# AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

**Agenda Item:**

**Action Requested:** Board of County Commissioners' Signature

**Parties to the Agreement:** Department of Local Affairs

**Term Begins:** 01/01/2021 **Term Ends:** 12/31/2023 **Grant Contract #:**

**Summary:**

Three year contract

**Fiscal Impact:** approximately $60,000/year

**Submitted by:** Elizabeth Holena **Submitter's Email Address:** elizabeth.holena@state.co.us

**Finance Review:** (●) Required ( ) Not Required

Comments:
No concerns, renewal of on-going agreement. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 9/11/2020

**County Attorney Review:** (●) Required ( ) Not Required

Comments:

Reveiwed by: GUNCOUNTY1\mhoyt Discharge Date: 9/11/2020 Certificate of Insurance Required

Yes ( ) No (●)

**County Manager Review:**

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 9/18/2020

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 9/22/2020

*Revised April 2015*

## 2021-2023 CSBG CHECKLIST OF REQUIRED ITEMS

This checklist includes requirements for completing the Community Services Block Grant (CSBG) Application and Plan. Eligible entity should mark all items included in the submission.

| Document Section | Requirement Documents | Resources |
|---|---|---|
| A. APPLICANT/CONTACT INFORMATION | | |
| B. ORGANIZATION INFORMATION | 1. Organization W9 - PDF | 1. State W9 Form |
| C. TRIPARTITE BOARD MEMBERSHIP ROSTER | 1. Board Roster - PDF | 1. Board Roster template |
| D. BUDGET SUMMARY | 1. Budget - xlsx | 1. Budget Template |
| E. PROJECT ELIGIBILITY | | |
| F. PROJECT INFORMATION | | |
| G. COMMUNITY NEEDS ASSESSMENT<br>• Includes analysis of information collected directly from low-income individuals (1.2)<br>• Includes analysis of information from community partners in assessing needs and resources (2.2)<br>• Includes data specific to poverty and its prevalence related to (at a minimum) gender, age and race/ethnicity for service area (3.2)<br>• Includes both qualitative and quantitative data (3.3)<br>• Includes key finding on the causes and conditions of poverty in service area (3.4)<br>• Reviewed and accepted by tri-partite board as documented in board minutes (3.5) | 1. Community Needs Assessment – PDF<br>2. Board Minutes approving the Community Needs Assessment - PDF | 1. Community Needs Assessment Template |
| H. Community Action Plan<br>• Description of the expected outcome for the client or community.<br>• Description of the measurement tool and process that will be used to determine success.<br>• Description of how coordination will occur with other programs<br>• Description of how CSBG funds will be leveraged with other resources<br>• Description of any innovative initiatives being undertaken<br>• Outcome-based, anti-poverty focused and ties directly to community needs assessment (4.2)<br>• Demonstrates full use of the ROMA cycle and use of a ROMA certified trainer (4.3)<br>• Accepted by tri-partite board as documented in board minutes | 1. ROMA Trainer/Implementer Review Certification – PDF<br>2. Board Minutes approving the Community Action Plan - PDF | 1. ROMA Trainer/Implementer Certification – .docx |
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| K. Official Board Action Taken | 1. Signed Official Board Action Taken Form - PDF | 1. Signed Official Board Action Taken Form - .docx |

| Completed | Attachments | Comments |
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| ☒ | 1. W-9 (Address where payments will be sent.) **(Section B)** | |
| ☒ | 2. Tripartite Board Roster **(Section C)** | |
| ☒ | 3. Detailed Budget and Narrative (Use form provided.) **(Section D)** | |
| ☒ | 4. Community Needs Assessment **(Section G)** | |
| ☒ | 5. Board Minutes approving Community Needs Assessment **(Section G)** | |
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| ☒ | 7. Board Minutes approving Community Action Plan **(Section G)** | |
| ☐ | 8. Organizational Standards Annual Assessment | Submit online by 10/1/2020 |
| ☐ | 9. Official Board Action Taken **(Section K)** | |

COLORADO
Department of Local Affairs
Division of Local Government

# COMMUNITY SERVICES BLOCK GRANT (CSBG) PROGRAM
# 2021-2023 APPLICATION AND PLAN

**PLEASE NOTE: DOCUMENT CANNOT BE UPLOADED IN ITS ENTIRETY FOR THE APPLICATION BUT IS BEING RELEASED TO ALLOW YOU TO DEVELOP THE CONTENT FOR EACH SECTION/QUESTION IN ADVANCE. THE TEXT FOR EACH QUESTION WILL NEED TO BE PASTED INTO EACH SECTION.**
**Due October 1, 2020 through the Grants Portal**

TEMPLATE

## A. APPLICANT/CONTACT INFORMATION

1. Organization: Gunnison County Department of Health and Human Services

2. Principal Representative

   a. Honorific:
   b. First Name: Joni
   c. Middle Name:
   d. Last Name: Reynolds
   e. Suffix:
   f. Role: Director
   g. Mailing Address: 220 North Spruce Street
   h. Address 2:
   i. City: Gunnison
   j. State: CO
   k. Zip Code: 81230
   l. Phone Number: 970-641-3244
   m. Email Address: jreynolds@gunnisoncounty.org

3. Responsible Administrator (will receive all mailings) for the Application:
   a. Honorific:
   b. First Name: Elizabeth
   c. Middle Name:
   d. Last Name: Holena
   e. Suffix:
   f. Role: Manager
   g. Mailing Address: 220 North Spruce Street
   h. Address 2:
   i. City: Gunnison
   j. State: CO
   k. Zip Code: 81230
   l. Phone Number: 970-641-3244
   m. Email Address: Elizabeth.holena@state.co.us

## B. ORGANIZATION INFORMATION:

1. Federal Tax ID#:84-6000770
2. DUNS #:13-311-5220
3. Service Area (Counties served by the CSBG Program): Gunnison and Hinsdale County
4. State House District: District 3
5. State Senate District: District 5
6. Amount of CSBG Projected FFY21 Allocation: $60,000
7. Mission Statement: The mission of Gunnison County Department of Health and Human Services(HHS) is to provide culturally competent advocacy, prevention, protection, and support services to families of Gunnison and Hinsdale Counties so they can prosper and thrive in a healthy and supportive community.

8. **Project Description** (Provide three to five sentences summarizing your CSBG program. This will be the summary statement for your Exhibit B – Scope of Work in the contract)**:**

| |
|---|
| Gunnison County Department of Health and Human Services (DHHS) shall provide emergency and case management services and assistance to low income individuals and families to promote household stability and self-sufficiency. Gunnison County shall provide services and activities that address the Federal Objective Housing, Social/Behavioral Health, Services supporting multiple domains and Emergency Services. Eligible expenses are: mortgage/rental assistance, motel vouchers, household utilities(natural gas, water, electric, propane, wood or pellets), gas vouchers, bus passes, tires and minor auto repairs, up to $500, medical, dental, behavioral health, vision care, child care, pharmaceutical assistance, and administrative expenses which include a portion of salary and benefits. Case managers will work with the most vulnerable families to identify additional supportive resources to assure each family's basic needs are met. |

9. **Upload a PDF of your organization's W9:**

TEMPLATE

C. **TRIPARTITE BOARD MEMBERSHIP ROSTER**

1. **Eligible Entity Type ():** ☐ **Single County Government** ☐ **Council of Governments** ☐ **Private CAA** ☒ **Multi-County Service Agency**
2. **Total Seats per Agency Bylaws:** 6
3. **Total Current Vacant Seats:** 0
4. **Total Number of Seats Reserved for low income sector:** 2
5. **Total Number of Seats Reserved for elected officials sector:** 2
6. **Total number of Seats Reserved for private sector:** 2
7. **Upload Board Roster** (Please indicate the sector each board member represents):

TEMPLATE

## D. BUDGET SUMMARY

1. Please upload your budget, based on the CSBG projected FFY21 amount.
2. I certify that CSBG funds will **not** be used for construction related expenses. ☒
3. I certify that CSBG funds will **not** be used for any type of political activity. ☒
4. I certify that CSBG funds will be used in accordance with Uniform Guidance. ☒

## E. PROJECT ELIGIBILITY

The purpose of the CSBG program is to alleviate the causes and conditions of poverty in communities. Please select the Federal Objective(s) and National Goal(s) addressed in this application and plan.

