



Emergency Shelter Grant

2011-2012

Request for Proposal
FP030083

EMERGENCY SHELTER GRANT PROGRAM
REQUEST FOR PROPOSALS FOR PROGRAM YEAR 2011-12

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SECTION 1: PROPOSAL INFORMATION AND PROJECT REQUIREMENTS

The City of Wichita has adopted a Five-Year Consolidated Plan which identified as a priority need in our community, services for the homeless. The City of Wichita is requesting proposals from qualified corporations or governmental entities for the provision of services listed below with estimated funding for the 2011-2012 program year as follows:

- **Essential Services, Homeless Prevention, Operations and Rehabilitation - \$125,266***

*Final allocations won't be available from the U.S. Department of Housing and Urban Development until first quarter 2011.

These services are to be implemented using federal Emergency Shelter Grant (ESG) funds provided to the City of Wichita by the U.S. Department of Housing and Urban Development (HUD). Such services are to be provided in accordance with all applicable local, state and federal laws, regulations and standards.

A. ESG AGENCY AND PROGRAM REQUIREMENTS

Agency Requirements

- Proposer must be a registered not-for-profit 501(c)(3) or (c)(4) corporation or governmental entity.
- Proposer must have a current State of Kansas Certificate of Good Standing.
- All outstanding obligations from previous ESG allocations must be met prior to execution of the new contract for PY 2011-2012.
- Proposer must have no conflict of interest, including direct or indirect financial interest in the program, with regard to any officer or employee of the entities involved, including the City of Wichita.
- Proposers must address the respective service specifications as outlined in the Eligible Activities and Populations.
- Proposers must identify any deficiencies noted in audits conducted by Federal or State regulatory agencies during the last 12 months.
- While not required, proposers are reminded that federally-funded programs must seek to provide contracting opportunities to minority- and women-owned businesses/enterprises, Section 3-eligible clients and Section 3 business concerns. Proposers should contact Community Investments staff for specific instructions if they anticipate subcontracting opportunities associated with this application.

Project Requirements

- Project must comply with the HUD Outcome Performance Measurement System.
- Project contract term is 12 months, July 1, 2011 through June 30, 2012.

B. ELIGIBLE ACTIVITIES

Renovation of Homeless Shelters

- Renovation, major rehabilitation or conversion of buildings for use as emergency shelters for the homeless.

Provision of Essential Services to the homeless

- Including (but not limited to) services related to salaries for staff in connection with case management, job training, employment, education, addiction and health counseling.

Operation of Homeless Shelters

- Payment of maintenance, operation (no more than 10% of total grant may be used for staffing costs), rent, repair, security, fuels and equipment, insurance, utilities and furnishings.

Homeless Prevention Activities

- Developing and implementing homeless prevention activities –
NOTE: If grant funds are to be used to assist families that have received eviction notices or notices of termination of utility services, the following conditions must be met:
 - The inability of the family to make the required payments must be the result of a sudden reduction in income.
 - The assistance must be necessary to avoid eviction of the family or termination of services to the family.
 - There must be a reasonable expectation that the family will be able to resume payments within a reasonable period of time.
 - The assistance must not replace funding from any other sources for existing homeless prevention activities.

C. ELIGIBLE POPULATION

A person is considered homeless and eligible to receive ESG funded services only when he/she meets one or more of the following criteria:

- Lives in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street;
- Lives in an emergency shelter;
- Lives in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
- Lives in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing; or their housing has been condemned by housing officials and is no longer considered meant for human habitation;
- Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing; or
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.

D. PROPOSAL PREPARATION

- Proposers are strongly encouraged to attend a **pre-proposal conference** to obtain answers to questions regarding the Request for Proposals (RFP). Staff will provide information about the programs, regulations, development and submission of applications on **Monday, December 13, 2010 from 12:30 p.m. to 2:00 p.m.** in the Board Room on the 1st floor of City Hall, 455 N. Main, Wichita, KS. Proposers may also call the Community Investments Division at 462-3722 for information.

