




**Mayor Joshua A. Garcia**  
**City of Holyoke**

**Alicia M. Zoeller, Administrator**  
**Office for Community Development**

Date: February 21, 2024

To: FFY2024 Community Development Block Grant Proposal Reviewers:  
Mayor Joshua Garcia, Holyoke City Council, Citizens Advisory Council, Community at Large

From: Alicia M. Zoeller, Administrator, City of Holyoke Office for Community Development 

Re: FFY2024 Community Development Block Grant Applications

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I am pleased to present you with the FFY2024 Community Development Block Grant Applications. All materials are available digitally on GoogleDrive. Paper copies will be provided upon request.

Over the last year, my staff and I have worked closely with funded agencies and other municipal departments to continue to build collaborations, to increase leveraging of CDBG funds, and to improve the community. We have also been working closely with HUD to ensure that Holyoke is maximizing its federal dollars and is working in the most innovative environment possible.

The FFY2024 Spreadsheet is presented based upon last year's allocations. HUD has not yet issued FY2024 allocations.

I respectfully request that the City Council refer the FY2024 CDBG Proposals to the DGR Committee for consideration.

Please do not hesitate to contact me if you have any questions. Thank you for your assistance.

***Key Dates in the Consolidated Planning Process:***

- Citizens' Advisory Committee public meeting - February 26, 2024 5:00 pm
- First Mayoral Recommendations due By March 1, 2024
- City Council DGR Committee meeting Week of March 11, 2024
- City Council meeting March 26, 2024
- Draft of Annual Plan Available March 27, 2024
- Public Hearing on Draft Annual Plan April 10, 2024
- Mayor's Final FY22 Allocations due May 3, 2024
- Annual Plan due to HUD May 8, 2024 or upon final allocation amounts from HUD

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**20 Korean Veterans Plaza – Room 400 – Holyoke, MA 01040-5036**  
**Phone (413) 322-5610 Fax: (413) 322-5611 Email: zoellera@holyoke.org**

1  
*Birthplace of Volleyball*

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**FFY2023 SPREADSHEET- COMMUNITY DEVELOPMENT BLOCK GRANT**

7/1/24 - 6/30/25

**FFY24**      **REQUEST**      **OCD**      **CAC**      **MAYOR**      **DEV. & GVT. REL. COMMITTEE**      **FULL COUNCIL**      **FFY24 AWARD**

**CLEARANCE AND DEMOLITION**

<b>Office for Community Development</b>									
Demolition of TBD properties	\$	100,000							

**HOUSING**

<b>Greater Springfield Habitat for Humanity</b>									
Affordable Homeownership Through Rehab	\$	150,700							
<b>Office for Community Development</b>									
Homeowner Rehab Program (SHHIP)	\$	900,000							
<b>Holyoke Fire Department</b>									
Installation of smoke and CO detectors	\$	55,000							2

**PUBLIC FACILITIES AND INFRASTRUCTURE**

<b>Department of Public Works</b>									
Sidewalks and ADA ramps	\$	600,000							
<b>Parks &amp; Recreation Department</b>									
Springdale Park Improvements	\$	400,000							
<b>Lighthouse School</b>									
Commercial Kitchen Renovation	\$	100,000							
<b>Holyoke Public Schools</b>									
Inclusive Playgrounds at McMahon & Morgan	\$	788,000							
<b>Holyoke YMCA</b>									
Safety Improvements- Security System/Egress	\$	200,000							

	FFY24 REQUEST	OCD	CAC	MAYOR	DEV. & SVT. REL. COMMITTEE	FULL COUNCIL	FFY24 AWARD
<b>NON PUBLIC SERVICES (NPS) PROPOSALS</b>							
River Valley Counseling Center							
HVAC Improvements	\$ 32,500						
<b>Total Non-Public Services</b>	\$ 3,326,200						

**Total Non-Public Service Requests \$3,326,200**

**Total Non-Public Service Available \$799,595**

Deficit for Non-Public Services (Requested vs. Actual) \$ (2,526,605)

**PUBLIC SERVICES- YOUTH**

<b>Homework House</b>		\$ 15,000							
After School Tutoring and Mentoring									
<b>Holyoke Boys and Girls Program</b>		\$ 20,000							
Public Housing Youth Programs									
<b>Girls Inc.</b>									
Strong, Smart Bold Girls Programs		\$ 15,000							
<b>Holyoke Safe Neighborhood</b>		\$ 5,000							
Back to School Event									
<b>YWCA</b>		\$ 10,920							
Holyoke Young Parent Program- Furnishings									
<b>Holyoke Parks Department</b>		\$ 15,000							
Scholarships for youth sports leagues									
<b>Enlace de Familias</b>		\$ 62,000							
Youth Commission									

**PUBLIC SERVICES- ELDERLY/HANDICAPPED**

<b>WesternMass Eldercare</b>		\$ 20,000							
Meal delivery									
<b>CHD</b>		\$ 54,200							
Holyoke Elder Wellness Program									

