	16,600.00
	<hr/>
Total Income	24,481.85
Expense	
6010 · Client Expenses	
6015 · Deposit-Rent	4,770.00
6020 · Rent	14,084.58
6100 · Utilities	
6110 · Gas and Electric	466.18
6120 · Water	384.35
	<hr/>
Total 6100 · Utilities	850.53
	<hr/>
Total 6010 · Client Expenses	19,705.11
6210 · Organization Expenses	
6220 · P.O. Box Rental	58.00
6425 · Taxes and Gov't Fees	
6435 · Non-profit Corp Fees	30.00
6440 · Registration Charitable Tr...	25.00
	<hr/>
Total 6425 · Taxes and Gov't Fees	55.00
6475 · Telephone	134.87
	<hr/>
Total 6210 · Organization Expenses	247.87
	<hr/>
Total Expense	19,952.98
	<hr/>
Net Ordinary Income	4,528.87
Other Income/Expense	
Other Income	
7010 · Interest Income	2.78
	<hr/>
Total Other Income	2.78
	<hr/>
Net Other Income	2.78
	<hr/>
Net Income	4,531.65
	<hr/> <hr/>

3:07 PM
01/02/13
Cash Basis

Families In Transition
Balance Sheet
As of December 31, 2012

	<u>Dec 31, 12</u>
ASSETS	
Current Assets	
Checking/Savings	
1010-00 · Umpqua Bank-Chec...	17,656.25
1011-00 · Umpqua Bank-Savings	<u>25,981.14</u>
Total Checking/Savings	<u>43,637.39</u>
Total Current Assets	<u>43,637.39</u>
TOTAL ASSETS	<u><u>43,637.39</u></u>
LIABILITIES & EQUITY	
Equity	
1110 · Retained Earnings	39,105.74
Net Income	<u>4,531.65</u>
Total Equity	<u>43,637.39</u>
TOTAL LIABILITIES & EQUITY	<u><u>43,637.39</u></u>

FAMILIES IN TRANSITION (FIT) --- BOARD MEMBERS
JANUARY – DECEMBER, 2012

<p>Eleanor (Nora)Gauger – President 1297 Grove Circle Benicia Ca 94510 (707) 342-8034 E-mail: ngauger7@comcast.net</p> <p>Diane Wassmann – Secretary P.O. Box 261 640 East 2nd Street Benicia, CA 94510 707-745-1823 E-mail: tassie1@comcast.net</p> <p>Kathy Griffin – Treasurer 297 St. Augustine Drive Benicia CA 94510 707-745-3627 E-Mail: kgreif297@comcast.net</p> <p>Maria Teresa Matthews – Past President John Matthews—Board Member 575 Cooper Drive Benicia, CA 94510 (707) 745-4345 707-479-1941 E-mail: mtmatth@AOL.com</p> <p>Melody Seymour--Intake 469 Panorama Benicia CA 94510 (707) 747-0282 E-mail: drmdseymour@gmail.com</p>	<p>Sue Hayes - Vice President 130 W G St. Benicia CA 94510 (707) 751-1435 E-mail: suejack711@yahoo.com</p> <p>Rosemary Boss—Corresponding Secretary 857 Channing Circle Benicia CA 94520 707-246-2842 707-747-9268 E-mail: rosemaryboss@gmail.com</p> <p>Elaine Gessert – Communications Coordinator 571 Cooper Drive Benicia CA 94510 (707) 745-6791 E-mail: jegessert@aol.com</p> <p>Hal Gauger—Asst. Comm. Coordinator 1297 Grove Circle Benicia, CA 94510 707-853-0970 E-mail: PrinzChaz@aol.com</p> <p>Diana Thomas--Intake 509 Lupine Ct. Benicia CA 94510 707-745-4907 707-373-0300 E-mail: dthomas@biagibros.com</p>
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Members at Large

<p>Robert Schroth (Legal Advisor) 177 Military East Benicia CA 94510 (707) 745-0130 – office</p>	<p>Bonnie Schroth (Charter Member) 420 Labrador Benicia CA 94510 (707) 747-6753</p>
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Updated: 12/27/2012

BENICIA FAMILIES IN TRANSITION (FIT)
“Extending a Hand to Help Families Keep a Home”
P.O. BOX 321—BENICIA, CA 94510
Non-Profit Organization - IRS #94-3152270

JOB DESCRIPTION OF PERSONNEL PAID BY GRANT

Families in Transition has no paid positions. All members are volunteers.

FAMILIES IN TRANSITION
PO BOX 321, BENICIA, CA 94510

THE BOARD OF DIRECTORS BY UNANIMOUS VOTE SUPPORTS THE PREPARATION AND PRESENTATION OF THE 2013-2015 GRANT APPLICATION TO THE CITY OF BENICIA HUMAN SERVICES BOARD.

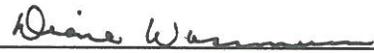
PRESENTATION OF THE TOPIC AND VOTE TOOK PLACE AT THE BOARD MEETING OF DECEMBER 3, 2012

Signed


Eleanor (Nora) Gauger, President

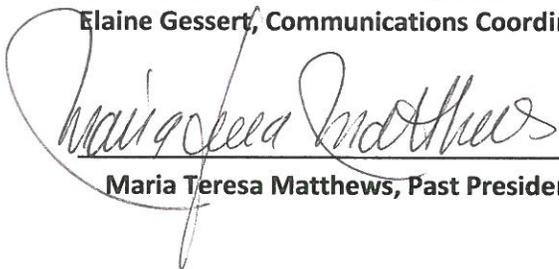

Sue Hayes, Vice President


Kathy Griffin, Treasurer


Diane Wassman, Secretary


Elaine Gessert, Communications Coordinator

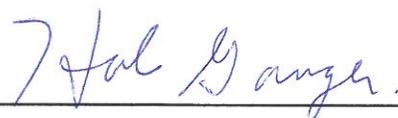

Rosemary Boss, Corresponding Secretary


Maria Teresa Matthews, Past President


John Matthews, Member


Melody Seymour, Member


Diana Thomas, Member


Hal Gauger, Member

BENICIA FAMILIES IN TRANSITION (FIT)
“Extending a Hand to Help Families Keep a Home”
P.O. BOX 321—BENICIA, CA 94510
Non-Profit Organization - IRS #94-3152270

REQUIREMENT FOR LETTERS OF COMMITMENT AND BUDGETS
FOR PARTNERSHIPS

Families in Transition is not a partnership. It is a 501C3 corporation.