

Anticipated assisting 250 individuals (FCO 713) ECTLC shelter (4-15)

**PUBLIC SERVICES APPLICATION/PROPOSAL**  
 (FY 2014-15 CDBG Program Guidelines are available at <http://www.cityofelcajon.us/dept/redev/housing/index.aspx>)

**PART I – APPLICATION SUMMARY**

**1. Proposed Project/Program Title:**

Emergency Shelter Program

**2. Legal Name of Agency (Applicant):**

East County Transitional Living Center, Inc.

**3. Mailing Address:**

1527 East Main Street

**City:**

El Cajon

**Zip:**

92021

**4. Primary Contact Person:**

Ivan Andujar

**Title:**

Chief operations Officer

**Phone:**

(619) 442-0457  
ext: 1118

**Email:**

IANDUJAR@ECTLC.ORG

**Secondary Contact Person:**

Harold H. Brown

**Title:**

Chief Executive Officer

**Phone:**

(619) 442-0457  
Ext: 1111

**Email:**

HBROWN@ECTLC.ORG

**5. Agency Description:**

Faith-Based Organization:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
501(c)3 Non-Profit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Public Agency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Year Incorporated:	2009
Agency Tax ID Number:	27-0865318
Agency DUNS Number:	8331183119

**6. FY 2014-15 CDBG Funding Request:**

<b>Total Project Cost:</b>	\$75,000.00
Less Other Funding Sources (List below):	<\$
	<\$
	<\$
	<\$
<b>Total FY 2014-15 CDBG Funding Request:</b>	\$75,000.00

**7. Project/Program Site Address(es):**

1527 East Main Street, El Cajon CA 92021


**Census Tract (if known):**

Citywide

**8. Applicant Certification:** To the best of my knowledge and belief, the information contained in this application is true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant will comply with all assurances, Federal, State, and Local laws and regulations if funding is approved.

**Agency's Authorized Official (please print):** Harold H. Brown

**Authorized Official's Title:** Chief Executive Officer

**Signature/Date:**  12-13-13

<b>For staff use only:</b>	
Meets National Objective? _____ (specify)	Meets a Local Priority? _____ (specify)
Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligibility Citation: _____ (specify)

## PART II -PROJECT PROPOSAL

9. **Statement of Problem/Need:** Describe the problem or need that the proposed activity is intended to address.

Assist homeless families and/or individuals with their immediate needs of shelter, meals and case management/resources.

10. **Project Description:** a) Describe the proposed program or project (work to be performed, activities to be undertaken, or services to be provided), and b) describe specifically how the requested CDBG funds will be used.

East County Transitional Living Center Inc. will provide (3) daily meal opportunities, counseling/case management and up to a maximum (28) nights of emergency housing to homeless families and/or individuals to stabilize their immediate homeless situation. Clients will be evaluated and provided with additional resources and/or references to obtain permanent housing or programs. CDBG funds will be utilized solely for housing at \$49.50 per night for (1 – 6) individuals all additional costs will be absorbed by ECTLC, Inc.

11. **Target Population:** Describe the characteristics of the target population to be served (i.e., youth, elderly, persons with disabilities, homeless persons, etc.) in the grant year.

East County Transitional Living Center Inc.'s target population is homeless families and/or individuals living within the City of El Cajon.

12. **Proposal Beneficiaries:** Documentation of benefit to low/moderate-income persons is required for all funded projects. Choose either (a) or (b), as applicable.

- a)  **Area Benefit:** If your project serves the residents of a given service area, such as a community center or park, indicate where your service area is located. **\*\*\*Attach a map (such as Thomas Bros. map) showing the project location and draw lines on the map outlining the boundaries of the geographic area served\*\*\***

- b)  **Limited Clientele:** If your project serves a particular clientele (who could be from anywhere in the City), indicate 1) **the number of unduplicated clients who will be served**, 2) the number who are low/moderate-income, and 3) the number who are residents of El Cajon. Provide documentation that a minimum of 51% of those served by the project are low/moderate income.

East County Transitional Living Center Inc.'s target population is homeless families and/or individuals. ECTLC anticipates assisting (250) men, women and children within the City of El Cajon city limits. Qualifying individuals must have been homeless within the City of El Cajon city limits (24) hours prior to receiving services.