- A request for proposal is attached. The RFP is also available at the Housing & Community Services Department office or online at www.wichita.gov/cityoffices/housing/communityinvestments and from the City's Purchasing Office:
Finance Department/Office of Purchasing – City Hall, 12th Floor
455 N. Main – Wichita, KS 67202
(<http://ep.wichita.gov/e-proc/venSolicitationsAll.asp?link=Open+Solicitations>)
- **Deadline: Submit proposals to the City Purchasing Department – City Hall, 12th Floor, 455 N. Main, Wichita, Kansas no later than 5:00 p.m., Thursday, January 6, 2011. Proposals received after the deadline will not be considered for funding.**

E. PROPOSAL SUBMISSION

- **Submission Policy:** Submission of a proposal indicates acceptance by the proposer of the conditions contained in this RFP. There is no expressed or implied obligation for the City of Wichita to reimburse responding Proposers for any expense incurred in preparing proposals in response to this request. The City reserves the right to accept or reject any or all proposals.
- **Submission Requirements: One original and one copy**, including all required documents/forms must be submitted on 8½" x 11" white paper (no legal or odd sized pages permitted).
- **Corrections to Deficient Applications:** Community Investments staff will not consider any unsolicited information that proposers may want to provide after the application submission date. Additional information or corrections which are requested by City staff must be received within 24 hours of request.

F. POST AWARD CONDITIONS

The following documents do not have to be submitted with the proposal. However, prior to contract execution, the successful proposer must:

- Complete and require each of its subcontractors to complete a Certification Regarding Disbarment, Suspension, Ineligibility and Voluntary Exclusion.
- Submit an Equal Employment Opportunity/Affirmative Action Plan to the City for approval.
- Provide a Certification that no funds provided pursuant to the contract will be used for lobbying pursuant to the February 26, 1990 Federal Register, New Restrictions on Lobbying: Interim Rules.
- Execute a Certification of a Drug-Free Workplace in accordance with the provisions of Subpart F of 24 CFR Part 24.
- Provide a Corporate Resolution authorizing the CEO, Chair or Executive Director to enter into a contract with the City of Wichita.

G. DISCRIMINATION PROHIBITED

No recipient or proposed recipient of any funds, services or other assistance under the provisions of this application or any program related to this application shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with the funds made available through this application process on the grounds of race, color, national origin, ancestry, religion, physical handicap, gender or age. (Reference Title VI of the Civil Rights Act of 1964 [Pub. L. 88-352]). For purposes of this section, "program or activity" is defined as any function conducted by an identifiable administrative unit of the Proposer receiving funds pursuant to this application.

SECTION 2: PROPOSAL EVALUATION

The City Council has designated a Grants Review Committee made up of business, nonprofit and neighborhood representatives to evaluate proposals and make recommendations to the City Manager. The City Manager will consider Grants Review Committee recommendations in preparing a final recommendation for City Council approval. The City Council will make the final determination as to which agencies/programs to fund for PY 2011-2012. For Emergency Shelter Grant Proposals, the GRC will consider the recommendation of the Continuum of Care Coordinating Team, a consortium of homeless service providers in our community.

During the evaluation process, the City of Wichita reserves the right, where it may serve the City's best interest, to:

- Make an award on the basis of greatest benefit to the City and not necessarily on the lowest cost;
- Accept or reject any or all proposals submitted;
- Accept part or all of a specific proposal;
- Select a single vendor or more than one vendor to provide a specific service;
- Request additional information or clarifications from Proposers;
- Retain all proposals submitted; and
- Retain any ideas in a proposal regardless of whether that proposal is selected.

Higher consideration will be given to proposals that:

- Include and identify collaboration with other agencies to enhance delivery of the proposed programs.
- Demonstrate a proven history of success with services similar to that of the proposed program.

There will be a three phase evaluation process. First, City staff will determine if the proposals meet the minimum threshold of information and reasonableness. Staff will utilize sections A-D below for this phase.