**PUBLIC SERVICES- EMPLOYMENT/EDUCATION**

<b>Care Center</b>		\$ 40,000							
Bright Futures Project									

<b>PUBLIC SERVICES - SOCIAL SERVICES</b>		FFY24	OCD	CAC	MAYOR	DEV. & GVT. REL. COMMITTEE	FULL COUNCIL	FFY24 AWARD
		REQUEST						
<b>Holyoke Police Department</b>								
	Community/Drop In Center Rent	\$ 30,000						
<b>Providence Ministries for the Needy</b>								
	Margaret's Pantry- food pantry	\$ 40,000						
	Kate's Kitchen- Evening Meal	\$ 25,000						
<b>Alianza</b>								
	Domestic Violence Intervention	\$ 16,000						
<b>Greater Holyoke Chamber Foundation</b>								
	Holyoke Farmers Market	\$ 25,000						
<b>United Way of Pioneer Valley</b>								
	Food Pantry Cooking Demonstrations	\$ 3,000						
<b>WayFinders</b>								
	Resident Services for Affordable Housing Tenants	\$ 30,911						5

<b>Total Public Services</b>	\$ 427,031							
<b>Requested Public Services</b>	\$ 427,031							
<b>Available for Public Services</b>	\$ 184,522							
<b>Deficit for Public Services (Requested vs. Available)</b>	\$ (242,509)							

**FFY24**  
**REQUEST**      **OCD**      **CAC**      **MAYOR**      **DEV. & GVT. REL.**  
COMMITTEE      **COUNCIL**      **FFY24**  
**AWARD**

**ADMINISTRATION & PLANNING**

<b>Office for Community Development</b>								
Administration and planning CDBG	\$246,029							

<b>Total Admin &amp; Planning</b>	\$ 246,029							
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**Requested for Administration and Planning**      \$      **246,029**

**CDBG Available for Administration (Actual)**      **TBD**

**Deficit for Admin and Planning (Request. vs. Actual)**      **#VALUE!**

**CDBG Resources**

**FY2024 Anticipated Allocation**      \$      **1,230,146**

**Additional Unprogrammed. Prior Year Funds**      **TBD\***

**Total CDBG Available**      \$      **1,230,146**

**CDBG Category Allocation Breakdown**

**Max. Public Service Allocation (15%)**      \$      **184,522**

**Max. Planning and Administration Allocation (20%)**      \$      **246,029**

**Non Public Service Allocation**      **\$799,595**

**Total CDBG Anticipated**      \$      **1,230,146**

*\*Additional prior year CDBG funds may become available as current activities are completed under budget. Prior year funds may only be allocated towards Non-Public Service activities and will be allocated on a pro-portion basis to each funded activity.*

**HOLYOKE'S USE OF HOME FUNDS**

	PROPOSED APPROX.	
	ALLOCATIONS	
<b>Holyoke</b>	<b>7/24-6/25</b>	
Rental Unit Development*	\$270,000	
Homeowner Unit Development*	\$184,255	
Direct Buyer Assistance*	\$30,000	
Administration (10%)	\$53,806	
	\$538,061	
		<b>Admin (10%)</b>
Holyoke Allocation (52.8%)	\$538,061	\$53,806.05
Chicopee Allocation (32.1%)	\$327,116	\$32,711.63
Westfield Allocation (15.1%)	\$153,877	\$15,387.72
<b>FY2024 CONSORTIUM TOTAL HOME (Anticipated)</b>	<b>\$1,019,054</b>	<b>\$101,905</b>

\* Prior year HOME funds may be used for rental unit development or other HOME eligible activities. .  
HOME activities will be determined by RFP in Fall 2024.

Actual breakdown depends on proposals submitted and MA DHCD local match requirements for projects in the LIHTC pipeline.





# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([zoellera@holyoke.org](mailto:zoellera@holyoke.org)) was recorded on submission of this form.

Email \*

zoellera@holyoke.org

Activity Title \*

Clearance and Demolition

CDBG Amount Requested (whole dollar) \*

100,000.00

Agency-Organization Name \*

Office for Community Development

Location of Activity (Street Address or Description) \*

Determined by Property Preservation Group

Parent Organization (If applicable) \*

City of Holyoke

Agency Mailing Address \*

City Hall Annex Room 400

Agency Website \*

www.holyoke.org

Agency Telephone Number \*

4133225610

Agency UEI #

Agency FID #

Agency Type \*

Municipal Department ▼

What is the activity or project type? \*

Clearance and Demolition ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Demolition of vacant, blighted buildings in CDBG eligible neighborhoods

How will the service or facility or activity be marketed to ensure that the Intended beneficiaries are reached? \*

Activity internal to municipal government.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Reduce nuisance properties and blight. Provide opportunities for redevelopment.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Prior demolitions. Allocation will be maximized through procurement process.