1. **Federal Objectives, as listed in IM152.** (Select one or more objectives to be addressed in the Community Action Plan submitted.)

   - ☐ Employment
   - ☐ Education and Cognitive Development
   - ☐ Income, Infrastructure, and Asset Building
   - ☒ Housing
   - ☒ Health and Social/Behavioral Development (includes Nutrition)
   - ☐ Civic Engagement and Community Involvement
   - ☒ Services Supporting Multiple Domains
   - ☐ Linkages (e.g. partnerships that support multiple domains)
   - ☐ Agency Capacity Building
   - ☒ Other (e.g. emergency management/disaster relief)

2. **National Goals, as listed in IM152.** (Select one or more national goals to be addressed in the Community Action Plan submitted.)
   *Grantee will be expected to report on the results of all CSBG-funded programs in relation to these goals in the CSBG IS Final Reports.*

   - ☒ Goal 1: Individuals and Families with low incomes are stable and achieve economic security.
   - ☐ Goal 2: Communities where people with low incomes live are healthy and offer economic opportunity.
   - ☐ Goal 3: People with low-incomes are engaged and active in building opportunities in communities.

TEMPLATE

**F. PROJECT INFORMATION -** *If applying for Linkages **only**, indicate "not applicable" for questions 1-4 in this section and proceed to question 5.*

**1.** Applicant must be able to demonstrate that customers of CSBG programs or services will be low-income individuals and/or families living at 125% Federal Poverty Level or below. Describe how customer eligibility based on Federal Poverty Level is determined, evaluated and tracked for the purpose of CSBG program activities.

Residents of Gunnison and Hinsdale County that apply for CSBG must be low-income, living at or below 125% of the Federal Poverty Line (FPL). Applicants complete a Grant Screening Form through the DHHS office and provide documentation of lawful presence or sign an Affidavit of Lawful Presence in the United States. The applicant demonstrates annual income at or below 125% of the FPL through verification such as pay stubs, income tax returns, employer letter, social security benefits notice, and CBMS research. In emergency situations, self-declaration may be acceptable, however it is used only as a method of last resort and notation is on file stating the reasons why other verification methods could not be used. In these circumstances the application is also signed by both the applicant and intake worker. Each application is evaluated by a team of eligibility technicians and tracked both within Human Services and the Finance Department. A survey is provided to each applicant identifying unmet needs and other insecurities and offers direct input from low income community members.

**2.** If the proposed project requires customers to complete an application or there is a selection process (e.g., emergency assistance, human services program, etc.), describe what procedures will be used to ensure that customers receiving assistance will be selected through an open and equitable process and that greatest community needs are addressed.

Applications are reviewed by a team of social workers representing multiple programs available for low income families, including Women Infant and Children, The Multicultural Center, and the Economic Security Assistance programs (TANF, SNAP). Team members often know and work with many of the low-income individuals and families in the community. Determination for assistance is based after an assessment of each family's unique situation. The team not only considers situational factors, but also what other community resources and natural supports may be of assistance. A monthly budget is maintained and funds are used to meet the needs of the most vulnerable first, those with children, dependents, disabled, elderly, or otherwise facing multiple barriers. An intake worker will be available to meet with applicants to assure the assessment of the situation is accurate and that use of CSBG funds is appropriate.

**3.** Please describe the notification process and grievance procedures for customers who are declined assistance.

Customers who are declined assistance are notified in person or by telephone of the decision. Customers are provided Gunnison County's grievance procedure. Customers are referred to other resources.

4. If sub-recipients determine customer eligibility, please describe monitoring procedures the eligible entity uses to

TEMPLATE

ensure the federal poverty level income requirement, selection process and notification/grievance procedures as listed in Question 1-3 are met. If no sub-recipients are used in this program, please indicate "not applicable."

Not Applicable

5. If applying for Linkages, please describe how services provided will involve community partners, coordinate services and provide and evaluate community outcomes that address poverty. Please note that "information and referral" type services are not eligible as linkages. Rather, a coordinated and community-driven strategy to improve service delivery at the community level must be described and implemented.

A coordinated and community-driven strategy to improve service delivery at the community level is utilized. Currently, Gunnison County hosts the Basic Needs Committee of the Community Health Coalition of the Gunnison Valley, a coalition aimed at achieving a more prosperous and successful future for the County's communities. The Basic Needs Committee will collaborate with other entities providing emergency assistance and services to assure there are no gaps or duplication. Case management will assist with the coordination of services at the micro level while the Basic Needs Committee will focus on process, outcomes, gaps, barriers, problem-solving, and planning for the program services. In addition to the Basic Needs Subcommittee, an internally centralized case management function identifies needed services and determines areas in which other resources are needed or could be better coordinated. Primary Linkage will be through the designated centralized assistance case management functions. Weekly staff meetings are held which serve to facilitate internal service coordination. The Basic Needs Committee and the Community Health Coalition of the Gunnison Valley serves as our structured mechanism for information sharing among community partners. Service outcomes will be entered with the other demographic information and service request so that a cumulative analysis of need, services provided, and other resources needed can be systematically reviewed and used for planning purposes.

## G. COMMUNITY NEEDS ASSESSMENT

1. Based on the results of the community needs assessment, what are the key **causes and conditions** of poverty in the service area? What are the needs or conditions (economic or otherwise) contributing to poverty in the community that this application and plan will address?

Determination of need was based on several assessment processes taking into consideration the shift and momentum of need across the community due to the COVID-19 Pandemic. Qualitative data was drawn from surveys from low income individuals and families as well as from partners and in consultation with area representatives of housing and other human service providers. Quantitative data was drawn from the American Community Survey Data, Census data, Colorado State Demography Data Resources and data from current programs within DHHS. Information was also gathered from key sectors of the community including faith communities and other agencies serving low income families.

Data from the community needs assessment concluded that earnings well above the official Federal Poverty Level are nevertheless far below what is needed to meet families' basic needs in Gunnison County. The self-sufficiency standard in Gunnison County is $63,000 for a family of four, and the median income is $54,979, making it difficult to afford the necessities of life let alone manage any unforeseen obstacles. With the onset of COVID, there have been

drastic reductions to income across the community, as nearly all professions were impacted; particularly hourly waged workers who were already struggled to meet their most critical needs. Other barriers to self-sufficiency and conditions of poverty that were identified in the lives of families include housing, transportation, childcare, mental health, medical care, and legal needs. Housing was identified across demographics, age, and ethnicity as a need that is largely unmet. It is anticipated that there will be an increased need in the fall due to many businesses losing capacity to serve and because many families may have depleted what reserves and resources they may have had.

The community continues to build robust networks focused on the communities' most vulnerable populations. With the onset of COVID, a larger environmental scan will be performed over the next few months to focus on impact and containment of COVID -19 and the communities most vulnerable members. Funding from CSBG will be utilized to assist those disproportionately impacted by the Pandemic and will be an integral resource to assist individuals in meeting their basic needs.

