

Does your Organization expend \$750,000 or more a year in federal funds? Y or N

Number of paid staff: 10

Number of volunteers: 150

Members/Board of Directors (*Attach*): attached

III. PROJECT ACTIVITY

A. Name of Project: Cancer Support Services

B. Specific Location of Project

(Attach Project Map - include street address; if a street address has not been assigned provide APN)

Street or APN: _____

City: Temecula

Zip Code: 92590

C. CDBG Funds Requested: 10,000 *(total amount for the project only)*

D. Where will the proposed activity occur (be specific as to the geographic boundaries)? If the project involves a new or existing facility, what is the proposed service/benefit area for the facility?

The facility is located in Temecula and services benefit clients in City of Lake Elsinore and Riverside County.

E. In which City (ies)/Communities does the activity occur?

City (ies): **Lake Elsinore**

Community (ies): **outlying communities of Lake Elsinore**

NOTE: HWS will make the final determination of the appropriate service area of all proposals.

F. If this project benefits residents of more than one community or jurisdiction, have requests been submitted to those other entitlement jurisdictions? (i.e., County district(s) 1st, 2nd, 3rd, 4th, and/or 5th, City of Palm Springs, City of Moreno Valley, City of Riverside, etc.)

Yes

G. Check ONLY the applicable category your application represents.

- Public Service
- Homeless Activities
- Real Property Acquisition (Must consult with EDA prior to submitting application)
- Housing
- Rehabilitation/Preservation (please provide picture of structure)
- Public Facilities (construction)
- Infrastructure (i.e. Streets, Sewer, Sidewalk, etc.)
- Other: (provide description) _____

H. Respond to A & B only if this application is for a public service project.

(a) Is this a NEW service provided by your agency? Yes No

(b) If service is not new, will the existing public service activity level be substantially increased or improved?

Yes

IV. PROJECT NARRATIVE

A. Provide a detailed Project Description. The description should only address or discuss the specific activities, services, or project that is to be assisted with CDBG funds. If CDBG funds will assist the entire program or activity, then provide a description of the entire program or activity:

Assisted with CDBG FUNDS: Patient Navigators provide one on one support to clients newly diagnosed or currently going through cancer. They connect them with resources, empower them with education and listen to their needs. They supply clients with a toolkit for tracking appointments, support service schedules, referrals to assistance programs, access to free and low cost mammograms and diagnostic breast health services for uninsured or underinsured, assistance in facilitating ultrasounds, mammograms and resource list of organizations that can assist in paying non-medical bills. Michelle's Place has three English speaking and two bilingual patient navigators. Financial assistance is provided with grocery gift cards to purchase food for client families and transportation assistance available to help patients make it to their appointments.

Need: According to the Center for Disease Control and Prevention Home/National Cancer Institute, in Riverside County, CA, 389 per 100,000 persons will be diagnosed with cancer, with an annual average of 10,550. The good news is the trend is falling. Yet breast and uterine corpus cancers continue to increase. The most vulnerable are those who have limited access to care such as low to moderate income and uneducated.

- B. Provide a detailed description of the proposed use of the CDBG funds only (e.g. client scholarships, purchase of specific equipment, rent, supplies, utilities, salaries, etc.):

CDBG funds will be used to facilitate temporary financial assistance to cancer patients in active cancer treatment and transportation to medical appointments. Additionally, funds will be used to defray the salaries of Michelle's Place patient navigators, who monitor and provide support services to each client diagnosed with cancer and their family members. Each Patient Navigator is 100% responsible for assisting each client and making sure they are educated about all the resources, both in Riverside County including those at Michelle's Place. (educational classes, therapeutic and social activities, peer to peer support, stress/wellness activities, whole-person caregiving tools, coping strategies, financial assistance for food and transportation to appointments, beauty shop with wigs and scarves, special support to clients children with school supplies and holiday treats. Most patients diagnosed with metastatic cancer have to quit working and need support for their families. Please see website for more information. Funds from the CDBG will help fund on patient navigator, part-time.

- C. What are the goals and objectives of the project, service, or activity? How will you measure and evaluate the success of the project to meet these goals and objectives (measures should be qualitative)?

Goal: provide cancer patients living within City of Lake Elsinore with the support and resources they need to go through their cancer journey.

