# THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS ACTION AGENDA SUMMARY

DEPT:	HEALTH SERVICES A	GENCA	BOARD AGENDA #	*B-9
	Jrgent Routine	$\overline{\mathbb{W}}$	AGENDA DATE	July 31, 2001
CEO Concurs	with Recommendation Y	(ES NO NO Attached)	4/5 Vote Required	YES NOX
SUBJECT:	MINIGRANT FROM	APPLY FOR, AND ACCEP THE STANISLAUS CO FOSTER CARE BACKPA	UNTY CHILDREN	
STAFF RECOMMEN- DATIONS:	STANISLAUS COUL CARE BACKPACK 2. AUTHORIZE THE M OR HER DESIGNE	MANAGING DIRECTOR O E TO SIGN AND EXECU MANAGING DIRECTOR	MILIES COMMISSION OF THE HEALTH SEF TE THE APPLICATION	N FOR A FOSTER RVICES AGENCY DN.
FISCAL IMPACT:		on request to purchase \$5 cost of \$25 per backpack.		
	ON AS FOLLOWS:	Canana	<b>No.</b> 2001-559	
and approve Ayes: Supe Noes: Supe Excused or Abstaining:	ed by the following vote, rvisors: <u>Mayfield, Blom, Cart</u> rvisors: None Absent: Supervisors <u>: Simo</u>	, Secondouso, and Chair Paul		

Christin Lerrano

By: Deputy

SUBJECT: AUTHORIZATION TO APPLY FOR, AND ACCEPT IF AWARDED, A PROPOSITION 10 MINIGRANT FROM THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION FOR A FOSTER CARE BACKPACK PROJECT.

PAGE:

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**DISCUSSION:** The Stanislaus County Children and Families Commission is accepting minigrant applications to support community-based projects that promote the development and support of young children (0-5 years of age) and their families in Stanislaus County.

> As a group, children in Foster Care suffer high rates of serious physical and psychological problems compared with other children from the same socioeconomic background. The trauma of family separation, frequent moves and the stress of disruptions brought about by impermanent placements in the Foster Care system compounds these conditions. During the transition process, suitcases are usually not available and possessions are often gathered up and placed in grocery/garbage bags.

> Stanislaus County currently has approximately 1,200 children placed in Foster Care. Of those children, 236 are aged 0-5. There are approximately 250 new Foster Care placements per year as well.

The Health Care Program for Children in Foster Care would like to purchase 200 backpacks/duffel bags at an average cost of \$25.00 for children ages 0-5 who are placed in Foster Care during the next year or who move from one Foster Care placement to another. The choice of a backpack or duffel bag will be determined by staff based on the age of the child and the amount of belongings they need to move.

POLICY ISSUES:

Approval to apply for this mini-grant meets the Board of Supervisors priority of ensuring a safe, healthy community by preserving the self-esteem of children placed in Foster Care.

STAFFING

IMPACTS:

None.

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MINI-GRANT PROGRAM

#### **Application Cover Sheet**

Amount Reques	ted: <u>\$5,000</u>	<u>\$5,000.00</u>		Projec	Project Title: Foster Care Back		kpack Project
Agency Informa	tion						
				Ith Services Ager for Children in Fo		<u>re</u>	
Contact Person:	Rose A	ann Peterson		Title:	Superv	ising Public Health	Nurse
Mailing Address:	820 Sc	enic Drive	City:	Modesto	Zip Co	de: <u>95350</u>	
Phone:	209/55	8-7375	Fax:	209/558-7511	E-Mail	: rpeterson@	schsa.org
Short Project D	escription:						
average cost of	\$25.00 for che Care placen	nildren ages 0- nent to another	5 who ar	re placed in Fos oice of a backp	ster Caroack or o	e during the next y luffel bag will be	s/duffel bags at an year or who move determined by staff
Population benefiting from project:		Children in Foster Care					
What issues will the project address? Check one:							
	Children Lear	ren Learning and Ready for School					
	Strong Familie	g Families					
$\overline{\checkmark}$	Healthy Childs	ren					
Integrated, Accessible, Culturally Appropriate Services							
Please attach th	e following it	ems:					
1. A 1-2 page description of the project.							
<ul> <li>a. Briefly describe the project you want to do. What tasks will be completed?</li> <li>b. How will young children and/or their families benefit from this project?</li> <li>c. How will you know your project has been successful?</li> <li>d. Where will the project take place? What is the approximate address?</li> <li>e. When will the project take place?</li> <li>f. How many people will participate?</li> <li>g. What other business or organizations will be helping you with this project?</li> </ul>							
2. A proje	ct budget using	g the attached b	udget for	m.			
3. A signed copy of the Disclosure Statement.							
Signature of Ap	plicant		· · · · · · · · · · · · · · · · · · ·			Date	

