

**LEXINGTON COUNTY
2008 CDBG PROGRAM
APPLICATION FOR ASSISTANCE**

(REFER TO APPLICATION HANDBOOK FOR ASSISTANCE IN COMPLETING AND SUBMITTING THIS APPLICATION)

1. GENERAL INFORMATION

Applicant Name: LRADAC The Behavioral Health Center of the Midland

Contact Person Name: JoDee Douda

Email: jdouda@lradac.org*

Title: Vice President & CFO

Address: P. O. Box 50597

City: Columbia

State: SC

Zip: 29250

Phone: -7331390

Fax: -7331395*

*Please provide as follow-up information may be sent by email or fax

2. PROJECT INFORMATION

Project Title: Women's Community Residence (WCR) Van

Location of the project: 1435 Platt Springs Road, West Columbia, SC 29169

Map attached showing general location of project (City/County level):

Map attached showing specific location of project (Street level):

Total Project Cost: \$22500

CDBG Funds Requested: \$19500

3. USE OF FUNDS – Briefly, using bullet points, detail the specific use of CDBG funds for this project

(This information will be used for project reviews)

- To purchase a mini-van to help transport women to jobs, job interviews, and support groups
-
-

(A more complete description of your project should be given in response to Narrative Question 1)

4. PROJECT SCHEDULE / TIMELINE – When do you expect to begin and end the project?

(NOTE: Funds will not be available until after July 1)

Expected Project Begin Date (Mo/Year): July 1, 2008

Expected Project End Date (Mo/Year): June 30, 2009

5. GRANT ADMINISTRATION – Who will administer the grant and be responsible for all compliance issues? What experience do they have in administering CDBG projects?

- LRADAC will be responsible for administering the grant.
- Although LRADAC has not previously administered a CDBG project, LRADAC has experience in
- grant administration since its annual budget contains over \$2 million in grants & special projects.

6. SELECT THE ELIGIBLE ACTIVITY YOUR PROJECT WILL MEET See Application Handbook Part 3

- | | | |
|---|---|---|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Clearance/Demolition | <input type="checkbox"/> Code Enforcement |
| <input checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Housing | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Public Facilities & Improvements | | <input type="checkbox"/> Public Services |
| <input type="checkbox"/> Relocation | | <input type="checkbox"/> Other: List |

7. SELECT THE NATIONAL OBJECTIVE YOUR PROJECT WILL MEET See Application Handbook Part 3

Benefit to low-and-moderate income persons (if you check this, you must choose one below)

- Area Benefit:
- Limited Clientele
- Jobs
- Housing

Aid in the prevention or elimination of slum or blight (if you check this, you must choose one below)

- Area Basis
- Spot Basis

8. DOCUMENTING THE NATIONAL OBJECTIVE

When benefit is to Low / Moderate Income persons, how will you verify income?

Income Verification Documentation (tax returns, pay stubs, etc.)

Income Survey verifying at least 51%, by using

- Participant Survey
- Survey method meeting HUD requirements

Serving 100% of clientele that meet one of the following presumed benefit categories

- Abused Children
- Illiterate Adults
- Homeless Persons
- Battered Spouses
- Migrant Farm Workers
- Severely Disabled
- Elderly Persons (62+)
- Persons with AIDS

Census Tract / Block Group Data (Contact CDBG Program staff for guidance)

% of LMI Persons in Area:

List ALL Census Tract(s) and Block Group(s) numbers to Benefit:

For Slum and Blight Projects, how will you verify?

Area – substantial number of deteriorated/ing buildings or public improvements in an area. Documentation is attached on the boundaries of the area and the conditions that qualified the area at the time of designation.

Spot – spot designation and project qualifies for acquisition, clearance, relocation, historic preservation or building rehabilitation (limited to the extent necessary to eliminate a specific condition detrimental to public health and safety).