Objective: Michelle's Place provides support and resource to 120 newly diagnosed cancer patients in City of Lake Elsinore.

Objective: Michelle's Place provides temporary financial assistance to cancer patients needing food to feed their families and transportation to appointments.

Objective: Michelle's Place hosts at least five educational seminars on early detection, health and wellness that are open to the public.

Objectives are measured through both the CCRM (client retention management) and the Entrepreneurial Operating System. Both databases generate reports that are reviewed by Patient Navigators, the Executive Director and the Board.

- D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

1. Clients are referred by friends or doctors once they are diagnosed with cancer
2. Client calls the Center, receives necessary resources, a tour and is assigned a Patient Navigator.
3. Patient Navigator supplies survivor toolkit, support service schedules, referrals to assistance programs, and an up-to-date list of organizations that can assist in paying bills.
4. Patient Navigators answer questions, provide financial assistance for food and transportation, and wigs, scarves and prostheses, access to MP support group schedule and other which is listed on website.
5. Volunteers are usually former clients who have survived cancer and began calling and giving support from the beginning of the journey until no longer needed.

V. PROJECT BENEFIT

- A. Indicate the number of people or households that will directly benefit from your proposal using CDBG funds: *Note: This is based on the expected number of clients to be served if the County funds your project for the requested amount.*

Michelle's Place is open Monday thru Friday, from 9am to 3:30pm. Free services are offered to all clients diagnosed with cancer, including supportive activities and counseling for families. Serving on average 2000 clients residing in Riverside County, 55 new cancer patients each month and 120 clients/households that will directly benefit from funds in City of Lake Elsinore.

Client Testimonies:

- B. Indicate the number of unduplicated clients that will be served (*An unduplicated client is counted only once, no matter how many direct services the client receives during a funding year*):

Michelle's Place Cancer Resource Center has grown to providing an average of 11,000 free services annually, employing 10 staff, with 150 volunteers.

More than 250 clients visit the Center each month to take advantage of the programs, activities, events and mental health care sessions.

Total number of unduplicated clients that will be served in City of Lake Elsinore: 110

Total number of direct services: 1240.

- C. Length of proposed CDBG-funded activities or service (weeks, months, year):

12 months

- D. Service will be provided to (check one or more):

Men

Women

Children (Range of children's ages : _____)

Homeless (Number of beds at facility : _____)

Seniors

Severely Disabled Adults

Migrant Farm Workers

Families

- E. What methods will be used for community involvement to assure that all who might benefit from the project are provided an opportunity to participate?

Michelle's Place staff and volunteers participate in local health fairs and community events. We receive support from our local media to highlight the program and our volunteers share our resource information with local medical providers/resources. We regularly facilitate speaking engagements to local groups about our resources and early detection. Additionally we have a significant social media presence where the community can learn more about what we do. The Executive Director sends an email blast to more than 4500 subscribers twice a month about programs, a calendar of activities, and services offered at the Center. Michelle's Place utilizes collaborations with peer organizations to share the resources available.

- F. What evidence is there of a long-term commitment to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

Michelle's Place has a full-time Development Manager on staff who actively increases cash donations each month from Major Donors, Community Donors and organizes fund-raising events. Michelle's Place actively pursues grant funding from both EFSP, CDBG, CSF and Riverside County CID, including private foundations. Program expenses are covered by several income streams, cash donations, grants, fundraising events and monies held in reserve by the Board. Michelle's Place can provide the 55% match from the general funds which include income streams of 2022 Cash Donations \$294,200; Grants \$308,509; Events \$369,813. Michelle's Place holds \$341,938 in current assets and Equity Fund Balance-Unrestricted of \$895,099.

VI. National Objective

All CDBG-funded activities must meet at least one of the following National Objectives of the CDBG program. Indicate the category of National Objective to be met by your activity.

CATEGORY A: Benefit to low-moderate income persons (must be documented). Please choose either subcategory 1 or 2:

1. Limited Clientele:

The project serves clientele that will provide documentation of their family size, income, and ethnicity. Identify the procedure you currently have in place to document that at least 51% of the clientele you serve are low-moderate income persons.

Each of Michelle's Place clients complete a client intake form. The form requires that they provide documentation of their family size, income level and ethnicity.

At least 51% of the clientele served with CDBG funds are low-moderate income clientele.