2. **Please Upload your Community Needs Assessment (PDF):**
3. **Please Upload Board Minutes approving your Community Needs Assessment (PDF):**

**H. COMMUNITY ACTION PLAN (3 YEARS)**

1. **Describe how the federal domains your agency will be working in, identified in Section E, will address the needs identified in the community needs assessment and what are the general services and strategies that will be used?**

A coordinated and community-driven strategy to improve service delivery at the community level will be implemented. Currently Gunnison County hosts the Basic Needs Subcommittee of the Community Health Coalition of the Gunnison Valley, a coalition aimed at achieving a more prosperous and successful future for the County's communities. The Basic Needs Subcommittee will collaborate with other entities providing emergency assistance and services to assure there are no gaps or duplication. Case management will assist with the coordination of services at the micro level while the Basic Needs Committee will focus on process, outcomes, gaps, and barriers, problem solving and planning for the program services. In addition to the Basic Needs Subcommittee, an internally centralized case management function identifies needed services and determines areas in which other resources are needed or better coordinated. The case manager will coordinate and arrange for assistance targeting the insecurities identified on individual and family surveys and may include rent assistance, childcare, medical assistance, utility assistance, or another service within the federal domains DHHS is working in. Primary Linkage will be through the designated centralized assistance case management functions. Weekly staff meetings are held which serve to facilitate internal service coordination. The Basic Needs Sub Committee and the Community Health Coalition of the Gunnison Valley serves as our structured mechanism for information sharing among community partners. Service outcomes will be entered with the other demographic information and service request so that a cumulative analysis of need, services provided, and other resources needed can be systematically reviewed and used for planning purposes. Centralized data collection occurs for improved capability to review requests and the outcome related to the assistance rendered. Federal domains our agency will be working in include Housing, Health and Behavioral Services, Services supporting multiple domains, and emergency services. CSBG funding will be utilized to meet critical basic needs identified through the community needs assessment and will include rental assistance, childcare, medical care, and other supportive services to allow individuals and families to remain in their home and independent.

2. **Describe the expected outcomes for the customers or community that will be achieved. Indicate whether each outcome is a family, agency or community level outcome.**

TEMPLATE

The expected outcome of services is that low income individuals and families will be able to meet their basic needs for housing, transportation, access to medical care, emergency child care, energy assistance and food. Self-sufficiency will be promoted through case management, referrals to other public assistance, and community and natural supportive programs and services. Gunnison County projects assist 160 individuals and families, provide case management for 5, and information referrals and assistance to 50 families. Gunnison county projects that 100% of the families receiving assistance from CSBG will obtain shelter, avoid eviction or foreclosure, or maintain an independent living situation if elderly, disabled, or experiencing chronic illness. Gunnison County predicts meeting the basic needs of 160 individuals and families. Each outcome is a family level outcome.

3. **How will success be measured? Include how data will be collected and the quantitative and qualitative evaluation techniques that will be used.**

Success will be measured using Managing for Results, a comprehensive data base that includes outcome indicators, data sources, and frequency of data collection. Managing for Results supports the County's strategic plan which includes improving economic stability and self-sufficiency of children and families in the community. Department Staff, including the program manager and administrative staff, will gather data monthly which will include the number of households experiencing homelessness who obtained safe temporary shelter, the number of households who obtained safe and affordable housing, and the number of households who avoided eviction for foreclosure. Additional metrics will include the number of seniors who maintained an independent living situation, and the number of individuals with disabilities who maintained an independent living situation. All services and demographic information will be collected from every application upon intake by the intake worker and ongoing by a case manager as additional needs arise with families. Gunnison County is exploring the purchase of empower, a platform that can manage multiple grants and demographic information. Gunnison County also anticipates providing information and referral assistance to 50 applicants and case management to five households.

| | | | | | |
|---|---|---|---|---|---|
| Families need deposit assistance to obtain more affordable housing. | SRV 4d Deposit Payments | 5 | FNPI 4b The number of Individuals who obtained safe and affordable housing. | 5 | 100% |
| Families lack transitional stable housing. | SRV 4n Transitional Housing Placements | 1 | FNPI 4c The number of Individuals who maintained safe and affordable housing for 90 days. | 1 | 100% |
| Families are homeless or at-risk of homelessness. | SRV 4m Temporary Housing Placement (includes Emergency Shelters) | 20 | FNPI 4a The number of Individuals experiencing homelessness who obtained safe temporary shelter. | 20 | 100% |
| Families are at-risk of eviction. | SRV 4c Rent Payments (includes Emergency Rent Payments) | 40 | FNPI 4e The number of Individuals who avoided eviction. | 40 | 100% |
| Families are at-risk of foreclosure. | SRV 4e Mortgage Payments (includes Emergency Mortgage Payments) | 2 | FNPI 4f The number of Individuals who avoided foreclosure. | 2 | 100% |
| Families are at-risk of unsafe, unaffordable housing. | SRV 4i Utility Payments (LIHEAP-includes Emergency Utility Payments) | 50 | FNPI 4z.1 The number of Individuals that avoid utility shut-off. | 50 | 100% |
| Agency and key partners needs system to track and resources and assistance availability. | Agency Capacity Building: Community-Wide Data Collection Systems Development | N/A | CNPI 3a.3 Technological/ Communications (e.g. broadband) | | |

| | | | | | |
|---|---|---|---|---|---|
| Community lacks transportation access to western routes and Montrose. | SRV 7d Transportation Services (e.g. bus passes, bus transport, support for auto purchase or repair; including emergency services) | 15 | FNPI 7a The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains. | 15 | 100% |
| Families are at risk of remaining living independently | SRV 4c Rent Payments (includes Emergency Rent Payments) | 10 | FNPI 5f The number of **seniors (65+)** who maintained an independent living situation. | 10 | 100% |
| Families are at risk of remaining living independently | SRV 5i In-Home Affordable Seniors/Disabled Care Sessions (Nursing, Chores, Personal Care Services) | 5 | FNPI 5g The number of **individuals with disabilities** who maintained an independent living situation. | 5 | 100% |
| Families are at risk of remaining living independently | - | 2 | FNPI 5h The number of **individuals with chronic illness** who maintained an independent living situation. | 2 | 100% |
| | SRV 7a Information, Referrals and Assistance | 50 (families) | FNPI 7a The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains. | 50 | 100% |
| | SRV 7a Case Management | 5 (families) | FNPI 7a The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains. | 5 | 100% |

4. **What other community entities, organizations, or stakeholders are contributing to this project and how services will be coordinated? Describe how duplication of services will be avoided.**

A coordinated and community-driven strategy to improve service delivery at the community level will be implemented. Currently Gunnison County hosts the Basic Needs Committee of the Community Health Coalition of the Gunnison Valley, a coalition aimed at achieving a more prosperous and successful future for the County's communities. The Basic Needs Committee will collaborate with other entities providing emergency assistance and services to assure there are no gaps or duplication. These entities include Faith organizations, The Food Pantry, Housing Authority, Project Hope, Economic Security, Mountain Roots, and the Hispanic Affairs Project. Case management will assist with the coordination of services at the micro level while the Basic Needs Committee will focus on process, outcomes, gaps, barriers, problem solving and planning for the program services. In addition to the Basic Needs Subcommittee, a centralized case management function identifies needed services and determines areas in which other resources are needed or better coordinated. Primary Linkage will be through the designated centralized assistance case management functions. Weekly staff meetings are held which serve to facilitate internal service coordination. The Basic Needs Committee and the Community Health Coalition of the Gunnison Valley serves as our structured mechanism for information sharing among community partners. Service outcomes will be entered with other demographic information and service request so that a cumulative analysis of need, services provided and other resources needed can be systematically reviewed and used for planning purposes

5. **If you will still be spending down your CARES Act allocation in 2021 describe how will they complement your 2021-2023 services and strategies?**

TEMPLATE

The CARES Act allocation and the 2021 allocation will be managed by the same team of social workers. Funds will be complimentary in that they will both be focused on meeting the basic needs of the community's most vulnerable populations.