9. PROJECT ACCOMPLISHMENT/BENEFIT DATA See Application Handbook Part 2

Based on the primary activity, funding source and intent of your project, select the most appropriate response:

The primary purpose of this project is to:

- Create a suitable living environment
- Provide decent housing
- Provide economic opportunity

The primary outcome expected at the end of this project is:

- Improved availability / accessibility (makes basics available to LMI persons)
- Improved affordability (makes an activity more affordable for LMI persons)
- Improved sustainability (using resources in a targeted area to help make that area more viable)

Total Number of People That Would Benefit From This Project: 100

10. HUD STRATEGIC GOALS

(Pick one most applicable to the goal(s) of your project)

- Increase homeownership opportunities
- Promote decent affordable housing
- Strengthen communities
- Ensure equal opportunity in housing
- Embrace high standards of ethics, management and accountability
- Promote participation of faith-based and community-based organizations

11. LEXINGTON COUNTY PRIORITIES

(Pick one of the following priority needs that your service or activity most promotes)

- Ensure adequate and dependable public facilities are available to provide for basic and essential needs and services.
- Ensure adequate and safe infrastructure to meet basic needs of residents.
- Develop and produce plans and studies that will assist in identifying and evaluating community needs and establish detailed strategies for implementation.
- Establish or support programs that provide needed public services and/or increase the level of service provided by existing programs.
- Support and provide assistance to non-profit and for-profit entities that create, increase or retain employment opportunities for LMI residents.
- Provide and/or support adequate, safe and affordable housing.
- Provide mechanisms and forums for collaboration, coordination, and community capacity building.
- Support programs that provide housing and services for homeless populations.

12. PROJECT BUDGET – Attach supporting documentation if available

CONSTRUCTION PROJECTS

Budgeted Activities	Total Project Cost	CDBG Funds Requested
Administration of Grant:	\$	\$
Engineering, Architect or Other Professional Fees:	\$	\$
Construction Costs:	\$	\$
Property Acquisition (Easements, Right of Way, etc.):	\$	\$
Environmental Review:	\$	\$
Other (Be Specific):	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

Funding Source(s) (attach documentation showing the provider and the specific amount)	Amount of Funds	Committed	Pending
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

LIST ANY AND ALL FUNDING FROM LEXINGTON COUNTY (other than CDBG)			
None	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

Cost Estimate Reasonableness and Accuracy

Who Prepared the Budget Cost Estimates?

- Applicant: Name of Staff Person(s):
- Contracted Engineer: Name of Firm:
- Other Contractor or Consultant: Name of Firm:

When Were the Budget Cost Estimates Prepared?

On What Basis Did You Determine That the Estimated Costs Were Reasonable and Accurate?

NON-CONSTRUCTION PROJECTS		
Budgeted Activities	Total Project Costs	CDBG Funds Requested
Salaries:	\$	\$
Fringe Benefits:	\$	\$
FICA:	\$	\$
Health Insurance:	\$	\$
Worker's Compensation:	\$	\$
Unemployment:	\$	\$
Rent:	\$	\$
Equipment:	\$ 19,500.00	\$ 19,500.00
Insurance:	\$ 250.00	\$
Phone/Fax:	\$	\$
Postage:	\$	\$
Printing:	\$	\$
Supplies/Materials:	\$	\$
Travel and Expenses:	\$	\$
Contract Services:	\$	\$
Other: FUEL & ROUTINE MAINTENENCE (attach details)	\$ 2,750.00	\$ 0.00
Total	\$ 22,500.00	\$ 19,500.00

Funding Source(s) (attach documentation verifying committed funds)	Amount of Funds	Committed	Pending
The FY09 LRADAC WCR budget will include funds	\$	<input type="checkbox"/>	<input type="checkbox"/>
for the upkeep and maintenance of this vehicle	\$	<input type="checkbox"/>	<input type="checkbox"/>
through the program fees paid by clients housed	\$	<input type="checkbox"/>	<input type="checkbox"/>
at the residence	\$ 3,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

LIST ANY AND ALL FUNDING FROM LEXINGTON COUNTY (other than CDBG)			
None	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

Cost Estimate Reasonableness and Accuracy

Who Prepared the Budget Cost Estimates?