2. Clientele presumed to be principally low- and moderate-income persons:
The following groups are presumed by HUD to meet this criterion. You will be required to submit a certification from the client (s) that they fall into one of the following presumed categories.

The activity will benefit (check one or more)

- | | |
|---|---|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Battered spouses | <input type="checkbox"/> Illiterate adults |
| <input type="checkbox"/> Elderly persons | <input type="checkbox"/> Persons living with AIDS |
| <input type="checkbox"/> Severely disabled adults | <input type="checkbox"/> Migrant Farm workers |

- a. Describe the clientele above to be served by this activity:

N/A

- b. Discuss how this project directly benefits low- and moderate- income residents:

Michelle's Place Cancer Resource Center is open to clients diagnosed with cancer and services are offered for free. At least 51% of the clients are low-moderate income residents.

CATEGORY B: Area Benefit - The project or facility serves, or is available to, ALL persons located within an area where at least 51% of the residents are low/moderate-income. (Applicant is welcome to contact a County of Riverside, HWS CDBG Program Manager for Census Information)

2010 Census Tract and Block Group numbers:

Total population in Census Tract(s) / block group(s): _____

Total percentage of low-moderate population in Census Tract(s) / block group(s): _____

CATEGORY C: Activities undertaken to create or retain permanent jobs, at least 51% of which will be made available to or held by low/moderate-income persons.

Proposed Job Creation/Retention

Total Jobs Expected to Create: 0

Total Jobs Expected to Retain: 0

CATEGORY D: Activities that provide assistance to micro-enterprise owners/developers who are low/moderate-income.

Proposed Assistance to Businesses

New Businesses expected to assist: 0

Existing Businesses expected to assist: 0

Enter Total Businesses expected to assist: 0

VII. FINANCIAL INFORMATION

A. Proposed Project Budget

Complete the following annual program budget to begin July 1, 2024. If your proposed CDBG-funded activity will start on a date other than July 1, 2024, please indicate starting date. Provide total Budget information and distribution of CDBG funds in the proposed budget.

The budgeted items are for the specific activity for which you are requesting CDBG funding - NOT for the budget of the "entire" organization or agency. (Note: CDBG funds requested must match amount requested in Project Activity, C above.)

(EXAMPLE: The Valley Senior Center is requesting funding for a new Senior Nutritional Program. The total cost of the program is \$15,000 and \$10,000 in CDBG funds is being requested for operating expenses associated with the proposed activity. The total Activity/Project Budget will include \$5,000 of other non-CDBG funding and \$10,000 in CDBG funds for a Grand Total of \$15,000).

	TOTAL ACTIVITY/ PROJECT BUDGET <i>(Include non-CDBG Funds and CDBG Funds)</i>	CDBG FUNDS REQUESTED-Only
I. Personnel		
A. Salaries & Wages	\$ <u>151,679</u>	\$ <u>10,000</u>
B. Fringe Benefits	\$ _____	\$ _____
C. Consultants & Contract Services	\$ _____	\$ _____
PERSONNEL SUB-TOTAL	\$ <u>151,679</u>	\$ <u>10,000</u>

II. Non-Personnel		
A. Space Costs	\$ _____	\$ _____
B. Rental, Lease or Purchase of Equipment	\$ _____	\$ _____
C. Consumable Supplies	\$ _____	\$ _____
D. Travel	\$ _____	\$ _____
E. Telephone	\$ _____	\$ _____
F. Utilities	\$ _____	\$ _____
G. Other Costs	\$ <u>64,516</u>	\$ _____
NON-PERSONNEL SUB-TOTAL:	\$ <u>64,516</u>	\$ <u>0</u>
III. Other		
A. Architectural/Engineering Design	\$ _____	\$ _____
B. Acquisition of Real Property	\$ _____	\$ _____
C. Construction/Rehabilitation	\$ _____	\$ _____
D. Indirect Costs	\$ <u>10,000</u>	\$ _____
E. Other	\$ <u>18,500</u>	\$ _____
OTHER SUB-TOTAL:	\$ <u>28,500</u>	\$ <u>0</u>
GRAND TOTAL:	\$ <u>244,695</u>	\$ <u>10,000</u>

B. Leveraging

List other funding sources and amounts (commitments or applications) which will assist in the implementation of this activity. Current and pending evidence of leveraging commitments/applications must be submitted with application. (Attach)