- c) **Documentation of Beneficiaries Served:** If your project serves limited clientele [question (b) above], describe the method or procedure to be used for collecting required demographic data, including race, ethnicity, income characteristics, etc. **\*\*\*Attach a sample copy of any intake form(s) used to collect the data\*\*\***

East County Transitional Living Center, Inc. requires all applicants to complete an intake form (see Attached). Qualified applicants are subsequently entered into the Regional Task Force on the Homeless – ServicePoint data base.

13. **Performance Measures:** Describe the major goals and objectives proposed for this project, including specific timelines for implementation and completion of the project. These goals and objectives will become a part of an Agreement with the City and will be used to measure your project's performance, if your project is awarded funding. CDBG requests must be limited to activities that can be implemented, completed, and CDBG funds expended by June 30<sup>th</sup> of the fiscal year of the award. [Examples provided below are for illustration only. These examples should be deleted prior to responding to this question.]

Assist homeless families and/or individuals with their immediate needs of shelter, meals and case management/resources. The long term goal is to assist them with finding a suitable program, locating permanent housing and employment.

- Assist (250) men, women children with emergency shelter.
- Provide case management on a weekly basis to emergency shelter clientele.
- Assist emergency shelter clientele with gathering proper documents needed for permanent housing or long term programs.

14. **If applying for funds to purchase equipment or any capital item, include justification of the purchase to the operation of your program. The purchase of equipment is generally not allowed, with certain exceptions.** Please describe your justification for the need for equipment with this funding source.

Non-applicable

15. **Site Control: Is the Program Site Address owned by Applicant?**  Yes  No

If the program will be offered at a location owned or managed by another agency, describe and prove that the site is firmly committed for this project. \*\*\*Attach evidence of site control (i.e., lease or rental agreement)\*\*\*

16. **ADA Accessibility:** The Americans with Disabilities Act (ADA), State Title 24, and the Fair Housing Act prohibit discrimination based on disability. Please be advised and acknowledge in the space provide below that your project will be reviewed for compliance with federal and state laws as they relate to accessibility.

The facility is equipped with designated rooms that are ADA compliant.

17. **Licensing / Fingerprinting:** List any and all licenses required to carry out this project and whether the license has been approved or is pending. For further information about childcare licensing, contact CA Department of Social Services, Community Care Licensing Division at (916) 229-4500 or <http://www.cclid.ca.gov/PG411.htm>. CDBG-funded staff working with children or physically or developmentally disabled people must be fingerprinted. This is an eligible CDBG cost and should be reflected in the budget. Contact Global Livescan at Postal Center Plus at (619) 593-9993, 772 Jamacha Road, El Cajon, CA 92019.

City of El Cajon, Conditional Use Permit (CUP # 1956)

### PART III - PROJECT BUDGET

18. **Complete and submit a complete Program Budget (Table A), and Personnel Schedule (Table B) if applicable.**

19. **For each line item in the proposed project budget (Table A, and Table B if applicable), provide narrative explaining each item. In addition, describe how the project will be fully funded.**

100 percent of the requested \$75,000.00 proposed budget will be used for sheltering @ a rate of \$49.50 per night.

Case management costs and meal opportunities (estimated @ \$2.50 per person – per meal) will be absorbed by East County Transitional Living Center, Inc.

Staff costs, maintenance (repairs made by clients) will also be absorbed by ECTLIC, Inc.

20. **Leveraged Funds:** If the program contains other non-CDBG resources that will be used to carry out the program, please list them here and on the **Table A**. Indicate whether matching funds are firmly committed to the program.

Non-applicable

21. **Collaboration With Other Agencies:** If the program is a collaborative effort with other existing programs, services or agencies, explain the partnership(s) and what resources each of the partners bring. If a partnership is proposed, explain how you will engage the partner(s).

El Cajon Collaborative, Southern Baptist Association of San Diego, San Diego Rescue Mission, Father Joe's Village, Salvation Army, Volunteers of America, Crisis House, HomeStart Inc., Jewish Family Services of San Diego, The Rock Church, 211 San Diego, El Cajon Police Department and the San Diego East County Chamber of Commerce. All of the agencies/organizations listed refer families and/or individuals to ECTLC for shelter, food and counseling assistance throughout the year.