Please provide the total activity cost (from all sources including CDBG). \*

100,000.00

If your request is not fully funded, how will the project, activity or service be reduced? \*

Number and scale of demolition activities will be reduced.

Describe the agency's experience with this or similar activity. \*

OCD has managed previous demolition activities.

Describe your agency's experience with the management of Federal funds. \*

OCD is responsible for management of CDBG and other Federal funds.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

Activity will be conducted consistent with municipal operations.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Activity will launch upon identification of a demolition candidate.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

Need is determined by the number and scale of properties in need of demolition.

Who will be completing this activity on behalf of the agency? \*

Third party vendor ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Choose ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Area (Neighborhood) Benefit (LMA) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

Entire neighborhoods will benefit.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Alicia Zoeller, Administrator, zoellera@holyoke.org, 4133225610

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Alicia Zoeller, Administrator, zoellera@holyoke.org, 4133225610

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated \*  
for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control.

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the \*  
capacity to complete the activity and expend CDBG funds by the completion date.

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with \*  
the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good  
standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration.

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for \*  
Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination  
policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed  
necessary to make a Federal grant award.

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for \*  
Community Development Block Grant funding. Type your name, title and date below.

Alicia Zoeller, Administrator 2/16/2024

This form was created inside of City of Holyoke.

Google Forms





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You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([giroux@habitatspringfield.org](mailto:giroux@habitatspringfield.org)) was recorded on submission of this form.

Email \*

[giroux@habitatspringfield.org](mailto:giroux@habitatspringfield.org)

Activity Title \*

Affordable Homeownership

CDBG Amount Requested (whole dollar) \*

150,700

Agency-Organization Name \*

Greater Springfield Habitat for Humanity

Location of Activity (Street Address or Description) \*

TDB - City owned vacant property

Parent Organization (if applicable) \*

N/A

Agency Mailing Address \*

268 Cold Spring Ave

Agency Website \*

www.habitatspringfield.org

Agency Telephone Number \*

4137395503

Agency UEI #

GYDVQE6FJBR8

Agency FID #

04-2970982

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Owner Occupied Housing (rehabbed) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Greater Springfield Habitat for Humanity (GSHFH) intends to work with the Office of Community Development to identify 2 distressed single-family properties in Holyoke to create affordable homeownership opportunities for families earning 30 - 60% of the area median income level (AMI). GSHFH will work with the families to secure a mortgage for the purchase of the home. Mortgages will be individualized to the family's income level not to exceed an overall debt to income ratio of 43%.

Ideal properties will have a minimum of three bedrooms. GSHFH will complete the renovations to current code requirements and include energy-efficient mechanical systems. We will utilize community volunteers, students from Dean Vocational Technical High School, and other workforce development program partners to keep the costs at a minimum. GSHFH will also leverage our national and local partnerships for in-kind construction material product donations to help minimize construction expenses

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Special marketing outreach consideration will be given to low-income underserved Populations. Marketing shall include the use of daily newspapers of general circulation near Holyoke. GSHFH will place notices in specialized publications, and newsletters to reach potential homeowners. We will utilize our social media platforms and website. We will also create PSA notices for TV and radio. Applications, notices, and all publications shall include the Equal Housing Opportunity Clause or logo. GSHFH staff shall contact local civic and community organizations that are representative of the ethnic and cultural diversity of the area to disseminate information about homeownership opportunities provided by the GSHFH. We will have marketing materials available in multiple languages to better reach potential applicants in the area who have language limitations

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

GSHFH partner families learn skills needed to be successful homeowners. They are required to complete financial literacy and first-time home buyer classes. They provide a minimum of 150 hours of sweat equity to the construction of their home learning basic maintenance and repair skills. On average their credit scores will go up 15-20 points from when they initially apply to the program and close on the home. Through the repayment of their mortgage, they are creating equity that can be used in the future, creating opportunities for generational wealth. Beyond the financial benefits that the family will receive they are also creating a place to call home, a safe secure, healthy environment for them to grow. A place for children to come home to after school to complete homework, to celebrate as a family, a place they can be proud of, and a way to become part of the community at large. Secure housing helps to alleviate the stressors caused by housing insecurity providing increased mental health for all members of the family.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Decent Housing- housing activities

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (One year to completion- Construction type activities and Housing only)

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Cost estimates are based on prior redevelopment projects that we have completed in the past 5 years.

Please provide the total activity cost (from all sources including CDBG). \*

184,700

If your request is not fully funded, how will the project, activity or service be reduced? \*

If our request is not fully funded GSHFH would have to look for additional funding sources which would delay the start of the rehabilitation of properties.