Proposals which meet this threshold will be reviewed for content and quality according to the criteria which begins on page 8, and through oral presentations, for the second review phase. As part of this phase, the Continuum of Care Coordinating Committee will review the proposals and make a funding recommendation to the Grants Review Committee.

Final review and funding decisions will be made by the City Council.

A. <u>MANDATORY ELEMENTS</u>

The Proposer must:

1. Be incorporated or a governmental entity, and licensed (if applicable) to practice the outlined Scope of Services in Kansas.
2. Have no conflict of interest with regard to any officer or employee of the companies involved, including the City of Wichita.
3. Adhere to the instructions of this Request for Proposal.
4. Identify all subcontractors/consortiums.
5. Have no major external quality control, regulatory or licensing deficiencies and have a record of quality service delivery.
6. Provide evidence of general liability insurance in the minimum amount of \$500,000.
7. Include a current list of the Board of Directors.

8. Provide a copy of the most current audit, including the management letter.
9. Provide a proposal cover page containing an authorized signature.
10. Submit a full and complete proposal, including Forms A through I, and all required forms and documents.

B. APPROACH

The Proposal should:

1. Clearly demonstrate a community need and an adequate plan to address all RFP requirements.
2. Demonstrate adequate staffing resources to successfully implement proposed project.
3. Demonstrate program value, including a program budget that is reasonable and appropriate.
4. Include outcome measures that are clearly defined, can be objectively measured, and are realistically attainable.
5. Demonstrate a program design based on documented community need, research/outcome data, or an identified "best practice" approach.

C. TECHNICAL QUALIFICATIONS

The proposer has:

1. Experience and expertise, based on past performance, to fulfill all RFP requirements.
2. Professional staff with knowledge, skills and abilities commensurate with the project needs.
3. Experience successfully implementing CDBG (or other Federal and/or State) funded programs.
4. Demonstrated successful experience collaborating with other community agencies.
5. Demonstrated ability to leverage additional resources, including community partnerships (volunteers and/or staff) or other non-City funds

D. COST

The proposed budget:

1. Includes cost detail, narrative, and justification that is reasonable and appropriate
2. Demonstrates that project administrative costs are reasonable and proportionate to total agency administrative costs.
3. Limits administrative overhead to 5% (for Summer Youth Employment Programs only) and can include pre-employment physicals, drug screenings, bus passes, or other HUD-eligible expenses

E. CONTENT AND QUALITY REVIEW

The review and selection process includes:

1. Confirmation of timely submission and proposal completion
2. Staff analysis
3. Continuum of Care Coordinating Committee review and recommendation
4. Grants Review Committee Review and ranking
5. Oral Presentations and Question/Answer session (Public comment invited)
6. Funding recommendations

F. FINAL SELECTION

The City of Wichita will select a proposer based on the Grants Review Committee's recommendation to the City Manager and the City Manager's recommendation to the City Council. The City Council will make the final determination as to which agencies are funded.

SECTION 3: PROPOSAL FORMAT AND RATING FACTORS

Instructions: Proposers must structure proposals to provide the following information in the order indicated and in the format outlined.

Format Outline:

- Cover sheet
- Need/extent of the problem
 - Form B
- Activity description/program design
- Performance and evaluation criteria
 - Form C
- Organizational capacity
 - Form D
 - Form E
- Costs, resources and match information
 - Form F
 - Form G
 - Form H
 - Form I
- Homeless participation
- Required forms and documents
 - Completed checklist (Form A)
 - Required attachments

Proposers should consider the following additional guidance:

- Be specific. Targeted and concisely stated detail will help staff and the Grants Review Committee better evaluate the proposal.
- Do not overestimate projections. If the project is funded and project goals are not accomplished, it is possible that future funding may be denied or reduced.
- Tie responses to the general information, overview and purpose statements included in the Scope of Services section.

A. COVER SHEET

A separate Proposal Cover Sheet with a complete set of documentation/forms is required for and must be attached to each proposal submitted.