6. **Describe how CSBG funds are leveraged with other cash and in-kind resources in the community. In what ways does CSBG fill gaps in services or address unmet needs in the community?**

Gunnison County Department of Health and Human Services serves as an access point for resources in and around the community. Gunnison County staff attempts to match CSBG applicants with other community resources when CSBG funding is not available. All applicants sign releases of information so weekly staff meetings are able to coordinate and identify appropriate additional services.

7. **How is Results Oriented Management and Accountability (ROMA) – the 5-step process of assessment, planning, implementation, achievement of results and evaluation – used in your agency and program? Describe how you achieve each of the five steps in the process.**

Gunnison County's strategic plan is monitored for three year periods; in 2016 the County's most recent strategic plan was created and adopted by the Board of County Commissioners. The Gunnison County Department of Health and Human Services created a new mission statement and began to identify results and strategies to improve economic stability and self-sufficiency to individuals and families. To identify Gunnison County's needs a community needs assessment was completed. The community needs assessment lead the county to a plan that takes into account the identified need to assist families in meeting their basic needs and provide coaching and supplemental assistance to identify and mitigate existing barriers to self-sufficiency. The community needs assessment also identified existing structures(Basic Needs Subcommittee) and community resources at the mezzo level that can serve as the mechanism for identifying resources for families and reducing agency time. Results are evaluated on a monthly basis and information and data is incorporated into a continual assessment of the outcomes and process. Similar to the County's strategic plan, every new program in Gunnison County aligns with a results oriented management cycle.

TEMPLATE

8. **When was the last ROMA training accessed by the organization? Who attended, and who provided the training?**

Elizabeth Holena attended a ROMA training on July 12th of 2016.

9. **Did a Certified ROMA Trainer review this Community Action Plan prior to submission?**

☐ Yes
☐ No

Provide the name of the Certified ROMA Trainer who completed the review.

10. **Upload ROMA Trainer/Implementer Review Certification (PDF)**

11. **Please upload a copy of the Board minutes approving the Community Action Plan**

TEMPLATE

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| Completed | Attachments | Comments |
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| ☐ | 9. Official Board Action Taken **(Section K)** | |

TEMPLATE

TEMPLATE

# Official Board Action taken on

_____
Date

**Submission of this form indicates official action by the applicant's governing board authorizing application for these funds.**

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**To the best of my knowledge and belief, statements and data in this application, including the attached tables and other documentation, are true and correct and the submission of same has been duly authorized by the governing body of the applicant/lead jurisdiction and other participating jurisdictions, if any.**

Public Entities:

_____
Signature, Chief Elected Official

_____
Name (typed or printed)

_____
Title

_____
Date

---

Private Entities:

_____
Signature, Board President

_____
Name (typed or printed)

_____
Title

_____
Date

TEMPLATE

**Guidance on completing the Colorado CSBG PY2021 Community Needs Assessment process:**

- **The Needs Assessment completed may be an interim/abridged Needs Assessment (for just PY2021) or the more long-term 3-year Needs Assessment if it includes up to date relevant to COVID-19. If an interim/abridged Needs Assessment is conducted, then an update to the Needs Assessment for PY2022 and PY2023 will be required by October 2022.**
- **Agency's may use their own Needs Assessment template/report as long as all relevant Organizational Standards are met or may use this template to collect the information and provide a "report" to the Tripartite Board/Committee.**
- **Completed Needs Assessment, accepted by the Tripartite Board, is due by October 1, 2020 in the Online Portal (PDF must be uploaded).**
- **Needs Assessment must tie directly to the 2021 Community Action Plan.**

# Community Needs Assessment

**Gunnison County Department of Health and Human Services**

**8/23/2020**

## 1. Executive Summary

Data from the community needs assessment concluded that there are multiple causes and conditions of poverty in both Gunnison and Hinsdale County that were present before the COVID-19 outbreak and that have now been exacerbated by the pandemic. With the onset of COVID-19, there have been drastic reductions to income across the community, as nearly all professions were impacted; many hourly waged workers were already struggling to meet their most critical basic needs such as rent and utility payments. 17.7%, or 2,957 individuals, are living in households with income below 125% of the Federal Poverty Level in Gunnison and Hinsdale County. The poverty rate is higher at 21.1% for Latino and Hispanic families across the valley. Due to loss of employment, high cost of living, and low wage employment, many families below the 125% poverty level struggle to meet their basic needs, including rental assistance, utility bills, childcare, and medical bills. Surveys collected from low-income individuals and families requesting assistance indicate that 36% of applicants felt that their housing needs were unmet and there continues to be an increase in requests for rental and other housing assistance. Other conditions of poverty were identified as lack of critical services such as transportation, childcare, mental health, medical care, and legal needs. Housing was identified across demographics, age, and ethnicity as a need that continues to be largely unmet.

## 2. Evaluation of Past Performance and Environmental Scan

The previous grant cycle focused on outcomes related to housing, basic needs, and utilities. In the second year of the grant cycle (2019), outcomes show that 72% of households who received rental assistance maintained affordable housing for 90 days and 65% maintained affordable housing for 180 days. The first year of the grant cycle (2018) shows that only 64.18% and 43% maintained housing for 90/180 days respectively. Contrarily, data shows that in 2018 households were able to meet their basic needs at 90/180 days at 68% and 46% respectively while in 2019 it was 60% and 43% at 90/180 days respectively. Outcomes were lower than expected for maintaining housing at 90/180 days. Gunnison County had predicted that 100% of applicants would meet their housing and basic needs at 90/180 days when not considering numerous variables, such as the inability to locate applicants due to phone changes, lack of cooperation with landlords and applicants, and difficulty engaging with families long after assistance was provided. Gunnison County has been able to successfully assist households experiencing homelessness to obtain safe temporary shelter 100% of the time and is also able to assist 100% of applicants qualifying for assistance the ability to avoid eviction, foreclosure, and utility shut off.

Past and current environmental scans include customer feedback, surveys submitted by applicants, and key partner data across a variety of programs with housing continuing to be identified as a primary need.

## 3. Geographic Area Covered by the Assessment

The geographic areas covered by the needs assessment include both Gunnison and Hinsdale County. Gunnison County's geographical area is composed of 3,260 square miles. It is the fifth-largest county in Colorado, extending into vast areas of the Rocky Mountains and isolated rural towns such as Marble, Ohio City, Pitkin, and Crested Butte. Hinsdale County is also considered one of the most remote counties in Colorado. Main population centers in Gunnison County include the City of Gunnison, Town of Crested Butte and Mount Crested Butte, with a total population of 17,462 (United State Census Bureau, n.d.). The main population centers are rural and include diverse populations, as many find value in the community for a variety of reasons, from ranching to skiing. The isolation experienced by Gunnison and Hinsdale County community members often compounds existing stressors. For example, due to a lower density of medical specialists, patients must often travel 2.5 hours away, or longer, to access a specialist. For a family already struggling to meet their basic needs, accessing such remote care proves difficult and expensive, if not impossible. In some parts of Gunnison County, such as Marble, travel to the City of Gunnison is at least 3 hours, leaving residents often unable to access services and programs.

## 4. Community Resources

A coordinated and community-driven strategy has been identified and implemented to identify and improve community resources. Currently, Gunnison County hosts the Basic Needs Subcommittee of the Community Health Coalition of the Gunnison Valley, a coalition aimed at achieving a more prosperous and successful future for the County's communities. The Basic Needs Subcommittee collaborates extensively with other entities providing emergency assistance and services to families in need to assure there are no gaps or duplication. Entities include faith organizations, Mountain Roots, The Food Pantry, Housing Authority, Project Hope, Western State University, Gunnison School District and Courts, the Hispanic Affairs Project, and many more. Case management will assist with the coordination of services at the micro level while the Basic Needs Committee will focus on process, outcomes, gaps, barriers, problem-solving, and planning for the program services. In addition to the Basic Needs Subcommittee, an internally centralized case management function identifies needed services and determines areas in which other resources are needed or better coordinated.