- Applicant: Name of Staff Person(s): JoDee Douda
- Contracted Engineer: Name of Firm:
- Other Contractor or Consultant: Name of Firm:

When Were the Budget Cost Estimates Prepared? November 8, 2007

On What Basis Did You Determine That the Estimated Costs Were Reasonable and Accurate?

Current acquisition cost for a 8 passenger Chevrolet Uplander Mini-Van (using the FY08 State Purchasing contract price) plus insurance through the State's Insurance Reserve Fund (\$250), and estimated fuel (\$2,400) and maintenance costs (\$350) for one fiscal year based on website searches for Chevrolet Uplander information. See Attachment A.

13. NARRATIVE QUESTIONS

All Projects

NOTE: *Attach additional sheets as necessary. Applications submitted without complete responses to the narrative questions will not be processed.*

1. Provide a detailed description of your proposed project.

LRADAC, The Behavioral Health Center of The Midlands, cares for the needs of the citizens of Lexington and Richland Counties of South Carolina. For over 37 years we have offered a wide array of prevention, intervention and treatment programs in locations convenient to residents of both counties.

LRADAC is a private, non-profit agency. We are one of 33 county alcohol and drug abuse authorities providing direct service to citizens in all 46 counties of the state. Each year, more than 50,000 South Carolinians receive direct intervention and/or treatment services through these county authorities. Last year, LRADAC alone served more than 5,000 clients.

LRADAC's oversight body is its 12-member Board of Directors. Six members are appointed by the Richland County Council and six members are appointed by the Lexington County Council.

With a dedicated staff and innovative programs and services, LRADAC takes a proactive approach to fighting addiction and drug abuse in our schools, businesses and neighborhoods. We tailor our programs to meet the ever-changing needs of the communities we serve. Our programs spread the message that there is hope and that substance abuse and addiction are preventable and treatable. The mission of LRADAC is to provide effective, personalized services to prevent or reduce the harm of substance use and addictions. We will provide evidence-based, best practice prevention, intervention and treatment services to the populations of Richland and Lexington Counties and others as appropriate.

LRADAC's Women's Community Residence (WCR) is a residential program designed with a secure, nurturing environment to offer a safe environment for women in recovery which is conducive to assisting them in developing essential life skills and utilizing community resources, as well as provide ongoing supportive therapy for individualized client needs to enhance their reintegration into society. The residence is located on three beautifully wooded acres in an immaculately refurbished turn-of-the-century home in West Columbia. The house was renovated to include two dorm wings consisting of three bedrooms with separate baths and a laundry area which accommodates up to 24 women. Women come to us from across the state. Upon referral, women are assessed and evaluated on an individual basis. Criteria for admission includes but is not limited to the following:

Chemically clean and in no real need of medical detoxification.

Willing to make an admission of chemical dependency.

Have an understanding and working knowledge of the addiction process, including the disease concept and the 12-step programs of AA and NA.

Assumes full financial responsibility for rent payment at a rate of \$20 per day (payment plans are worked out with residents).

Commits to minimum 90-day treatment plan.

Agrees to comply with residency rules and regulations which include total abstinence from chemicals.

Willing to obtain employment (or volunteer services if disabled).

Must be 18 years old.

While in services at the residence, our clients receive:

Individual treatment planning

Vocational Rehabilitation assistance

Life skills development

Relapse prevention techniques

Transportation to off-site AA/NA meetings

24-hour supervision by trained staff

The majority of the women housed at the Residence self report low to moderate incomes. During FY2007, of the 103 women housed at the WCR, only 11 reported having a regular monthly income -- with the highest being \$1,200 and the lowest \$300. Of this 103 total, 80 women reported being unemployed. Of the 23 reporting employment, the majority (11) were employed in the low-paying service industry.

Most of our residents are victims of domestic abuse -- many with abuse beginning in their childhood and continuing through their adult lives. Often times, our Women's Community Residence is their only choice for housing. Because of their financial, family, or addiction, they find themselves in a homeless situation with nowhere else to turn.