Describe the agency's experience with this or similar activity. \*

For 37 years Greater Springfield Habitat has worked to address the diversity and social equity in Hampden County by providing homeownership opportunities to underserved families that due to income, credit, and other circumstances would not qualify for traditional funding we work with families earning between 35-60% of the area median income level. Housing is not just about shelter. Housing is a gateway, an opportunity to well-paying jobs, good school districts, positive health, and an overall sense of well-being. GSHFH has completed over 73 affordable homeownership projects in Hampden County. Seven of these were constructed in Holyoke

Describe your agency's experience with the management of Federal funds. \*

GSHFH has successfully partnered with the City of Holyoke and other municipalities and community stakeholders such as the Holyoke Housing Authority to develop and rehab affordable housing units utilizing HOME, CDBG, CPA, and ARPA funding. We have been a host site for AmeriCorps members, and the recipient of HUD Capacity 4 build grants and VHRMP funding for veteran home modifications. Providing low-income families with safe, simple, decent, affordable homes, financial education, and mortgage lending products to be successful homeowners is what our mission is devoted to.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

GSHFH is currently operating under pre-COVID conditions. However, should the need arise we have implemented procedures that allow us to continue production while implementing any needed restrictions such as masking and social distancing.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Because this falls under our ongoing construction program for homeownership GSHFH is prepared to move forward as soon as contracts are signed.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

The housing market has experienced drastic changes in recent years. Home prices skyrocketed, housing supply stock decreased, the cost of building materials tripled and production supply chain issues wreaked havoc. Some issues have settled but new issues like rising interest rates have replaced them continuing to make homeownership out of reach for low-income families that were already at a disadvantage before the pandemic. Wages for most haven't risen as the cost of everyday items like food and utilities continue to rise. GSHFH receives calls daily from prospective families who are interested in applying for our homeownership program. During our last application cycle, we received 73 applications for only one home being built. The need far exceeds our current fundraising efforts to support construction projects. CDBG funds would allow us to complete more projects in a shorter amount of time while also improving the neighborhoods through the rehabilitation of neglected properties

Who will be completing this activity on behalf of the agency? \*

Combination of above ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Choose ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Housing Units Rehabbed (LMH) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

Two housing units would be rehabbed for homeownership while also providing workforce development opportunities for youth in the community.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Aimee Giroux

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Aimee Groux

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Almee Groux

This form was created inside of City of Holyoke.

Google Forms

**Budget B**  
**2024 Community Development Block Grant Program**  
**(Housing Rehab/Construction/Demolition)**

**Agency:** Greater Springfield Habitat for Humanity

**Activity Title:** Affordable Homeownership

	Estimated Total Project Cost	Agency Contribution	CDBG Contribution	Other Contribution
Acquisition of Real Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Architect/Engineer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Materials Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Material Removal	5,000	2,500	2,500	<input type="text"/>
Demolition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	160,000	20,000	130,000	10,000
Materials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Appraisals	700	<input type="text"/>	700	<input type="text"/>
Closing Costs	7,000	<input type="text"/>	7,000	<input type="text"/>
Survey	500	500	<input type="text"/>	<input type="text"/>
Advertising	3,500	1,000	2,500	<input type="text"/>
Accounting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Developers Fee	8,000	<input type="text"/>	8,000	<input type="text"/>
<b>Total</b>	,184,700	24,000	150,700	10,000

Source of estimated costs.

Based the average cost to redevelop similar properties.

Identify source(s) and attach evidence of commitment(s) for non-CDBG funds.

Other - in kind donations from national supporters such as appliances from whirlpool, levelor blinds and GAF roofing materials

Is it currently an uncompleted CDBG activity?  Yes  No

If yes, indicate when and how much CDBG funding was previously allocated and the status of this activity.



# FY2024 City of Holyoke Community Development Block Grant Application

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You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([zoellera@holyoke.org](mailto:zoellera@holyoke.org)) was recorded on submission of this form.

Email \*

zoellera@holyoke.org

Activity Title \*

Supporting Holyoke Homeowners Investment Program (SHHIP)

CDBG Amount Requested (whole dollar) \*

900,000

Agency-Organization Name \*

Office for Community Development

Location of Activity (Street Address or Description) \*

Owner occupied properties throughout Holyoke

Parent Organization (if applicable) \*

City of Holyoke

Agency Mailing Address \*

Clty Hall Annex Room 400

Agency Website \*

www.holyoke.org

Agency Telephone Number \*

4133225610

Agency UEI #

Agency FID #

Agency Type \*

Municipal Department ▼

What is the activity or project type? \*

Owner Occupied Housing (rehabbed) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

SHHIP will provide grants of up to \$30,000. for homeowners to make repairs related to health and building code violations or repairs needed to preserve home owners insurance policles or to make modificatlons needed to age in place or to address hoarding concerns (with rehab).

How will the service or facility or activity be marketed to ensure that the Intended beneficiaries are reached? \*

The program will be marketed through social media, print media, outreach to homeowners and in partnership with other municipal departments and stakeholders.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

The activity will provide funding to address the housing rehab needs of lower income homeowners, deferred maintenance, and older housing stock to ensure healthy housing.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Decent Housing- housing activities ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

New service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (One year to completion- Construction type activities and Housing only) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Grants for rehab work will be based on competitive responses from building contractors. Administration costs for the program will be procured in partnership with the Procurement Department. OCD will procure temporary administrative assistance- In house- for this activity. In house management should result in lower administrative expenses.