## 5. Data Analysis

Determination of need was based on several assessment processes taking into consideration the shift and momentum of need across the community due to the COVID-19 pandemic. Qualitative data was drawn from surveys from low-income individuals and families, data from staff and partners, and in consultation with area representatives of food security and other human service providers. Quantitative data was drawn from the American Community Survey Data, Census data, Colorado State Demography Data Resources, and data from current programs within DHHS. Information was also gathered from key sectors serving low-income families.

Qualitative data included surveys of low-income individuals, customer service surveys, and data from partners. Surveys are provided with each grant application; for the purpose of this grant application a sample size of 28 surveys was evaluated. 36% of applicants identified their housing needs to be totally unmet and 25% of applicants identified their Home Energy Needs as also being unmet. An additional sample of applicants age 60 and older concluded that 37% reported that their housing needs were unmet. In Hispanic Families, the primary needs identified as being unmet include housing (50%) in addition to dental care (43%), medical care (37%), and home energy (56%). Additional information from low-income families concluded that 28% identified unmet housing needs. Across gender, age, race, and ethnicity, housing

continued to be the primary need identified both pre and post COVID-19, with families who identify as Hispanic expressing more of an unmet need. During COVID-19, there has been a significant increase in the number of families requesting assistance: January through July 2019 31 households were assisted with rent; January through July 2020 139 households received rental assistance. Although the weekly requests for rent assistance have stabilized, we continue to see an increased need for housing assistance due to the impact of COVID-19. Customer service surveys provided quarterly, have consistently shown that customers of DHHS have felt that 96% (2018) of the time and 97.3 % (2019) of the time they are treated courteously and respectfully as they have interfaced with DHHS staff.

Quantitative Data included data from Partners, American Community Survey data, Census data, and Colorado State Demography Data Resource. The American Community Survey (2018) reports that Gunnison County has a population of 16,537, with approximately 2,044 being 65 and older. 1,532 individuals are identified as Hispanic or Latino. The United States Census Bureau further identified the median household income as $54,979 and the poverty rate to be 17.7%. According to the Economic Research Institute, the Cost of Living in Gunnison is 14% higher than the national average, 4% higher than the Colorado average, and the 16th most expensive city in Colorado. The Self-Sufficiency Standard for Gunnison Colorado, for a family of four, is $63,000, well above the median household income in the valley. The United States Census Bureau further identified Gunnison County as having a Hispanic or Latino population of 9.3% of the total population and 4.6% of the population living with a disability. Along with a high poverty rate, is a high uninsured population, which stands at 10.8% according to the US Census Bureau. Additional Data from the National Community Action Data Hub show:

- Small Area Income and Poverty estimates that in Gunnison 17.7%, or 2,957 individuals, are living in households with income below 125% of the Federal Poverty Level
- 13.21% of all persons lived in a state of poverty during the 2014-+2018 period in Gunnison and Hinsdale County
- Females in both Gunnison and Hinsdale County showed a higher poverty rate at 15.43% poverty than males
- Hispanic or Latino populations have a significantly higher poverty rate at 21.44% than non-Hispanic or Latino, at 17.7%
- For Seniors aged 65 and up, 7.3%, or 165 individuals, are living in poverty.

Information gathered from key sectors of the community includes the SNAP Program, Mountain Roots, Temporary Aid for Needy Families, The Food Pantry, Health Coalition of the Gunnison Valley, and the Basic Needs Subcommittee. The Food Pantry reports that as of August 15th food assistance has been provided to 1,140 unduplicated households (1,750 adults, 750 children and

300 adults 60+) since the beginning of the pandemic. 64% of people utilizing the pantry identified themselves as low-income, 7% were on fixed incomes, such as adults 60+ and disabled citizens, 9% were single parents, 3% were homeless and 25% identified as Hispanic. The SNAP Program reports that between January-July 2019 they processed 257 food assistant applications, and between January-July 2020, 425 applications were processed, doubling the number of applications processed. Senior Meals, who typically served 40 warm meals each day, has seen a significant increase in need for low-priced meals, and are now serving 80 meals each day to low income seniors. Faith based organizations have been difficult to integrate with and there is no data to report out on. Mountain Roots, providing fresh produce to low income families, reports that they ran a supper program for 12 weeks, serving 13,400 meals and partnered with 8 restaurants. Support for this program was provided through collaborative grants with DHHS and the Food Pantry. Mountain Roots also managed free-food markets for 20 weeks, two in Gunnison and one in Crested Butte, seeing 200 individuals and feeding another 300 people at home.

## 6. Key findings on the Causes and Conditions of Poverty (Standard 3.4)

Data from the community needs assessment concluded that there are multiple causes and conditions of poverty in both Gunnison and Hinsdale County. Several causes and contributors are specific to seasonal communities, such as loss of employment in spring and fall, and isolated rural locations. Other contributors include the high cost of living, lack of affordable housing, and low living wage jobs that are common in ski communities. The high cost of utilities during extreme winter months creates additional financial obstacles. Combined, these barriers contribute to conditions of poverty, such as housing instability, homelessness, inability to meet basic needs, lack of medical care, and food insecurity. Housing was identified most clearly as an unmet need at 36%. Earnings well above the official Federal Poverty Level are nevertheless far below what is needed to meet families' basic needs in Gunnison and Hinsdale County. The self-sufficiency standard in Gunnison County is $63,000 for a family of four, and the median income is $54,979, an insufficient amount of money to be able to afford necessities. With the onset of COVID-19, there have been drastic reductions to income across the community, as nearly all professions were impacted; particularly hourly waged workers who already struggled to meet their most critical needs. Other conditions of poverty in the lives of families include transportation, childcare, mental health, medical care, and legal needs. In the coming months, due to seasonal employment, winter months, and families depleting savings and available resources, it is anticipated there will be an increased need in housing and other assistance needed to meet individual and families' basic needs.

The community continues to build robust networks focused on the community's most vulnerable populations. With the onset of COVID-19, a larger environmental scan will be performed over the next few months to focus on impact and containment of COVID -19 and the communities most vulnerable members.

# ROMA Nationally Certified Implementor / Trainer Needs Assessment, Community Action Plan and Strategic Plan Review Certification

Revised May 2020

As part of Organizational Standard 4.3, agency Community Action Plans and Strategic Plans must "document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation) ... **having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.**

I, Josiah Masingale/Master Trainer, being a Nationally Certified ROMA Trainer or Implementer, certify that I have reviewed and assisted in the implementation of Gunnison County DHHS (Agency/Department) 2021 Community Action Plan and/or Strategic Plan. I further certify that Gunnison County DHSS (Agency/Department) has demonstrated compliance to ROMA. Compliance is documented using the Colorado ROMA Certified Trainer Review Tool.

Signature

August 25, 2020

Date

*Agencies: Please submit a copy to the Colorado Organizational Standards System under Organizational Standard 4.3. Retain a copy for compliance.*

**Colorado Community Action Association (CCAA)**
**Results Oriented Management and Accountability (ROMA) Nationally Certified Trainer Review**

Date: **August 25, 2020**
Agency/Department: **Gunnison County Department of Health and Human Services**
Agency Contact (including email): **Elizabeth (Betsy) Holena/elizabeth.holena@state.co.us**

Mission Statement Review

1. Date of last Mission Statement Review: **September 2019 and May 2020**
2. The mission addresses poverty? **Yes.**
3. The organization's programs and services are in alignment with the mission? **Yes.**
4. Does the mission contain language regarding Population, Relationships, Services/Strategies, and Outcomes? **Partially. Language indicating relationships is lacking. No need for immediate revision but future review's may be benefitted by addressing relationships through which the department fulfills its mission.**

**NCRT Notes:**
Mission: "provide culturally competent advocacy, protection, prevention, and support services to families of Gunnison and Hinsdale Counties so they can prosper and thrive in a healthy and supportive community."