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MINI-GRANT PROGRAM

### **Project Budget**

Please use this form to categorize and itemize your project's budget. Use only the budget categories needed for your project.

project.			
Category	Mini-Grant	Donations/In-kind	Total Item Cost
Salary/Consultant 1. 2. 3. 4.	-0-		
Project Supplies (please itemize) 1. 2. 3. 4.	-0-		
Consumable Materials (i.e. workbooks, etc.) 1. 2. 3. 4.	-0-		
Training/Conferences 1. 2. 3. 4.	-0-		
Capital Purchase (i.e. Playground equipment, etc.)  1. Backpacks  2.  3.  4.	200 Back Packs x \$25.00 = \$ 5,000.00		
Other (please specify) 1. 2. 3. 4.	-0-		
Total	\$ 5,000.00		

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MINI-GRANT PROGRAM

#### Project Description - Foster Care Backpack Project

#### a. Briefly describe the project you want to do. What tasks will be completed?

As a group, children in Foster Care suffer high rates of serious physical and psychological problems compared with other children from the same socioeconomic background. The trauma of family separation, frequent moves and the stress of disruptions brought about by impermanent placements in the Foster Care system compounds these conditions. During the transition process, suitcases are usually not available and possessions are often gathered up and placed in grocery/garbage bags.

Stanislaus County currently has approximately 1,200 children placed in Foster Care. Of those children, 236 are aged 0-5. There are approximately 250 new Foster Care placements per year as well.

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#### b. How will young children and/or families benefit from this project?

Supplying backpacks to foster children at the time of family separation would add a sense of dignity to the severance process and assist in the transport of the foster child's belongings to the next destination.

#### c. How will you know your project has been successful?

Project success will be evaluated by surveying the Foster Care Social Workers and Probation Officers regarding the timely acquisition and distribution process of these backpacks. This survey will also assist us in determining the positive impact the backpack distribution had on the Foster Care children.

#### d. Where will the project take place? What is the approximate address?

Distribution will be accomplished through a multi-agency approach consisting of staff from the Health Care for Children Program in Foster Care, Health Services Agency, Public Health Services, 820 Scenic Drive, Modesto; the Probation Department, 2215 Blue Gum Avenue, Modesto; and the Community Services Agency, 251 East Hackett Road, Modesto.

#### e. When will the project take place?

Contingent on funding award, distribution could begin as soon as August 2001 and continue until all backpacks have been distributed.

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MINI-GRANT PROGRAM

#### Project Description - Foster Care Backpack Project

#### f. How many people will participate?

Project participants include twelve Social Workers, five Probation Officers, and three Public Health Nurses.

### g. What other businesses or organizations will be helping you with this project?

The Caritas Masonic Organization, a current partner, has assisted with this project's initiation by purchasing 10 backpacks.

Thank for your thoughtful consideration of this project and for responding to the needs of Stanislaus County's placed children in Foster Care.

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MINI-GRANT PROGRAM

#### **Disclosure Statement**

I, Beverly M. Finley, Managing Director of S	Stanislaus County Health Services Agency.	, hereby state:
that the funds being requested in this ap	oplication do <b>NOT</b> supplant any existing re	evenue sources.
Signature	<del></del>	Date
-		
Managing Director, Health Services Agency Title		

## **Proposition 10 Mini Grant Agreement**

Grant Recipient:

Stanislaus County Health Services Agency

c/o (Contact Person):

Rose Ann Peterson

Organization Address

820 Scenic Drive, CA 95350

MG Number:

HC-007F

Duration of Grant Period: December 1, 2001 to November 30, 2002

Grant Type: Mini Grant

Project Title: Foster Care Backpack Project

Awarded Amount \$5,000.00\*

\*For specific items identified in your proposal only.

#### Terms and Conditions

#### Designated Representative

United Way of Stanislaus County, 113 Palm Avenue, Modesto, California 95350, at phone number (209) 523-4562, is the contracted agency who will administer this Grant Agreement on behalf of the Stanislaus County Children and Families Commission.

The funding period shall be from December 1, 2001, through November 30, 2002. This grant is made with the understanding that United Way of Stanislaus County has no obligation to find other additional support or grants to the Grant Recipient.