Please provide the total activity cost (from all sources including CDBG). \*

900,000. plus homeowner Investments

If your request is not fully funded, how will the project, activity or service be reduced? \*

The number of grants provided will be reduced.

Describe the agency's experience with this or similar activity. \*

OCD has administered several related programs over the past ten years.

Describe your agency's experience with the management of Federal funds. \*

OCD is responsible for management of CDBG and other Federal funds on behalf of the City of Holyoke.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

The activity will be provided consistent with the operations of municipal operations.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

OCD is prepared to launch this new activity upon receipt of HUD funding, procurement of program support staff, and development of program materials. Applications will likely open on or around September 1, 2024 depending on date of HUD grant agreements.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

The number of phone calls to City Hall requesting rehab assistance, the length of waiting lists of prior programs, the overall age of Holyoke's housing stock, the level of deferred maintenance, the expense of housing rehab, and the number of low/moderate income households are all factors pointing to the need for this activity.

Who will be completing this activity on behalf of the agency? \*

Combination of above ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Choose ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Housing Units Rehabbed (LMH) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

Up to 40 units of housing will be rehabbed.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Alicia Zoeller, Administrator, zoellera@holyoke.org, 4133225610

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Alicia Zoeller, Administrator, zoellera@holyoke.org, 4133225610

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Alicia Zoeller, Administrator, 2/16/2024

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Google Forms

# FY2024 City of Holyoke Community Development Block Grant Application

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The respondent's email ([pelcharm@holyoke.org](mailto:pelcharm@holyoke.org)) was recorded on submission of this form.

Email \*

pelcharm@holyoke.org

Activity Title \*

Smoke & Carbon Monoxide Alarm installation

CDBG Amount Requested (whole dollar) \*

\$55,000

Agency-Organization Name \*

Holyoke Fire Department

Location of Activity (Street Address or Description) \*

Everywhere in the City

Parent Organization (if applicable) \*

None

Agency Mailing Address \*

600 High Street

Agency Website \*

City of Holyoke

Agency Telephone Number \*

4135342254

Agency UEI #

Agency FID #

13137

Agency Type \*

Municipal Department ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Home fires claim seven lives every day, but having working smoke alarms can cut the risk of death by half. That's why we are seeking fund to buy smoke & carbon monoxide alarms to install free to Holyoke residents regardless of income or age. We will also create fire escape plans, do a fire safety audit of the home, share fall prevention tips for the elderly population and educate the public about home fire safety on a one to one basis.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

We will use the Public Channel, our facebook page and other social platform, and the City of Holyoke's website. In addition, flyers, in English and Spanish will be posted on public places and distributed during Health and Safety Fairs, networking meetings, school activities, etc. Also, Press Releases will be sent to all the local news channels and news papers by the Department's PIO. Finally, we will be reaching out to the vulnerable population through the agencies that already serve them improving our opportunity for outreach.



Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

This activity can improve the lives of residents for the rest of their lives with the fall prevention and fire safety messages we will deliver. In addition, the smoke alarms have a 10 year sealed battery so the resident is worried free for 10 years and covered in case of a fire and will not have to get up on a ladder to replace the battery minimizing falls which is the #1 cause of injuries.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Each alarm costs \$55.00 (discounted price) and each carbon monoxide costs \$20.00. We would do 5 homes each week. Install an average of 3 smokes and 2 COs (per Code) per household (up to 3 family homes) for \$845.00 per week. We will have a team of 2 (1 SAFE Educator and 1 installer) Installer (off duty firefighter) will be \$48.00 X 4 hours = \$192 totalling \$1,037 per week. SAFE Educator will not get paid out of these funds as he/she will be doing this during his/her regular working schedule. Repeat this schedule for a year. From time to time installer could be an on duty firefighter depending on availability giving us the chance to buy more supplies.

Please provide the total activity cost (from all sources including CDBG). \*

\$55,000.00

If your request is not fully funded, how will the project, activity or service be reduced? \*

We would not be able to have a regularly weekly scheduled installation program.

Describe the agency's experience with this or similar activity. \*

We have partnered with the Red Cross to bring this program in the past, but they are having a shortage of funding so they want to limit this activity for once a month. We currently have a long list of Holyoke residents on a waiting list so we definitely have the need to do this program on a weekly basis.

Describe your agency's experience with the management of Federal funds. \*

The Holyoke Fire Department has been receiving and managing Federal fund for years overseed by the Administrative Assltant to the Chief, the Chief and a Deputy Chief.

Does this activity rely on full reopening (i.e. pre-COVID conditlons -normal times) to occur or can this activity be successfully completed with \* social distancing and COVID restrictions?