Community Needs Assessment Review

1. Does the CNA contain customer satisfaction data and customer input? **Yes. The Needs Assessment contains customer input in the form of surveys returned by individuals and families and contains customer satisfaction aggregated data.**
2. Does the CNA contain information gathered from key sectors including community-based organizations, faith-based organizations, private sector, public sector, and educational institutions? **Partially. It is clear the community-based and public sector have been included. It is not clear that data was obtained from faith-based organizations, private sector, and educational institutions. Please add (or clearly identify) data collected from these sectors.**
3. The CNA includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s)? **Unclear. Data specific to poverty and its prevalence related to gender, age, and race/ethnicity is referenced but not clearly defined. Please add data specific to those demographics as it relates to poverty. Let Josiah know if he can provide assistance.**
4. The CNA contains both qualitative and quantitative data on its geographic service area(s)? **Yes. Qualitative data was drawn from surveys from low income individuals and families, data from staff and partners and in consultation with area representatives of clergy, housing and other human service providers. Quantitative data was drawn from the American Community Survey Data, Census data, Colorado State Demography Data Resources and data from current programs within DHHS**
5. The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed? **Partially. The Needs Assessment contains information on the barriers and possibly root causes of poverty, but a clear statement on the causes and conditions of poverty locally would really emphasize the findings of the report. Let Josiah know if he can provide assistance.**

**NCRT Notes:**

- **Please add some information in the "Evaluation of Past Performance and Environmental Scan" section that addresses how well the CSBG program performed (met planned services and outcomes) in the past three-year program period.**
- **The "Community Resources" section is good. You could add a bit more information on what the current resources are in the community that CSBG might support (such as the Basic Needs Committee) and also what any gaps are in the community where services are needed but not being provided.**

- **Please add data collected from faith-based organizations, private sector, and educational institutions in the "Data Analysis" section.**
- **Please clearly identify data on poverty and its prevalence related to gender, age, and race/ethnicity in the "Data Analysis" section. Generally, a few bullet points specific to these demographics and poverty in the CNA will cover this requirement.**
- **Please clearly identify the causes (lack of living wages; lack of affordable housing; lack of permanent jobs; etc) and the conditions (homelessness; instability; inability to meet basic needs; housing costs above the standard percentage of household income) of poverty locally. This section is best met**
- **You may want to provide the data sources (Census Tables; State Demography Charts; etc) to the Needs Assessment as attachments so that when your board reviews the CNA they can see the data that was gathered and analyzed.**

Community Action Plan Review

1. The Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment? **Yes. The CAP and the 2021-2023 CSBG Activities Spreadsheet are outcome-based, drive towards stability and self-sufficiency, and address needs identified in the Community Needs Assessment.**
2. The Community Action Plan contains ROMA principles (assessment, planning, implementation, tracking, evaluation)? **Yes. The 2021-2023 CSBG Activities Spreadsheet, along with the 2021 CSBG Activities Spreadsheet (once created in November-December 2020) incorporate all phases of the ROMA cycle as established through the State's regular annual T/TA processes.**

**NCRT Notes:**

**The Community Action Plan meets all of the requirements and incorporates the ROMA Cycle.**

Strategic Plan Review

1. The strategic plan contains ROMA principles (assessment, planning, implementation, tracking, evaluation)? **Yes. All major phases of the ROMA cycle are addressed in the Strategic Plan.**
2. The strategic plan addresses reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient? **Yes. The Strategic Plan addresses reduction of poverty and revitalization of low-income communities.**
3. The strategic plan contains family, agency, and/or community goals? **Yes. The Strategic Plan contains family and community goals/outcomes.**
4. Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process? **Unclear. While it is clear that Customer Satisfaction Data and Customer Input was considered in the most recent Needs Assessment/Community Action Plan, it is not clear if that data was included in the strategic planning process that covers the Strategic Plan reviewed.**

**NCRT Notes:**

**The most current copy of the Department's programmatic mission and strategic plan in the State CSBG Organizational Standards system provided by Gunnison County was reviewed. If a more current copy of the Strategic Plan exists please share it for an updated review.**

Reviewed By (Print Name)/Nationally Certified ROMA Trainer: Josiah Masingale, Nationally Certified Master ROMA Trainer

NCRT Signature _____

Date 8/25/2020

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

**Give Form to the requester. Do not send to the IRS.**

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Gunnison County, Colorado

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ Governmental Entity

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 3

Exemption from FATCA reporting code (if any)

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.
200 East Virginia Avenue

Requester's name and address (optional)

6 City, state, and ZIP code
Gunnison, CO 81230

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**
☐☐☐ – ☐☐ – ☐☐☐☐

**or**

**Employer identification number**
8 4 – 6 0 0 0 7 7 0

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ▶ Linda Nienhuesen Date ▶ 1/14/19

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See* What is backup withholding, *later.*

# Tripartite Board Roster

**Organization Name:** Gunnison County Department of Health and Human Services

**LOW INCOME**

| Name (If vacant, please list as Vacant Seat.) | County Represented | Community/Group Represented | Date Seated | Current Term Expiration | Vacancy Date (If applicable) |
|---|---|---|---|---|---|
| Vince Rogalski Vice Chair | Gunnison/Hinsdale | Faith based | 2014 | 2021 | |
| April Sparks | Gunnison/Hinsdale | Low Income, children and families | 2014 | 2021 | |
| | | | | | |
| | | | | | |
| | | | | | |

**PUBLIC ELECTED OFFICIALS**

| Name (If vacant, please list as Vacant Seat.) | County Represented | Elected/Public Office Represented | Date Seated | Current Term Expiration | Vacancy Date (If applicable) |
|---|---|---|---|---|---|
| Roland Mason | Gunnison/Hinsdale | County Commissioners | 2019 | 2021 | |
| Kristy McFarland | Gunnison/Hinsdale | Assessors Office | 2014 | 2021 | |
| | | | | | |
| | | | | | |
| | | | | | |

**PRIVATE ORGANIZATIONS**

| Name (If vacant, please list as Vacant Seat.) | County Represented | Organization/Business Represented | Date Seated | Current Term Expiration | Vacancy Date (If applicable) |
|---|---|---|---|---|---|
| Shannon Frias | Gunnison/Hinsdale | Housing | 2014 | 2021 | |
| Arden Anderson | Gunnison/Hinsdale | Red Cross | 2014 | 2021 | |
| | | | | | |
| | | | | | |
| | | | | | |

| Agency Name: | Gunnison County Department of Health and Human Services |
|---|---|

## CSBG CARES Act Budget Detail Explanation

### A. Direct Personnel (Salary)

Under Item, list the position for which salary is requested. If the position(s) is (are) not filled, record "To Hire." If there are multiple positions of the same type/title being funded through CSBG, record the number of positions under Item as well. Be sure to show under computation the annual salary for positions already funded and the percentage of time devoted to the program. Only time spent on the CSBG program is allowable. Fringe benefits should be noted separately in Section B.

| Item | Computation | Federal Funds |
|---|---|---|
| Administrative Assistance | 5% of salary allowing up to 2 hours/week for grant activity | $3,527 |
| Case manager | 7 hours week/52 weeks | $8,630.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| Personnel (Salary) Total | | $ 12,157.16 |

### B. Direct Fringe Benefits

Include fringe benefits for individuals paid by CSBG funds. These should not be included in Section A. Under Item, list the position title(s) for which fringe benefits are requested. If the position(s) is (are) not filled, record "To Hire." If there are multiple positions of the same type/title being funded through CSBG, record the number of positions under Item as well. Be sure to show under computation the annual fringe amount for positions funded and the percentage of time devoted to the program. Percentages should correspond with Section A.