As listed above, we work with these residents not only to help them overcome their chemical dependency, but to also become productive members of the community. In order to accomplish this, we encourage them to attend regular AA or NA meetings outside of the group and individualized counseling they receive through our program. Their treatment plans include securing employment and being responsible for their living expenses. With a potential of 24 women in residence at any one time, transportation becomes an issue and can be a barrier to recovery and employment. It is rare that one of the women has a vehicle at her disposal for traveling to meetings, job interviews, or work assignments. LRADAC currently provides a 15 passenger, Ford Club van to assist with these transportation issues. However, with the many varied schedules for treatment groups, counseling sessions, outpatient therapy, support groups, job interviews, doctor appointments, and work sites, one vehicle is not sufficient for this population.

We also transport our clients to the Vocational Rehabilitation offices to take advantage of training programs to help secure employment, to Mental Health offices for counseling, and to Probation offices. Because of the budgetary cutbacks, the city bus has cut back service in the West Columbia area. Now the bus runs by the residence only twice a day, once in the morning and once in the evening. This cut back has severely restricted our clients' use of public transportation and we have found it necessary to provide increased transportation assistance to the clients to help overcome the schedule reduction. The acquisition of an additional vehicle will help allow these women to travel to work, job interviews, and support groups.

2. What will you accomplish with CDBG Funding?

We are requesting financial assistance for the purchase of an 8 passenger mini-van which we estimate will cost a maximum of \$19,500 if purchased off the SC State Plan. This additional vehicle will greatly assist the agency in providing transportation for these residents, help them find employment, make sure they are able to get to work, make sure they are able to get the treatment and support needed to return to the community as productive members of society. Many of the women have a SC drivers license and are able to drive agency vehicles to help transport clients to work, interviews, groups, etc. Agency policy requires that each woman allowed to drive an agency vehicle submit a current SC driving record and be pre-approved to assist with driving agency vehicles.

3. What will happen if CDBG funds are not provided for your project this year?

LRADAC is funded primarily by the South Carolina Department of Alcohol and Other Drug Abuse Services. The balance comes from local government, grants, donations, Medicaid and other fees and reimbursements. In addition, funds generated by the excise tax on alcoholic liquors for on-premises consumption are passed through county councils to local alcohol and drug abuse commissions like LRADAC on a per capita basis. Each year we receive limited support for the WCR. Since the residence was opened in 1992, we have seen little growth in its operational budget making each year more challenging as we strive to implement and maintain community-oriented, client-centered programs where the community is engaged in reducing the negative consequences of substance use and addictions, thus fostering a healthier society.

Without additional financial support for securing a new vehicle for the residence, LRADAC staff and women housed at the residence will have to continue seek other means of transportation. This may mean that some women will have difficulty finding and keeping jobs because of lack of transportation. In order to break out of the cycle which has held them back in the past and become productive members of the community, they need to find and keep employment. Lack of transportation is just one more barrier they must overcome. Provision of this additional vehicle will help alleviate this barrier.

Construction Projects Only

1. Will all construction take place on public property? If not, explain in detail.

NA

Public Service Projects Only

1. Describe any increase in services, new service to be provided, or expansion of services from previous CDBG grant award(s).

2. If your project is selected for funding, how will you continue to provide services if you are not selected in future years?

3. If you are a non-profit agency, do you have 501(c)(3) United States Internal Revenue Service tax exemption? If so, attach documentation with your application.

Attached

14. Letters of Support – OPTIONAL (attach and identify any letters of support for your project)	
<input checked="" type="checkbox"/>	Letter of Support From MIDLAND COMMUNITY DEVELOPMENT CORPORATION TOTAL RECOVERY NETWORK
<input checked="" type="checkbox"/>	Letter of Support From SOUTH CAROLINA SHARE

<input type="checkbox"/>	Letter of Support From
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15. Other Documentation (please describe any additional documents you are providing)

<input checked="" type="checkbox"/>	Other INFORMATION ABOUT THE CHEVROLET UPLANDER
<input checked="" type="checkbox"/>	Other LRADAC 501(C) 3 DESIGNATION LETTER

16. CERTIFICATION

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed or construction begun on the proposed project, and that none will be prior to issuance of official authorization to proceed by the Lexington County Community Development Block Grant Program staff. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Signature of Authorized Official

Name of Authorized Official

Title

Date