This activity can be completed with social distrancing and COVID restrictions.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

We are prepared as we have done this program before in partnership with the Red Cross. Our Fire & Life Safety Educators and Inspectors are up to date with their certifications and have attended numerous fall and fire prevention conferences and classes. However, the Red Cross no longer has the means of providing us with the smoke and CO alarms needed to this program successfully. This program will start as soon as we get approved, ordered and we receive the supplies.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure \* that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics.

Whenever we install Knox Boxes (rapid access into a residence in lieu of breaking the door) we realize that the majority of the home have smoke and CO alarms that are older than 10 years or non existent at all; therefore, we have a long list of Holyoke residents waiting to be added to the schedule, the majority are elderly living at home alone. These devices can save time in escaping and alerting during a fire.

Who will be completing this activity on behalf of the agency? \*

Existing staff

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

General including community outreach, neighborhood services, crime prevention, legal services, energy conservation, all other proposals

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

The total cost per household would be approximately \$185 per household so it would depend of how many people live in the home. The cost of the program is completely free to Holyoke residents. We can offset the cost by scheduling two on duty personnel to visit the home; however, most of the monies would be going to buy smoke and Co alarms.

#### Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Households assisted where all members benefit from the activity (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

5 homes per week = 260 homes per year

#### Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Marla Pelchar, Lieutenant, pelcharm@holyoke.org; (413)534-2254

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

John Kadlewicz, Chief; kadlewicj@holyoke.org; (413)534-2250

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration \* of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds.

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of \* low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required.

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated \* for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control.

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the \* capacity to complete the activity and expend CDBG funds by the completion date.

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with \* the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration.

Yes ▼

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for \* Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award.

Yes ▼

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below.

\*

Marla Pelchar, Lieutenant, 2/16/2024

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The respondent's email ([zoellera@holyoke.org](mailto:zoellera@holyoke.org)) was recorded on submission of this form.

Email \*

zoellera@holyoke.org

Activity Title \*

Sidewalks and Pedestrian Safety Improvements

CDBG Amount Requested (whole dollar) \*

600,000.00

Agency-Organization Name \*

Department of Public Works

Location of Activity (Street Address or Description) \*

CDBG eligible areas

Parent Organization (if applicable) \*

City of Holyoke

Agency Mailing Address \*

63 Canal Street

Agency Website \*

www.holyoke.org

Agency Telephone Number \*

4133225645

Agency UEI #

Agency FID #

Agency Type \*

Municipal Department ▼

What is the activity or project type? \*

Public Facility or Infrastructure or Public Park ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Sidewalks and pedestrian Improvements in CDBG eligible area.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

The Improvements will be visible to the neighborhood.



Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Improved, safe, and accessible sidewalks and crossings for pedestrians in the City.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Improvement to an existing public facility/park/infrastructure ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (One year to completion- Construction type activities and Housing only) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Prior procurement of contractors.

Please provide the total activity cost (from all sources including CDBG). \*

600,000.

If your request is not fully funded, how will the project, activity or service be reduced? \*

The number of sidewalks and improvements will be reduced.

Describe the agency's experience with this or similar activity. \*

DPW has managed CDBG and Chapter 90 funds for sidewalks for decades.

Describe your agency's experience with the management of Federal funds. \*

DPW has managed CDBG and Chapter 90 funds for sidewalks for decades.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with \* social distancing and COVID restrictions?

This activity will be completed consistent with municipal operations.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

DPW will be prepared to launch this activity upon execution of a CDBG Agreement.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure \* that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics.

Sidewalks and pedestrian Improvement needs have been Identified by the DPW.

Who will be completing this activity on behalf of the agency? \*

Third party vendor ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Choose ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

Accomplishments & Beneficiaries

Please complete Section 5 on Information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Public Facility or Infrastructure Improved (LMA) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

All residents of LMA's with improved pedestrian access will benefit.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Alicia Zoeller on behalf of DPW

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Carl Rossi, Superintendent, DPW

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated \* for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control.

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the \* capacity to complete the activity and expend CDBG funds by the completion date.

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with \* the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration.

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for \* Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award.

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for \* Community Development Block Grant funding. Type your name, title and date below.

Allcia Zoeller with permission of DPW

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The respondent's email ([reynoldst@holyoke.org](mailto:reynoldst@holyoke.org)) was recorded on submission of this form.

Email \*

reynoldst@holyoke.org

Activity Title \*

Springdale Park Improvements

CDBG Amount Requested (whole dollar) \*

\$400,000

Agency-Organization Name \*

City of Holyoke Parks & Recreation Department

Location of Activity (Street Address or Description) \*

844 Main St Holyoke

Parent Organization (if applicable) \*

n/a

Agency Mailing Address \*

536 Dwight St Room 14

Agency Website \*

<http://holyoke.org/departments/parks-recreation>

Agency Telephone Number \*

4133225620

Agency UEI #

Agency FID #

Agency Type \*

Municipal Department ▼

What is the activity or project type? \*

Public Facility or Infrastructure or Public Park ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