| Item | Computation | Federal Funds |
|---|---|---|
| Administrative Assistance | 5% of salary allowing up to 2 hours/week for grant activity | $ 985.08 |
| Case Manager | 7 hours week/52 weeks | $ 684.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| Fringe Benefits Total | | $ 1,669.08 |

### C. Direct Operating Costs-Travel and Training

Under Item, indicate the type of travel and training requested. Include the number of individuals if known. Show under computation how amount was determined, including training registration costs, airfare or mileage, accomodations and per diem or meals/expenses.

| Item | Computation | Federal Funds |
|---|---|---|

| | | |
|---|---|---|
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| | | |
| | | |
| | | |
| | | |
| Travel Total | | $ - |

| D. Direct Operating Costs-Supplies | | |
|---|---|---|
| Under Item, indicate the type of supplies to be purchased, as is reasonable to predict. Include the number of items and/or frequency of purchase. Show under computation how determined. Estimates may be based on prior year's budget or projections for planned activities. | | |
| Item | Computation | Federal Funds |
| | | $ - |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| Supplies Total | | $ - |

## E. Direct Operating Costs-Services

Under Item, indicate the services (such as Emergency Services, Employment Services, Nutrition Services, etc.) to be provided. Show under computation the detail of services provided (rent/mortgage assistance, bus passes, food boxes, etc.). This section is ONLY for services performed by your agency and does not include sub-recipients.

| Item | Description of Services - Include federal objective addressed | Federal Funds |
|---|---|---|
| vouchers | Services supporting multiple domains, Housing, Health and Social Behavioral Development | $46,174 |
| | Federal Obejctives "Other" | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Services Total | | $46,174 |

## F. Direct Operating Costs-Other

Under Item, indicate any other direct expenses that do not fit in the above categories. Include the quantity or number of items. Show under computation how determined. This section is for services performed by your agency and does not include sub-recipients.

| Item | Computation | Federal Funds |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| Other Total | | $ - |

| G. Total Direct Costs (Sections A-F) | | Federal Funds |
|---|---|---|
| Total Direct Costs | Add Sections A-F to total direct costs. | $ 60,000.00 |

## H. Sub-Recipients (Includes both sub-grants and sub-contractors.)

Under Item, indicate the name of the sub-recipient. Show under description of services whether the sub-recipient is a sub-grantee or sub-contractor, the federal objective(s) addressed and primary use(s) of funds. Please include any supporting documentation such as board minutes showing sub-recipients approved, and/or contracts/IGAs/MOUs with sub-recipients.

| Item | Description of Services - Include federal objective addressed | Federal Funds |
|---|---|---|
| | | |

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|---|---|---|---|
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| | | | |
| **Sub-Recipients Total** | | | $ - |
| | | | |
| **I. Sub-Recipient costs allowable for Indirect Expenses (Limited to first $25,000 of each sub-recipient).** | | | |
| a. Total dollar amount of sub-recipients less than $25,000 each = | | 100% of sub-recipients that are less than $25,000 may be included in calculations for indirect cost rate. | |
| b. Number of sub-recipients more than $25,000 | | The first $25,000 of each sub-recipient exceeding the $25,000 limit may be included in calculations for indirect cost rate. | $ - |
| c. # from Ib X $25,000 limit = | | | |
| *The sub-recipient total allowable for indirect expenses will calculate in the box to the right (a+c). You will add this amount to the total direct charges to calculate indirect cost rate in the next section.* | | | |

| **J. Indirect Cost Rate** | | | **Federal Funds** |
|---|---|---|---|
| 1. ___ Federal negotiated indirect cost rate of __% (Please attach supporting documentation.) Enter __% in green cell here:<br>2. ___ De minimus indirect cost rate of 10%. Enter 10% in green cell here:<br>3. ___ Not claiming an indirect cost rate. (May include administrative costs allocated in Sections A-F.) | | | |
| Total Direct Costs (Section G): | $ 60,000.00 | | |
| Allowable Sub-Recipient Total (Section I): | $ - | | |
| Total Costs eligible for Indirect Rate: | $ 60,000.00 | | $ 60,000.00 |
| *The indirect cost rate indicated multiplied by total costs eligible will calculate in the box to the right.* | | | $ - |

| K. Total Program Budget | Federal Funds |
|---|---|
| Subtotal Direct Costs (Section G) | $ 60,000.00 |
| Subtotal Sub-Recipients (Section H) | $ - |
| Subtotal Indirect Costs - Value once rate is applied to Modified Total Direct Costs (Section J, if applicable) | $ - |
| TOTAL Grant Award (Must match projected allocation.) | $ 60,000.00 |

Please note: Gunnison County anticipates having a greater need than the requested allocation

**Gunnison County Department of Health and Human Services**
**Tri-partite Board of Directors/Advisory Committee**
**Meeting Minutes**
**08/31/2020**
**10:00 pm**
**DHHS**

**I. Welcome and Introductions**

**a. Roll call**

- **In Attendance:** {Arden Arden Anderson, Vince Rgalski, April Sparks, Kristy McFarland, Roland Mason)
- **Not in Attendance:** Shannon Frias
- **Visitors:** Andrea Pennington

**b. Determination of Quorum: quorum present**

**c. Member Announcements:**

**II. Approval of the Agenda:** Arden reviewed Agenda, Roland moved to approve the agenda, all in favor, agenda approved.

**III. Business**

**a. Approval of minutes from** {05/19/2020} Arden would like notes put together a week after each meeting. This would require board members review minutes more timely. Arden made motion to approve, all in favor, minutes approved

**b. Review of other grant sources(Betsy)**$88,000 has been spent on rent assistance since may with a variety of grants

**c. Committee updates-new Case manager**: Andrea is calling each applicant after they are approved for CSBG to offer information, assistance and referral, gather data at 90/180 days.

**e. Customer Satisfaction Data, most recent quarter results:** DUE TO COVID, UNABLE TO COLLECT THIS PAST QUARTER

**f. Reminder of DHHS mission Statement addressing poverty: "The mission of the Department of Health and Human Services is to provide culturally competent advocacy, protection, prevention, and support services to families of Gunnison and Hinsdale Counties so they can prosper and**

**thrive in a healthy and supportive community".** Betsy described that ROMA did not think this fully identified and the cause and conditions of poverty and how to address that. DHHS will not alter mission statement to this, it was accepted by ROMA

**g. Annual update on the success of specific strategies included in the community action plan:**
**72% maintained safe and affordable housing for 90 days**
**65.18% maintained housing for 180 days**
**60.71% are able to meet their basic needs for 90 days**
**43.75% are able to meet their basic needs for 180 days**

These metrics will not be in the next three year grant cycle.

**Case Manager continues to make referrals for families receiving CSBG and include referrals to the Center for Mental Health, Work Force Center, Social Security, Public Benefits, and Division of Vocational Rehab etc. Case Manager continues follow up calls to track data on retaining housing and meeting basic needs.**

**h. NEW By Laws: These were submitted and approved by the BOCC.** These do not need to be voted on, only signed by the BOCC

**i. Community Action Plan and Applications(Vote)**

**Notes(Roland)**: Expressed concern for those who have utilized all available resources and this fall and concerned there will be a huge uptick in people who are struggling to meet their needs. Saving may have run out and other resources utilized. Cost is being driven up as people are trying to get out of the way of COVID. Crested Butte had 60 inquiries to new students. Governor Polis extended eviction memorandum last week, Betsy will research extension. Suggestions for CAN:

- correct demographic information for City of Gunnison and Crested Butte, strike Mt. Crested Butte
- Make changes to number of individuals case managed vs. provided information and referral assistance
- Further describe community networks to include the food pantry, other nonprofits, faith based organizations, Mountain Roots.
- Describe possible need in fall

- Add note in budget that the county expects the needs to be over the $60,000 requested
- Arden would like to make sure that some metric is capturing if the county is utilizing the funding effectively

ARDEN MOTIONED FOR APPROVAL OF COMMUNITY NEEDS ASSESSMENT AND ACTION PLAN(ONCE CHANGES WERE COMPLETE), MOTION WAS SECONDED, ALL IN FAVOR, COMMUNITY NEEDS ASSESSMENT AND ACTION PLAN APPROVED.