2011-12 EMERGENCY SHELTER GRANT REQUEST FOR FUNDS		
<input type="checkbox"/> Essential Services <input type="checkbox"/> Maintenance and Operations <input type="checkbox"/> Homelessness Prevention		
Legal Agency Name:		
Executive Director:	Phone:	
Agency Address:		
Contact Name (if different):	Phone:	
Program/Project Name:		
Project Address (if different):		
Email:	Fax:	Federal ID #:
Council District(s) to be served: <input type="checkbox"/> City-Wide <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6		
Authorized Signature:	Date:	
Typed Name/Title:		

BRIEF PROJECT DESCRIPTION

Please provide a **one-sentence description** of your grant funding request (not your organization):

PROPOSED PROJECT ACCOMPLISHMENTS

Please provide a **one-sentence description** of the anticipated accomplishments if funding is awarded:

What is the total estimated number of persons to be served by this proposed project? _____

What is the total budget for the proposed project? _____

What is the amount of ESG funds requested? _____

B. NEED/EXTENT OF THE PROBLEM

This factor requires a description of the specific community need which the proposed project will address and should reference the objective, overview, and purpose identified in the RFP. Provide justification for the target population to be served, and detail how the agency/program staff will determine eligibility of client population. Cite any available research or data to document the need and identify other community resources that provide similar of the same service. Complete *Form B - Anticipated Program Beneficiaries and Unit Cost*. **Limit 1 page, plus Form B.**

C. ACTIVITY DESCRIPTION/PROGRAM DESIGN

This factor requires a detailed description of the proposed activity, including how the activity will address the community need identified above, and should address the items noted in the RFP Eligible Activities/Populations (Section 1B/C). Identify specifically which programs/services are to be funded under this proposal. Include the target population, relationship to other programs within the agency, and relationship to other programs in the community. **Limit 1 page.**

D. PERFORMANCE AND EVALUATION CRITERIA

This factor requires a detailed description of the outcomes that will be attained if the proposed project is funded. Proposal should specifically identify the outputs, outcomes, indicators, and targets. A minimum of three measurable outcomes is required. Proposal should describe the data collection process and the evaluation methodology, as illustrated in Exhibit 2. Complete *Form C – Outcome Measurements and Indicators*. **Limit 1 page, plus Form C.**

E. ORGANIZATIONAL CAPACITY

This factor requires an overview of the agency/organization, including history, mission, staff size, and previous experience successfully conducting this type of activity. Summarize all homeless services programs provided by your agency, including target populations. Complete *Form D – Organizational Information* and *Form E – Designation of Authorized Signatures*. **Limit 1 page, plus Forms D and E.**

F. COSTS, RESOURCES AND MATCH INFORMATION

This factor requires a detailed description of the proposed project costs (including budget with narrative and justification) and resources (including additional resources to be leveraged if project is funded). Describe the match plan, with particular detail as to in-kind matches and the method for calculating values. Leveraged resources may include other funding or in-kind contributions such as equipment, staff, or volunteer resources. Complete *Form F – Funding Request Detail*, *Form G – Summary of Revenue and Resources*, *Form H – Summary of Staff*, and *Form I— ESG Match Summary*.

Note: The amount of ESG funds awarded may be less than the amount requested, which will require submission of a revised budget and description of how the proposed activity can be implemented with reduced funding prior to the commitment of funding. Please indicate in this section whether your proposed activity could be undertaken with a reduced commitment of funding and, if so, how that would affect the scope of services proposed.

Limit 1 page, plus Forms F, G, H, and I.

G. HOMELESS PARTICIPATION

This factor requires a description of how the proposed project will fulfill ESG Regulations requiring that homeless persons have a role in the establishment of policies of programs receiving ESG funding. **Limit 1 page.**

PLEASE CONTACT THE COMMUNITY INVESTMENTS DIVISION AT 462-3722 WITH QUESTIONS REGARDING THIS RFP.