We are looking to upgrade the current spray pad at Springdale Park. The current spray pad was installed in 2007 and is in dire need of an overhaul. The scope of work will be to remove what is currently there to re-create the space to provide a new water recreation area to provide to one of the biggest and busiest parks that we have in the city. There is a lot of traffic that use the current spray pad even in its current run down condition. This project would remove the current surface and its water elements and will keep the same footprint, add new elements that can cater to all ages and abilities. Also to create some sitting areas for families to have the ability to eat and hang out while their family members can play in the park.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

This is a city owned public park that is used on a daily basis. This park is a neighborhood park. Residents living in this area take pride in this park. The updated splashpad would be a major improvement to this park. Many families utilize this splash pad on a daily basis as a way to cool down during the hot, summer months. The location is important because it is a few neighborhoods away from our public pool - so this gives the area a cool off spot without traveling across the city if transportation is an issue. This major project will be marketed via press release(s), using our social media platform, and a grand opening will be planned to "open" up the new installations in the park.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Absolutely yes

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Improvement to an existing public facility/park/infrastructure ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (One year to completion- Construction type activities and Housing only) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

After not receiving funding last year with a bigger ask, we spoke to the contractor to see where we could cut some costs without having a major cutback in the splash pad. Once the contractor left the site from last year's proposal, it was mentioned that there were certain factors that could be cut down to bring costs down some. We could use some of the water components (plumbing, etc) as well as other parts that were still in good shape and would not need to be replaced there - which was in last year's proposal.

Please provide the total activity cost (from all sources including CDBG). \*

\$400,000

If your request is not fully funded, how will the project, activity or service be reduced? \*

We would have to look at the specifics of where we could cut costs without causing a major down grade to the entire project. We applied for a whole new splash pad last year and was unsuccessful in receiving an award. We spoke with our contractor and downsized the magnitude of the project a little bit to reduce costs.

Describe the agency's experience with this or similar activity. \*

We have used this source of funding for other spray pads and park improvement projects throughout the city. Working with our reputable contractors, we are confident we can be successful bringing new life to this spray pad area at Springdale.

Describe your agency's experience with the management of Federal funds. \*

We have experience managing federal funds since a majority of park projects are funded through federal funds. CDBG has funded many park projects throughout the years.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

It can be successfully completed with social distancing and COVID restrictions

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

The City's Departments of Public Works will designate an employee as well as the Director of Parks & Recreation will serve as the project manager to launch the improvement project. We already have spoken on numerous accounts with the contractor M.E. O'Brien this year as well as last and have visited on site to see the actual water elements and their status to see what we can do to improve the spray pad.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

The targeted improvement project has been identified from the Masterplan that was created a few years ago. The demand for this project is VERY high because of the location and daily residential use in the summer. This will be a huge upgrade for the park, its visitors, and dramatically decrease the chance of injury of residents who may use the spray pad. In the direct vicinity of Springdale there is no other splash pad or cooling zone around without getting into a vehicle to travel to and from.

Who will be completing this activity on behalf of the agency? \*

Existing staff ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.



What kind of Public Service?

Youth including after school, day care, educational, recreational

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

There would be no charge to use the splash pad as it is located in a public park.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Area (Neighborhood) Benefit (LMA)

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

Residents in a neighborhood served. The park is used for a variety of different reasons: sports leagues- both adult and youth games, jamborees, festivals and other recreational events.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Thomas Reynolds Director of Parks & Recreation Department reynoldst@holyoke.org 413-322-5620

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Thomas Reynolds Director of Parks & Recreation Department reynoldst@holyoke.org 413-322-5620

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](http://sam.gov) registration. \*

Yes ▼

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Thomas Reynolds

This form was created Inside of City of Holyoke.

Google Forms

# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([catherine@lighthouseholyoke.org](mailto:catherine@lighthouseholyoke.org)) was recorded on submission of this form.

Email \*

catherine@lighthouseholyoke.org

Activity Title \*

Central Kitchen at Zion

CDBG Amount Requested (whole dollar) \*

100,000

Agency-Organization Name \*

LightHouse Holyoke

Location of Activity (Street Address or Description) \*

378 Maple St.

Parent Organization (if applicable) \*

n/a

Agency Mailing Address \*

208 Race St., Holyoke, MA 01040

Agency Website \*

lighthouseholyokey.org

Agency Telephone Number \*

4134208299

Agency UEI #

YD2YDNTX4HG5

Agency FID #

472357416

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Facility or Infrastructure or Public Park ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

LightHouse is acquiring The Sons of Zion Building at 378 Maple Street in Holyoke, a 20,000 sq. ft. former synagogue on a full city block parcel to become our permanent home. This permanency will enable LightHouse to continue serving its students and broaden its offerings to the community, as well as the activation of a blighted and critical block within the Holyoke South High Transformative Development Initiative District. LightHouse Holyoke has the property at 378 Maple Street under agreement and is preparing for acquisition in May, 2024 and occupancy by September, 2025.