**J. Training Opportunities : Betsy will send out training opportunities**

**k. Programmatic report 2019**

**$59,359.16: Housing**

**$12897.19: Health and Social/Behavioral:**

**$9189.00 Services supporting multiple domains**

**365: number of unduplicated individual served**

**204: number of households served**

**l. Financial report YTD: $996.01(of $58,000) 2019 allocation**

**CSBG Supplemental: $74,818 remaining**

**-115 households have been assisted with rent**

**-EHAP/POP**

**Notes(Roland Mason)**There is also a fund form the housing authority for mortgage relief($65000) in partnership with housing foundation. Jennifer may be able to help coordinate, Roland will follow up with Betsy. Roland also said there may be a short term funding source from the County related to COVID Funding.

**m. No findings related to CSBG of any audits of the County**

**o. review, actions needed, program adjustment or operational**

**Adjustment needed**? Betsy addressed need for platform, will continue to work with Attorney's office. Discussion around if CSBG funding should be utilized for undocumented community members. Currently other grant funding is supporting that need, will reevaluate at the county level if demand is overwhelming and there is no other resource to meet the need. HAP continues to have funding for undocumented families

**p. CSBG minigrant received for Senior Meal Program. $4000.00 for capacity building.**

II **FOLLOW UP STEPS:** Betsy will edit CNA and application to reflect changes and will send out along with trainings and ROMA evaluation.

**IV. Next meeting:** six months out unless there is a critical need before then due to increased demand or needs. Betsy will set doodle

**V. Adjourn:** {Motion needed per board policy}

*Minutes respectfully submitted by {Secretary name, position*

| Agency Name: | Gunnison County Department of Health and Human Services |
|---|---|

## Community Service Block Grant Budget Detail Explanation

### A. Direct Personnel (Salary)

Under Item, list the position for which salary is requested. If the position(s) is (are) not filled, record "To Hire." If there are multiple positions of the same type/title being funded through CSBG, record the number of positions under Item as well. Be sure to show under computation the annual salary for positions already funded and the percentage of time devoted to the program. Only time spent on the CSBG program is allowable. Fringe benefits should be noted separately in Section B.

| Item | Computation | Federal Funds |
|---|---|---|
| Administrative Assistance | 5% of salary allowing up to 2 hours/week for grant activity | $3,527 |
| Case manager | 7 hours week/52 weeks | $8,630.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Personnel (Salary) Total** | | $ 12,157.16 |

### B. Direct Fringe Benefits

Include fringe benefits for individuals paid by CSBG funds. These should not be included in Section A. Under Item, list the position title(s) for which fringe benefits are requested. If the position(s) is (are) not filled, record "To Hire." If there are multiple positions of the same type/title being funded through CSBG, record the number of positions under Item as well. Be sure to show under computation the annual fringe amount for positions funded and the percentage of time devoted to the program. Percentages should correspond with Section A.

| Item | Computation | Federal Funds |
|---|---|---|
| Administrative Assistance | 5% of salary allowing up to 2 hours/week for grant activity | $ 985.08 |
| Case Manager | 7 hours week/52 weeks | $ 684.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Fringe Benefits Total** | | $ 1,669.08 |

### C. Direct Operating Costs-Travel and Training

Under Item, indicate the type of travel and training requested. Include the number of individuals if known. Show under computation how amount was determined, including training registration costs, airfare or mileage, accomodations and per diem or meals/expenses.

| Item | Computation | Federal Funds |
|---|---|---|

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| | | |
| **Travel Total** | | $ - |

## D. Direct Operating Costs-Supplies

Under Item, indicate the type of supplies to be purchased, as is reasonable to predict. Include the number of items and/or frequency of purchase. Show under computation how determined. Estimates may be based on prior year's budget or projections for planned activities.

| Item | Computation | Federal Funds |
|---|---|---|
| | | $ - |
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| | | |
| **Supplies Total** | | $ - |

## E. Direct Operating Costs-Services

Under Item, indicate the services (such as Emergency Services, Employment Services, Nutrition Services, etc.) to be provided. Show under computation the detail of services provided (rent/mortgage assistance, bus passes, food boxes, etc.). This section is ONLY for services performed by your agency and does not include sub-recipients.

| Item | Description of Services - Include federal objective addressed | Federal Funds |
|---|---|---|
| vouchers | Services supporting multiple domains, Housing, Health and Social Behavioral Development | $46,174 |
| | Federal Obejctives "Other" | |
| | | |
| | | |
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| **Services Total** | | $46,174 |

## F. Direct Operating Costs-Other

Under Item, indicate any other direct expenses that do not fit in the above categories. Include the quantity or number of items. Show under computation how determined. This section is for services performed by your agency and does not include sub-recipients.

| Item | Computation | Federal Funds |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| **Other Total** | | $ - |

| G. Total Direct Costs (Sections A-F) | | Federal Funds |
|---|---|---|
| Total Direct Costs | Add Sections A-F to total direct costs. | $ 60,000.00 |

## H. Sub-Recipients (Includes both sub-grants and sub-contractors.)

Under Item, indicate the name of the sub-recipient. Show under description of services whether the sub-recipient is a sub-grantee or sub-contractor, the federal objective(s) addressed and primary use(s) of funds. Please include any supporting documentation such as board minutes showing sub-recipients approved, and/or contracts/IGAs/MOUs with sub-recipients.

| Item | Description of Services - Include federal objective addressed | Federal Funds |
|---|---|---|
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| **Sub-Recipients Total** | | | $ - |
| | | | |

| **I. Sub-Recipient costs allowable for Indirect Expenses (Limited to first $25,000 of each sub-recipient).** | | | |
|---|---|---|---|
| a. Total dollar amount of sub-recipients less than $25,000 each = | | 100% of sub-recipients that are less than $25,000 may be included in calculations for indirect cost rate. | |
| b. Number of sub-recipients more than $25,000 | | The first $25,000 of each sub-recipient exceeding the $25,000 limit may be included in calculations for indirect cost rate. | **$ -** |
| c. # from Ib X $25,000 limit = | | | |
| *The sub-recipient total allowable for indirect expenses will calculate in the box to the right (a+c). You will add this amount to the total direct charges to calculate indirect cost rate in the next section.* | | | |

| **J. Indirect Cost Rate** | | | **Federal Funds** |
|---|---|---|---|
| 1. ___ Federal negotiated indirect cost rate of __% (Please attach supporting documentation.) Enter __% in green cell here:<br>2. ___ De minimus indirect cost rate of 10%. Enter 10% in green cell here:<br>3. ___ Not claiming an indirect cost rate. (May include administrative costs allocated in Sections A-F.) | | | |
| Total Direct Costs (Section G): | $ 60,000.00 | | |
| Allowable Sub-Recipient Total (Section I): | $ - | | |
| Total Costs eligible for Indirect Rate: | $ 60,000.00 | | **$ 60,000.00** |
| *The indirect cost rate indicated multiplied by total costs eligible will calculate in the box to the right.* | | | **$ -** |

| K. Total Program Budget | Federal Funds |
|---|---|
| Subtotal Direct Costs (Section G) | $ 60,000.00 |
| Subtotal Sub-Recipients (Section H) | $ - |
| Subtotal Indirect Costs - Value once rate is applied to Modified Total Direct Costs (Section J, if applicable) | $ - |
| **TOTAL Grant Award (Must match projected allocation.)** | $ 60,000.00 |

Please note: Gunnison County anticipates having a greater need than the requested allocation