

**CITY OF BENICIA  
BENICIA HUMAN SERVICES BOARD  
FY 2017-2019 GRANT APPLICATION**

**TITLE PAGE**

**PART A**

1. **Project/Program Name:** Benicia CAC
2. **Amount of Funding Request: Annual:** \$101,540.00      **Grant period (2 years):** \$203,080.00
3. **Organization Submitting:** BCAC

**Organization Data:**

Name: Benicia CAC  
 Address: 480 Military East  
Benicia, Ca 94510  
 Phone: 707/745-0900  
 Fax: 707/745-9118  
 Fed. ID #: 68-0294153

**Contact Person:**

Name: Viola Robertson  
 Title: Executive Director  
 Phone: 707/745-0900  
 Email: vrobertson@benac.com  
 Fax: 707/745-9118

4. **Year organization legally established:** 1967      **State:** CA

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

<input checked="" type="checkbox"/> Safety Net	<input checked="" type="checkbox"/> Health & Wellbeing	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Rent	<input type="checkbox"/> Counseling	<input checked="" type="checkbox"/> Affordable Housing
<input checked="" type="checkbox"/> Food	<input type="checkbox"/> Suicide Prevention	<input checked="" type="checkbox"/> Job Skills
<input checked="" type="checkbox"/> Utilities	<input checked="" type="checkbox"/> Domestic Violence	<input type="checkbox"/> Literacy
<input checked="" 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 /Foster Youth (15-18)	<input checked="" type="checkbox"/> Adults (19 to 59)	<input checked="" type="checkbox"/> Seniors Over 60	<input checked="" type="checkbox"/> Family Unit
X Low-Income	<input checked="" type="checkbox"/> Disabled	<input checked="" type="checkbox"/> Veterans	<input checked="" type="checkbox"/> Domestic Violence	<input checked="" type="checkbox"/> Pregnant Women

7. **Anticipated Number of Unduplicated Benicia Residents to be Served:** 1,600

**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.**

*Viola Robertson*      Viola Robertson      Executive Director      January 25, 2017  
 Authorizing Signature      Typed Name      Title      Date

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**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)
<b>DIRECT COSTS</b>			
Personnel (Direct <sup>1</sup> )	\$ 65,965.60	\$ 60,000.80	\$ 32,982.80
Benefits (Direct <sup>1</sup> )	9,236.63	8,400.11	4,488.82
Personnel (Support <sup>1</sup> )	7,800.00	3,900.00	3,900.00
Benefits (Direct <sup>1</sup> )	9,90.60	495.30	495.00
Contract Services	0.00	0.00	0.00
Project-Supplies	35,047.63	14,043.33	21,183.90
Project Equipment	2,000.00	800.00	1,200.00
Transportation (e.g. gas costs, rental)	1,000.00	400.00	600.00
Other Direct Costs	00.0	00.0	00.0
<b><u>SUBTOTAL</u></b>	<b><u>122,039.83</u></b>	<b><u>88,039.54</u></b>	<b><u>64,850.52</u></b>
<b>INDIRECT COSTS</b>			
(Administrative <sup>1</sup> )			
Personnel	59,946.70	7,193.60	52,753.10
Benefits	7,613.23	9,13.59	6,699.64
Space Rental	11,644.00	1,397.28	10,246.72
Utilities	8,000.00	960.00	7,540.00
Telephone	2,500.00	300.00	2,200.00
Office Supplies	1,196.51	299.00	4,394.02
Transportation (e.g. gas costs, rental)	0.00	0.00	0.00
Other Indirect Costs	19,550.00	2,346.00	17,204.00
Other Direct Services	<u>3,365.88</u>	<u>841.50</u>	<u>841.50</u>
<b><u>SUBTOTAL</u></b>	<b><u>112,503.93</u></b>	<b><u>13,500.47</u></b>	<b><u>101,037.48</u></b>
<b>TOTAL COSTS</b>	<b>\$ 234,543.76</b>	<b>\$ 101,540.00</b>	<b>\$ 165,888.00</b>

Column A = Total cost of the proposed project.  
Column B = Amount you are requesting in this grant application.