**Program Evaluation** 

Initial Report Due: March 15, 2002 (Reporting December 1, 2001 – February 28, 2002)

Mid-Report Due: July 15, 2002 (Reporting December 1, 2001 – June 30, 2002)

Final Report Due: January 15, 2002 (Reporting December 1, 2001 - November 30, 2002)

#### **Grant Award and Fund Disbursement**

All parties in this Grant Agreement understand that this initiative grant may be used only to expand or enhance existing programs or initiate new service or programs benefiting children prenatal to age five (5). The funds may not be used to supply another fund.

The contract must be signed and submitted to United Way of Stanislaus County before disbursement can take place. Payment will be made directly to the vendor upon receipt of invoice or purchase order unless otherwise specified by United Way. You may submit the invoice or purchase order to United Way by mail or in person.

#### **Declination of Award**

Notification of declination of award shall be sent in writing by the awarded grantee, stating the reasons for cancellation.

United Way of Stanislaus County and the Stanislaus County Children and Families Commission is entitled to cancel the contract in the event the Grant Recipient is unwilling to follow Proposition 10 funding objectives and guidelines.

Grant Recipient agrees to provide immediate written notice to United Way if significant changes or events occur during the term of this award which could potentially impact the progress or outcome of the grant.

#### Right of Ownership, right use and licensing

Equipment: Unless otherwise agreed in writing or specified in these general terms of contract, the Grant Recipient owns the equipment purchased with project funds.

The Grant Recipient is required to insure the condition of the equipment and keep it in good working order. The Grant Recipient shall not grant any security interest in such equipment.

The Grant Recipient is responsible for submitting the required reports: 1) Initial report due March 15, 2002 2) Mid-report due July 15, 2002 3) Final report due January 15, 2002

#### Funding

Grant Recipient is entitled to funding for specific identified items requested in proposal as approved by Stanislaus County Children and Families Commission only. Grantee must present a purchase order from a vendor to United Way by mail or in person. In the case of local vendors, where the grantee may want to 'shop' for items, the grantee must first provide a purchase order or quote to United Way for approval. Payment will be made directly to the vendor unless otherwise specified

In the case of services provided, grantee must provide a purchase order or price quote from a licensed and credible vendor. Payment will be made directly to the vendor unless otherwise specified by United Way.

A systematic accounting record shall be kept by the Grant Recipient of adequate financial records of this grant.

Random site visits will be made by United Way on a scheduled basis during the program period beginning December 1, 2001 through November 30, 2002.

**Hold Harmless Agreement** 

To the fullest extent permitted by law, Grant Recipient shall defend, indemnify and hold harmless the Stanislaus County Children and Families Commission and their officers, agents, departments, officials, representatives and employees from and against any all claims, liabilities, loss, costs, damages, injury or death, fees, expenses, demands and actions including payment of reasonable attorneys' fees arising out of or resulting from any action or claim.

Acknowledgement of Funds

The Stanislaus County Children and Families Commission is funded by taxpayers' dollars. It is important that the public know the organizations that are receiving funds through the Commission's grant making components. Therefore, the Grant Recipient shall acknowledge the grant in statements or printed materials appropriate to the purpose of the grant. All printed materials related to this grant shall contain the following information in a type size and style appropriate to the materials.

Made possible by a grant from the Stanislaus County Children and Families Commission

Stanislaus County Child	iren and Families Commissio	n
United Way of Stanislaus County in partnership with Stanislaus make this grant to your organization. Please sign and return understanding of the terms outlined. Return the completed of Mitre, Community Impact Associate, P.O. Box 3066, Mode Mitre, Community Impact Associate, United Way of Stanislands.	n one copy of this Grant Agre documentation to United Way sto, CA 95353-3066. If you	ement as evidence of your of Stanislaus County, c/o Dorali have questions, please call Dorali
Stanislaus County I, Health Services Agency accept a	nd agree to the above contract	t terms set forth by United Way of
Stanislaus County and the Stanislaus County Children and F		
in this request do not supplant any existing revenue sources	•	
Organization Name: Stanislaus County Health Se  If Applicable: Business License No.		
Non-Profit ID No.		
Child Care License		_
Mailing Address: 830 Scenic Drive	Modesto	95350
	(City)	(Zip Code)
Shipping Address: Same		
	(City)	(Zip Code)
Knets Koz	1-8-	-07
Contractor's Signature (Grant Recipient)	Date	
Kathy Kohrman	Interim Ma	naging Director
Print Name	Title	