REQUIRED FORMS AND DOCUMENTS CHECKLIST

Instructions: Failure to submit required documents may be grounds for rejection of the proposal. Check “Yes” or “No”, to indicate whether or not documents/forms are attached. If any documents/forms are not attached, provide a written explanation.

Document/Form Title	Yes	No
1. Forms A – Required Forms and Documents Checklist	<input type="checkbox"/>	<input type="checkbox"/>
2. Form B – Anticipated Program Beneficiaries and Unit Costs	<input type="checkbox"/>	<input type="checkbox"/>
3. Form C – Outcome Measurements and Indicators	<input type="checkbox"/>	<input type="checkbox"/>
4. Form D – Organizational Information	<input type="checkbox"/>	<input type="checkbox"/>
5. Form E – Designation of Authorized Signatures for Proposed Program	<input type="checkbox"/>	<input type="checkbox"/>
6. Form F – Funding Request Detail	<input type="checkbox"/>	<input type="checkbox"/>
7. Form G – Summary of Revenue/Resources for Proposed Program	<input type="checkbox"/>	<input type="checkbox"/>
8. Form H – Summary of Program Staff	<input type="checkbox"/>	<input type="checkbox"/>
9. Form I – ESG Funding Match Summary	<input type="checkbox"/>	<input type="checkbox"/>
10. Articles of Incorporation and Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
11. Copy of Current Audit with Management Letter	<input type="checkbox"/>	<input type="checkbox"/>
12. Evidence of \$500,000 General Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
13. State of Kansas and Federal Tax Exemption Determination Letters	<input type="checkbox"/>	<input type="checkbox"/>
14. State of Kansas Certificate of Good Standing	<input type="checkbox"/>	<input type="checkbox"/>
15. Letters of Commitment	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information provided in this application is true and correct and that no person(s) who exercise or have exercised any functions or responsibilities with respect to this activity, who are in a position to participate in a decision making process or gain inside information with regard to such activity, may obtain any financial interest or benefit from this assisted activity.

Board Chairperson/Chief Executive Officer

Date

ANTICIPATED PROGRAM BENEFICIARIES AND UNIT COSTS

INSTRUCTIONS: Please use this form to identify anticipated participants (beneficiaries) of your proposed program

PROGRAM NAME: _____

Essential Services Maintenance Operations

DEMOGRAPHICS		A	B		C	D
		2008-09 Actual	2009-10		Actual*	2010 - 2011 Anticipated
		Projected				
1.	UNDUPLICATED # of participants					
2.	Age Group:					
	a. Infants to Under 5					
	b. 5 to 12					
	c. 13 to 18					
	d. 19 to 59					
	e. 60 to 69					
	f. 70+					
	g. Total					
3.	Gender:					
	a. Male					
	b. Female					
	c. Total					
4.	Ethnic Background:					
	a. Hispanic					
	b. Non-Hispanic					
	c. Total					
5.	Race:					
	a. White					
	b. Black/African American					
	c. Asian					
	d. American Indian/Alaskan Native					
	e. Native Hawaiian/Other Pacific Islander					
	f. Two or more races					
	g. Other multi-racial					
	h. Total					
6.	Income Level:					
	a. < \$15,300					
	b. \$15,301 to \$25,500					
	c. \$25,501 to \$34,400					
	d. \$34,401 to \$50,950					
	e. \$50,951 to \$59,150					
	f. \$59,151 to \$67,300					
	g. Over \$67,300					
	h. Total					
UNIT COSTS						
7.	Total Budget For proposed project					\$
8.	Unduplicated number of participants	(Same as line 1, above)				
9..	Cost per participant (=Budget/# participants)					\$

*Provide data through November 30, 2010

OUTCOME MEASUREMENTS AND INDICATORS

INSTRUCTIONS: *Identify the specific outputs, outcomes, indicators and annual target(s) in the table below.*