<sup>1</sup> Provide names, titles, education and total estimated annual salary. Attach additional sheets if necessary and summarize total here.

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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.

**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
Home Delivered Meals	\$	18,000	Cash
Senior Meal Donations		15,000	Cash
Donations Food		24,888	In-Kind
Volunteer Time		30,000	Cash
Kaiser Foundation		10,000	Cash
<b>Donations and Fund Raising</b>		30,000	Cash
<b>Foundations Grants</b>		18,000	Cash
<b>Valero</b>		20,000	Cash
<b>TOTAL</b>	<b>\$</b>	<b>165,888</b>	

**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	Benicians Served
2016-17		\$	101,540	2,392
2015-16			101,540	2,212
2014-15			90,575	1,779
2013-14			90,575	1,302
2012-13			85,383	1,220
2011-12			85,383	1,018
2010-11			85,343	972
2009-10			70,690	910
2008-09			59,733	1,067
<b>TOTALS</b>		<b>\$</b>	<b>770,762</b>	<b>12,872</b>

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

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

The grant proposal is a family self-sufficiency program designed to help families achieve improved living conditions and stabilized life.

**12. Describe organization's general purpose and activities:**

The Benicia Community Action Council is a community-based non-profit organization founded in 1967. It has a long and successful history of serving low-income families and individuals of all ages. Benicia CAC serves approximately 2,232 clients from 744 households each year. Ten percent of the families are homeless; 48% receive TANF, 47% receive food stamps, 15% receive SSI and 28% are Social Security recipients, with the remaining clients drawn from the working poor and the unemployed. Fifty-five per cent of the clients have no source of income. A single parent, either female or male, heads 70% of families. Twenty-two percent of our clients are over the age of 55 with 115 people being over the age of 70.

Benicia CAC provides direct services such as case management, emergency food, rental and utility assistance and furniture to families and individuals in the City of Benicia. USDA Surplus Commodities are provided to over 980 qualified families annually. Other programs include "Benicia Cares for Kids", job preparedness and various special events such as holiday food baskets and the Community Thanksgiving Dinner.

**13. List all financial liabilities or pending legal action:**

Our only financial liability is our mortgage. The monthly payment to St. Pauls Historical Trust is \$980.00. There are no pending legal actions.

**14. Is your organization applying for other grants for fiscal years 2017-2019? If so, list the project, funding source(s), proposed budgets, and requested amount(s)**

TCP Transitional Care Program	\$83,000.00
PG&E	\$ 5,000.00
Valero	\$ 5,000.00
Kaiser	\$10,000.00

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

Benicia Community Action Council is located at 480 Military East, Benicia, CA. The organization has been at the present address since 1999. The Senior Meals Site is located at CasaVillarasa, 383 East I Street. All other services are located at the Military East, Benicia address.

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**Part C - PROJECT / ORGANIZATION DISCUSSION (continued)**

- 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.?**

<b>Monday</b>	<b>8:30am to 1:30pm</b>
<b>Tuesday</b>	<b>8:30am to 4:00pm</b>
<b>Wednesday</b>	<b>8:30am to 4:00pm</b>
<b>Thursday</b>	<b>8:30am to 4:00pm</b>
<b>Friday</b>	<b>10:00am to 2:00pm</b>

- 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.**

The funds will be used to allow the Benicia CAC to provide human services to ensure a higher quality of life to low-income residents of Benicia. These direct services include case management, job referrals and placement, community service hours, food, rent and mortgage, PG&E payment assistance and health care referrals. We are also an experienced Workability Site for the Benicia Unified School District. These funds will also be applied to the general operation expenses of the agency so that Benicia CAC can continue to provide needed services and resources to low income Benicians.

The objective is to help low-income families become self-sufficient so that they are able to move from and out of poverty. Recipients will be able to maintain an improved quality of life via Benicia CAC helping families who are in crisis.