## PART IV - AGENCY INFORMATION

22. **Background:**

A. Describe your **agency's overall mission and purpose**.

East County Transitional Living Center, Inc. is a 501c (3) non-profit, religious based humanitarian organization extending shelter, meal opportunities and case management to homeless families and/or individuals in East San Diego County.

B. Briefly describe the **background** of your agency, including the length of time your agency has been in operation, the date of incorporation, and the type of corporation.

East County Transitional Living Center, Inc. has been in operation since August 2009. Date of incorporation: August 11, 2009. A California Nonprofit Religious Corporation. ECTLC, Inc. was formerly known as Set Free Baptist Fellowship and began operations in 2004.

C. Describe the **type of services provided by your agency**, and include the number and characteristics of **all clients** served by the agency.

Transitional shelter, meal opportunities, anger management classes, parenting classes, clothing, onsite access to medical services (County medical bus on Mondays) and onsite case management.

D. **Attach a current Organizational Chart and list of current Board of Directors.**

**23. Qualifications:**

A. Describe your agency's **capabilities of developing, implementing and administering the proposed project.**

East County Transitional Living Center, Inc. has had (6) successful years administering the CDBG-HUD Emergency Voucher Program (2005-06, 2007-08, 2009-10 under Set Free Baptist Fellowship and 2010-11, 2012-present under ECTLC, Inc.) ECTLC, Inc. is able to provide all services at one location saving time and effort on behalf of clients.

B. Describe **who in your agency** will undertake responsibility for project management and compliance, and describe that person's experience. **\*\*\*Attach the Resume of the responsible program manager or administrator\*\*\***

Ivan Andujar, Chief Operations Officer will be the Emergency Shelter Program administrator. Mr. Andujar has (5) prior years administering this program and (14) years experience overseeing budgets, staff and programs for the City of Monrovia, Community Services Division. (see attached resume)

C. Describe the intended staffing pattern specifically for this proposed project or program, existing staff positions and qualifications and describe experience of program staff.

Clients will meet initially with our Case Manager, Transitional Living Manager or the Program Administrator to evaluate their current situation and needs. Qualified applicants will be assigned housing and must meet with Case Management weekly to evaluate if goals set the week prior have been met. New goals are then established to extend their stay. All staff involved has been with ECTLC, Inc. since 2009 and with Set Free Baptist Fellowship since 2003.

**24. Financial:**

A. Describe your agency's current overall operating budget, itemizing revenues and expenses. **\*\*\*Attach a copy of your agency's Current Year Operating Budget\*\*\***

See attached budget.

B. Describe/list your agency's major sources of funding.

Privately funded and self supportive.

C. Describe the agency's fiscal management system including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

East County Transitional Living Center, Inc. is a 501c(3) non-profit organization overseen by an independent Board of Directors. See Attached.

## PART V - TRACK RECORD / CAPABILITY

### 25. Agency Performance History:

Provide information on the two most recent El Cajon CDBG funded project/programs administered by your agency. If you have never or not recently received an El Cajon CDBG grant, list other, similar recent programs. Complete all fields or write NA for not applicable.

#### A. Project Administered By Your Organization:

Project/Program Name: Emergency Shelter Program

Project/Program Address: 1527 East Main Street, El Cajon CA 92021

El Cajon CDBG Funded? Yes  No  List other funder(s):

Year Funded: 2013-14 Award Amount: \$50,000.00

Contract Expiration Date: 06/30/14

Performance Reports and  
Monthly Billing Up to Date?  
Yes  No

Indicate the most recent  
monthly report/billing submitted: Oct. 2013

If Performance Reports and/or Billings are not up to date please explain why:

Non-Applicable

**B. Project Administered By Your Organization:**

Project/Program Name: Emergency Shelter Program

Project/Program Address: 1527 East Main Street, El Cajon CA 92021

El Cajon CDBG Funded? Yes  No  List other funder(s):

Year Funded: 2012-13 Award Amount: \$75,000.00

Contract Expiration Date: 06/30/13 Amt. Spent to Date: \$ 75,000.00

Performance Reports and Monthly Billing Up to Date?