PROGRAM NAME: _____

Outputs (What will you do?)	Outcomes (What will be the result?)	Indicators (How will you measure the result?)	Target (What results are anticipated?)
<i>Example: Provide tutoring for 30 students</i>	<i>Improved reading skills</i>	<i>Pre- and post-test</i>	<i>90% of participants will improve reading skills</i>
<i>Example: Provide case management services for 50 homeless persons</i>	<i>Participants will seek and find stabilized housing</i>	<i>Housing plan follow-up at exit interview</i>	<i>80% of participants receiving case management services will obtain stabilized housing</i>

For each outcome identified above (minimum of 3), please answer the following:

Anticipated number of program participants: _____

Anticipated number to be evaluated: _____

Anticipated number of participants achieving identified outcome: _____

Percentage of participants achieving identified outcome: _____

DESIGNATION OF AUTHORIZED SIGNATURES FOR PROPOSED PROGRAM 2011-2012

ORGANIZATION: _____

On _____, the Board of Directors of the above named organization met with at least a quorum attending and authorized the following individuals to sign Housing and Community Services contract documents on behalf of the organization:

Authorized Signatures:

(Signature)

(Print or Type Name)

(Signature)

(Print or Type Name)

(Signature)

(Print or Type Name)

(Signature)

(Print or Type Name)

(Signature)

(Print or Type Name)

Board Chairperson

Date

FUNDING REQUEST DETAIL

PROGRAM NAME: _____

AMOUNT OF FUNDS REQUESTED: _____ TOTAL ANTICIPATED PROGRAM BUDGET: _____

OBJECT LEVEL	ACCOUNT CLASSIFICATION	REQUESTED AMOUNT
1195	Delegate Agencies - Payroll	_____
1495	Delegate Agencies – Employee Benefits	_____
1595	Delegate Agencies – Payroll Taxes	_____
2195	Delegate Agencies – Utilities	_____
2295	Delegate Agencies – Telephone	_____
2296	Delegate Agencies – Postage & Shipping	_____
2395	Delegate Agencies – Travel	_____
2295	Delegate Agencies – Conferences	_____
2495	Delegate Agencies – Insurance Charges	_____
2595	Delegate Agencies – Professional Fees	_____
2795	Delegate Agencies – Equipment Rent	_____
2805	Delegate Agencies – Building Maintenance	_____
2902	Advertising	_____
2906	Membership Dues	_____
2917	Printing and Photocopying	_____
2995	Delegate Agencies – Rent	_____
2795	Delegate Agencies – Other Contractuals	_____
2795	Delegate Agencies – Administrative Charges	_____
3195	Delegate Agencies – Supplies	_____
3595	Delegate Agencies – Materials	_____
3995	Delegate Agencies – Miscellaneous Commodities	_____
	<u>GRAND TOTAL</u>	=====

SUMMARY OF REVENUE/RESOURCES FOR PROPOSED PROGRAM (2011-12)

AGENCY NAME: _____ PROGRAM NAME: _____

TOTAL BUDGET FOR PROPOSED PROJECT: _____ ESG AMOUNT REQUESTED: _____

INSTRUCTIONS: ON THE TABLE BELOW, ITEMIZE ALL SOURCES OF FUNDS TO SUPPORT THIS PROPOSED PROJECT.

AMOUNT OF FUNDS	SOURCE	TYPE
<i>EXAMPLE: \$10,000</i>	<i>EX: STATE OF KANSAS</i>	<i>EX: KSG GRANT</i>
<i>EXAMPLE: \$15,000</i>	<i>EX: COMMUNITY FOUNDATION</i>	<i>EX: PROJECT GRANT</i>
<i>EXAMPLE: \$13,250</i>	<i>EX: AGENCY FUNDS</i>	<i>EX: PRIVATE DONATIONS</i>
TOTAL AMOUNT: \$		

ON THE TABLE BELOW, IDENTIFY ANY ADDITIONAL RESOURCES YOUR PROPOSED PROJECT WILL LEVERAGE:

TYPE OF RESOURCE	SOURCE	VALUE
<i>EXAMPLE: 10 VOLUNTEERS/15 HOURS EACH</i>	<i>SCHOOL DISTRICT PARTNERSHIP</i>	<i>APPROX \$1,500</i>
<i>EXAMPLE: WEEKLY FOOD AND SNACK ITEMS</i>	<i>DONATION FROM CHURCH</i>	<i>\$1,360</i>
<i>EXAMPLE: 50 MOVIE PASSES FOR YOUTH</i>	<i>PARTNER</i>	<i>\$450.00</i>
	<i>PRIVATE DONATION</i>	
		TOTAL VALUE: \$

EMERGENCY SHELTER GRANT FUNDING MATCH SUMMARY
MUST BE SUBMITTED WITH APPLICATION

ESG Program Table (List all City Funding Requested)				
	Total Dollars Requested			
Program	Essential Services	Operations	Homeless Prevention	Rehabilitation

ESG Matching Funds Table – Must be 1:1 Match (List Total Dollars of Matching Funds)			
Funding Source	Secured	Total Dollars Applied-For	In-Kind Volunteers = \$5 p/hr*

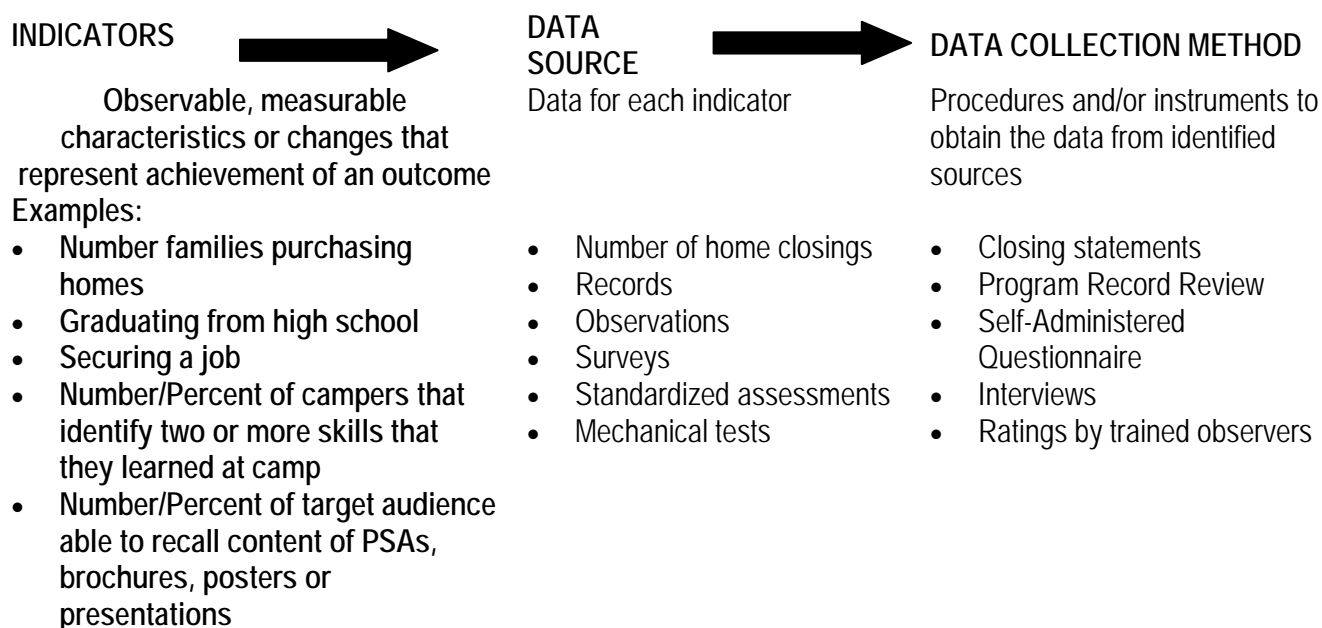
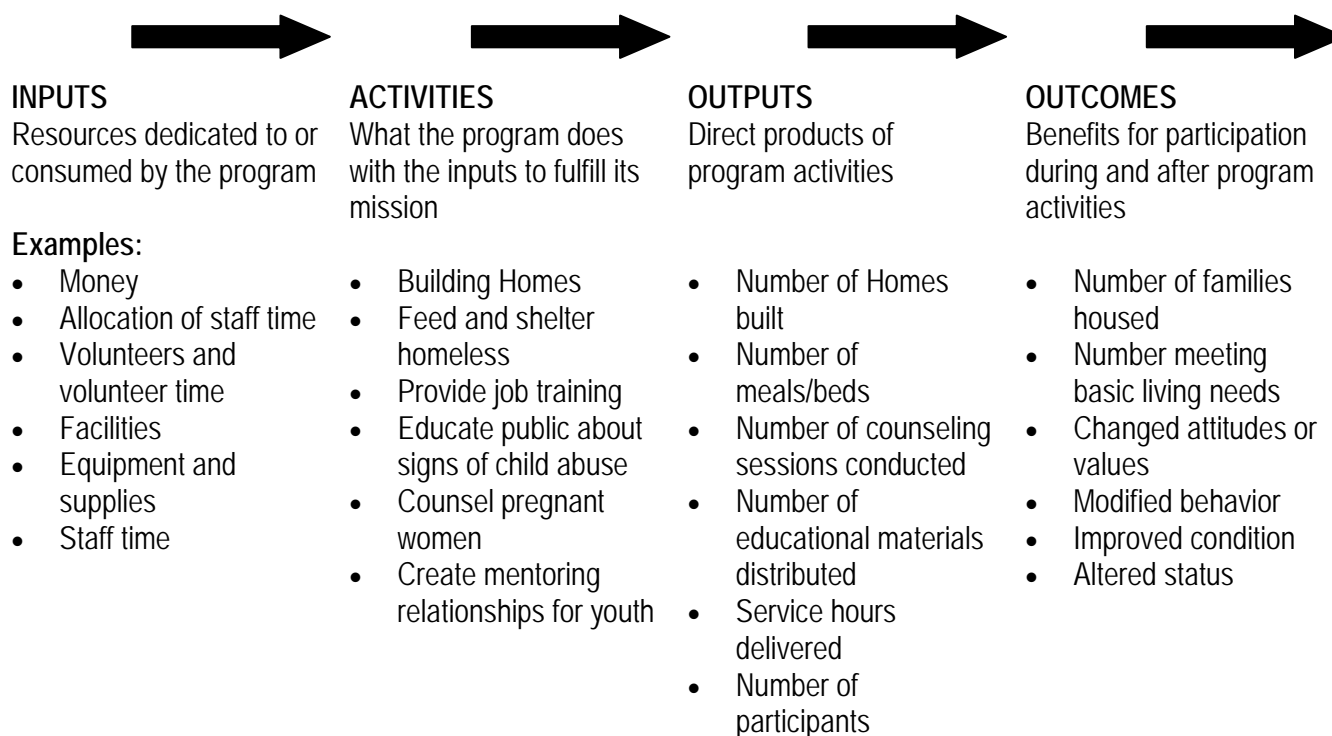
* Volunteers providing professional services such as medical or legal services are valued at the reasonable and customary rate in the community. Attach supporting documentation verifying such personnel behind this page.

Federal 2010 Household Income Limits Wichita, Kansas

Family Size	Extremely Low 30%	Very Low 50%	Low 80%
1	\$13,400	\$22,300	\$35,700
2	\$15,300	\$25,500	\$40,800
3	\$17,200	\$28,300	\$45,900
4	\$19,100	\$31,850	\$50,950
5	\$20,650	\$34,400	\$55,050
6	\$22,200	\$36,950	\$59,150
7	\$23,700	\$39,500	\$63,200
8	\$25,250	\$42,050	\$67,300

Source: U.S. Department of Housing and Urban Development
<http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/income/2009/ks.pdf>

Summary of Program Outcome Model



Constraints on the program include – laws, regulations, and grantor’s requirements

Source: United Way of the Mid Plains