Federal: CDBG Murrieta \$10,000; CDBG Lake Elsinore \$5,000; CDBG Riv.Cty \$19,000

State/Local: Riv.Cty Transport \$8600; IEHP \$97,250; City of Temecula \$7,000; Dist.3 CID Funds \$10,000

Private: Foundation Grants \$115,908; Fallbrook Healthcare District \$44,657

Fees: -0-

Donations: \$294,199

Other: Events \$165,045; Unrestricted Reserve \$895,099

- C. What type of long-term financial commitment is there to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

The Board of Michelle's Place has been committed to providing services of those diagnosed with cancer and their families since 2001. The fund development activities support Michelle's Place as referenced in the leveraging chart above. Additionally, local providers of diagnostic services continue to donate their services to ensure the long term sustainability of the program. Michelle's Place continues to partner with local providers that continue to provide screening mammograms, financial assistance, support and resources to ensure our clients continue to get the resources they need.

- D. Provide a summary by line item of your organization's previous year's income and expense statement. (Attach)

attached

- E. Does this project benefit residents of more than one community or jurisdiction, have requests been submitted to those other jurisdictions? Yes No

If yes, identify sources and indicate outcome.

CDBG Murrieta 24-25 and Riverside County Supervisors CDBG 24-25-pending

If no, please explain.

- F. Was this project or activity previously funded with CDBG? Yes No

If yes, when?

CDBG 23-24 Lake Elsinore, Murrieta CDBG 23-24 and Riverside County Supervisors CDBG 23-24

Is this activity a continuation of a previously funded (CDBG) project? Yes No

If yes, explain:

VIII. MANAGEMENT CAPACITY

- A. Describe your organization's experience in managing and operating project or activities funded with CDBG or other Federal funds.

Michelle's Place has been fortunate to be the recipient of funds from CDBG for several years. The staff and leadership are well-equipped and have experience in managing and operating programs funded through CDBG.

B. Management Systems

Does your organization have written and adopted management systems (i.e., policies and procedures) including personnel, procurement, property management, record keeping, financial management, etc.?

Michelle's Place and Board has a rolling 3-year strategic plan with goals and objectives as part of the plan, emergency measures and procedures are written and communicated to employees and postings required as part of the building code for fire and emergency exits. Client records are kept on the CRM system, updated and backed up daily. Michelle's Place Cancer Resource Center was granted funding through the LISTOS California Campaign to empower and engage local communities on emergency preparedness to support California's diverse and vulnerable populations. This information can be found on their website www.michellesplace.org.

C. Capacity

Please provide the names and qualifications of the person(s) that will be primarily responsible for the implementation and completion of the proposed project.

Mercedes Ruiz is the project manager of this program. She is a staff member and a bilingual patient navigator. Mercedes has worked for Michelle's Place for seven years and has been managing the program for more than four years. She is organized and meticulous with CDBG reports and ensures that all the patient navigators collect the CDBG income verification forms. Mercedes ensures they are complete and securely stores all records and information needed for reimbursement reporting. Mercedes is highly respected, by the Board, staff, volunteers and clients.

IX. APPLICATION CERTIFICATION

Undersigned hereby certifies that (check box after reading each statement and digitally sign the document):

- 1. The information contained in the project application is complete and accurate. ✓
- 2. The applicant agrees to comply with all Federal and County policies and requirements imposed upon the project or activity funded by the CDBG program. ✓
- 3. The applicant acknowledges that the Federal assistance made available through the CDBG program funding will not be used to substantially reduce prior levels of local, (NON-CDBG) financial support for community development activities. ✓
- 4. The applicant fully understands that any facility built or equipment purchased with CDBG funds shall be maintained and/or operated for the approved use throughout its economic life, pursuant to CDBG regulation. ✓
- 5. If CDBG funds are approved, the applicant acknowledges that sufficient non-CDBG funds are available or will be available to complete the project as described within a reasonable timeframe. ✓
- 6. On behalf of the applying organization, I have obtained authorization to submit this application for CDBG funding. (DOCUMENTATION ATTACHED Minute Action and/or written Board Approval signed by the Board President) ✓

DATE: 10-1-2023

Signature: Kim Gerrish

Print Name/Title Kim Gerrish, Executive Director
Authorized Representative: _____

CHECK-LIST:

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps (Attach if applicable)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application