Yes  No

Indicate the most recent monthly report/billing submitted:

06/30/13

If Performance Reports and/or Billings are not up to date please explain why:

Non - Applicable

Use the space provided below to enter the project status including the goals achieved and project completion date or anticipated project completion date.

2013-14 YTD (October 31, 2013)  
(42) men, women and children were provided services. We anticipate assisting another (108+) by June 30, 2014.

2012-13 FY  
(220) men, women and children were provided services.

**PART VI - AUDIT AND INSURANCE REQUIREMENTS**

**26. Audit:**

In accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110, the Federal Government requires that organizations receiving a cumulative amount of **\$500,000 or more** in Federal financial assistance in a fiscal year must have an audit prepared at the end of the fiscal year (referred to the "Federal Single Audit". Agencies that fall into this category must choose one of the three following ways of meeting this requirement and state which method is chosen. Please check the applicable box for this project:

- If your agency already conducts audits of all its funding sources including CDBG, you must submit a copy of your most recent audit, and may, at your discretion, include the CDBG portion of the audit cost in your CDBG project budget.
- If your agency already conducts audits of its other funding sources but has neither received nor included CDBG funds in the past, the scope of the audit should be modified to incorporate CDBG audit requirements. The associated audit cost of the addition of CDBG funds could then be included in your CDBG project budget, accompanied by the auditor's written cost estimate.
- If your agency does not have a current audit process in place, your agency may be required to include a 10% set-aside in the CDBG project budget for the provision of an audit.



**27. Insurance:**

- A. Please list the amount of your liability insurance coverage and the name and address of your insurance agency.

Philadelphia Indemnity Insurance Company (see attached copy of policy)  
27101 & 27201 Puerta Real, Suite 200 Mission Viejo, CA 92691  
\$4,000,000,000 umbrella policy.

- B. Please state whether your agency pays all payroll taxes and worker's compensation insurance as required by Federal and State law.

East County Transitional Living Center, Inc. will incur all administrative costs.

- C. Please state whether your agency has fidelity bond coverage for principal staff who handle your agency's accounts. Yes  No  If so, please indicate the amount of coverage and the insuring agency.

\$4,000,000,000 umbrella policy. Philadelphia Indemnity Insurance Company

- D. Please list your insurance carrier and whether it is an "admitted" carrier pursuant to the provisions of the California Insurance Code and licensed by the State Insurance Commissioner as a carrier authorized to transact the business of insurance in the State of California and has received a Best's rating of B+ VII or better.

Philadelphia Indemnity Insurance Company (see attached copy of policy)  
27101 & 27201 Puerta Real, Suite 200 Mission Viejo, CA 92691

- E. See further Insurance Requirements (Attachment E of the CDBG Program Guidelines)

# TABLE A – Project Operating Budget (Public Services Project)

PROJECT TITLE

Emergency Shelter Program

Date prepared:

12/9/13

Budget Categories	Project Cost Estimates	Sources of Funds (please specify)													
		CDBG Funds		Applicant's Funds		1. In-Kind			2.			3.			
		Amount	Status*	Amount	Status*	Amount	Status*	Amount	Status*	Amount	Status*	Amount	Status*		
Personnel Costs	\$100,000			\$25,000	C	\$75,000	C								
Fringe Benefits	0														
Professional Services	\$12,500			\$12,500	C										
Rent / Utilities	\$5,200			\$5,200	C										
Telephone	\$1,000			\$1,000	C										
Travel/Mileage															
Emergency Shelter	\$75,000		P												
Other: Insurance	\$40,000			\$40,000	C										
Other: Maintenance	\$1,800			\$1,800	C										
Other: _____															
<b>Source Total:</b>	<b>\$235,500</b>	<b>\$75,000</b>		<b>\$85,500</b>		<b>\$75,000</b>									
<b>\$Total Project Cost</b>															

\*C=committed funds; P=application submitted-decision pending; N=funds not yet requested from this source

Note: If your proposal is funded, CDBG paid expenditures must be documented with receipts and or invoices that verify the expense was incurred, as well as checks and bank statements to verify the invoice was actually paid. To minimize the amount of documentation, we strongly suggest the CDBG dollars be used to pay for only a few program costs and not spread out over several line items. If CDBG funds are requested to pay for Personnel Services (salaries), Table B must be completed to detail the costs for the positions to be funded.