- 18. If the proposed project involves direct services to youth, please indicate the number of volunteers providing direct services, how those individuals are screened and trained, specific duties assigned to volunteers, and how volunteers are supervised. If the proposed project does not involve direct services to youth, please indicate "N/A".**

N/A

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

Benicia CAC is the only direct service provider that is locally available to low-income residents. These low-income Benicians are often one paycheck away from homelessness. Often people do not have enough food to feed their families and sometimes they have no food whatsoever or they do not have enough money to pay their rent or utilities. Emergencies happen and unplanned events occur. When they come to Benicia CAC, they are in crisis mode. Services provided by Benicia CAC can help them get back to stability.

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**20. How will outreach be conducted?**

Much of the outreach is conducted by clients through word of mouth. Benicia CAC will contact local businesses about job possibilities. Benicia CAC receives and posts daily job listings provided by the Workforce Investment Board. CAC works closely with the Benicia Ministerial Association. Local churches refer people to CAC for services. Clients are also referred to CAC by Solano County Health and Social Services. We solicit clothing and furniture from the community through our newspaper column “Friends in Need”. Benicia CAC compiles information on public and private agencies, and networks with other agencies on a monthly basis. Benicia CAC has community partnerships with the Family Resource Center and Families in Transition. When necessary, CAC does home visits. The Agency also attends meetings to keep up to date on information which is beneficial for our clients. CAC receives surplus and governmental food from the Food Bank and solicits food donations from the local community which includes Raley’s Food for Families and churches and businesses.

**21. 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
Goal 1 – Help low-income people become self-sufficient.	20 client obtain employment support/training 20 clients increase ability to manage income and resources 20 clients eliminate barriers to employment and self-sufficiency 80 clients will obtain Federal Earned Income Tax Credit 20 children will receive dental care 50 clients will receive emergency assistance to prevent homelessness. 10 families will receive housing assistance for Veterans, Victims of Domestic Violence/Violent Crimes, Pregnant Women in 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester and foster youth over age 18.
Goal 2 Help low-income people achieve their potential by strengthening family and other support systems	300 families have increased nutrition 100 families experience reduced emergency needs 400 families will obtain linkages 50 families have increased/maintained housing 50 senior citizens participate in services that support active, independent living

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

Everyone who comes to the CAC office is asked to sign in and complete an Intake form which allows for evaluation of their immediate needs. Staff completes the service log on a monthly basis for each client served. This data is entered into the computer program which counts the services provided individually and collectively.

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

Yes. Benicia CAC currently provides the following needed services: Case Management, Financial/Budgeting Counseling, Employment, Health and Nutrition Programs, Transitional Care Program and a Job Training Program. CAC strives to end poverty in the community by offering opportunities for the poor through education, wealth building, advocacy and capacity building.

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

There are currently no similar programs in the City of Benicia. Benicia CAC is the one-stop shop for these services. CAC works with the homeless in Benicia, and clients at risk of homelessness, to help them become self-sufficient. We work cooperatively with local churches such as St. Vincent de Paul and the Benicia Ministerial Association. We also work with the Family Resource Center, Families in Transition, CAP Solano, IRS and local hospitals in Solano County for these needed services to the targeted population. Other agencies look to CAC for assessment of their clients.

**24. Describe previous comparable projects or programs that your organization, has undertaken that demonstrate successful administration**

CAC Senior Meals Program: Provides meals for approximately 50 seniors daily during the week. We served 5,760 meals in 2016.

Home Delivered Meals Program: Provides meals to shut-in Benicians on a daily basis. This is a program we have provided for over 20 years. We served 5,760 meals in 2016.

Homeless Assistance Center: Benicia CAC provides homeless assistance to homeless Benicians helping them find employment, housing, counseling and emergency food. In 2016 we served 20 families.

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**25. For current grantees, if the amount you are requesting in this funding cycle is higher than you are receiving now, please explain the reason for the increase.**

N/A

**26. 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
( )	1.	IRS Letter of Tax Exempt Status
( )	2.	Organization's total budget for the current year
( )	3.	Copy of most recent audit or financial statement
( )	4.	Names and addresses of Board of Directors
( )	5.	List of paid principal staff and positions
( )	6.	Job descriptions for principal staff and personnel <u>to be paid partially or in full with grant funding</u>
( )	7.	Copy of resolution or board meeting minutes indicating organization's support of the project application.
( )	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!**