We seek support specifically for the commercial kitchen renovation. In addition to allowing us to offer daytime nutrition and cooking classes for youth, the central kitchen will be available at sliding scale costs during evenings and weekends, enable us to provide meals for the food insecure, and to offer intergenerational cooking, recipe sharing, and cultural food exchanges in the neighborhood.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

The area surrounding 378 Maple St. has long suffered from economic challenges, poverty, and the accompanying effects such as drug trafficking, unsightly trash and debris, and both violent crime and petty thefts. The transformation will be palpable, and will draw a great deal of attention. LightHouse has a strong social media presence as well as a large newsletter community. This project will be well documented and is quite newsworthy. Through press releases and a video series we expect a lot of attention and excitement around this project. When the kitchen is complete we will send a mass mailing to all homes in a five mile radius letting everyone know of the availability and schedule of workshops and engagement activities.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Downtown Holyoke is currently designated as a food desert, lacking commercial kitchen facilities open to the public. The development of our community-focused kitchen facility aims to provide a solution that serves both youth and the larger community. This initiative seeks to create a hub for economic opportunity, intergenerational sharing, fostering improved health and well-being within the community in the immediate future and increasing in the longer term. Integrating a public kitchen into our educational ecosystem aims to significantly enhance learning opportunities and facilitate intergenerational sharing.

Beyond physical renovation, this project tells an uplifting narrative—a story of revitalization and empowerment for both the facility and the community it serves. The transformation of the former synagogue into a thriving educational and cultural center extends its positive impact beyond its walls, benefiting nearby residents of all ages.

Anticipating a minimum of 500 people per year engaging in kitchen-related activities, the enhanced facility becomes a community anchor, providing access to social connection, healthy foods, and a secure space for gatherings. The planned programming for elder-youth collaborations contributes to fostering social connection among nearby residents, creating a vibrant, inclusive, and culturally diverse environment. Ultimately, the project seeks to uplift the entire neighborhood through its comprehensive approach to community revitalization.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Creating Economic Opportunity- activities that benefit the local economy, commercial revitalization or job creation ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

New public facility/park/Infrastructure ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (One year to completion- Construction type activities and Housing only) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

LightHouse is working with HAI Architects and Houle Builders on this large scale renovation project. The project has been value engineered to the penny to be as low cost as possible, and is coming in at \$5.5M for the entire 20,000 sq. ft building renovation, which includes an elevator, a sprinkler system, a roof, new HVAC, other necessary upgrades and ADA compliance. As a team we are seeking every avenue to result in a viable project. The necessary upgrades for the commercial kitchen are expected to be about \$200,000, of which we are seeking one half from CDBG funding.

Please provide the total activity cost (from all sources including CDBG). \*

\$5.5M

If your request is not fully funded, how will the project, activity or service be reduced? \*

The kitchen's integration into the broader LightHouse facilities budget establishes a foundation for stability and security. The overall budget safeguards essential care and upkeep, ensuring the kitchen's sustained functionality as an integral part of the facility. As the kitchen is seamlessly integrated into the Zion building and utilized during daytime educational programming, staffing is provided through the LightHouse general budget. This approach allows for prioritized upkeep of the entire space, ensuring its longevity and functionality.

After 18 months of work, the viability of the project is now in a crucial moment. LightHouse is aiming not only to renovate a building but to craft a space that meets the community's diverse needs, preserves heritage, and serves as a hub for creativity, education, and community development. The commitment to move forward with the project remains unwavering, but support from the city is very much needed in order to succeed.

Describe the agency's experience with this or similar activity. \*

LightHouse has been leasing space in the STEAM Building since 2015. We completed a 3500 sq ft build out in 2015, and an expansion and renovation in 2022 of an additional 4500 sq ft, but this will be our first project of this magnitude. We are being guided by a strong and experienced team including members of our board of directors, a legal team from Bacon and Wilson, a large and experienced contracting firm, Houle Builders, HAI Architects, other consultants, with guidance from Mass Development, and are confident in our ability to work with this team of experts to successful completion.

Describe your agency's experience with the management of Federal funds. \*

LightHouse is proud to be the recipient of many grants from a wide range of sources, including foundations, state, and federal grants.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

LightHouse never closed during the pandemic. Rather, the need for our support and services grew significantly as other supports in the lives of our students temporarily diminished. Post pandemic we increased our partnership with Holyoke Public Schools to serve a greater number of students who were struggling and needed more personalized supports. Our expectation is that we will continue to be fully open as we have been since September of 2020, but if remote learning is necessitated again in the future we are skilled in that capability as well.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

LightHouse reached a Purchase and Sale Agreement with The Sons of Zion congregation in April, 2023. Architectural plans are complete, contractors and subcontractors are lined up, and we are preparing to close in May, 2024.

To gauge the success of the Central Kitchen project, we will employ key performance indicators (KPIs) and monitoring mechanisms. Effectiveness will be evaluated through quantitative data, community engagement metrics, and goal fulfillment.

Timely Closing

Indicator: Successful property acquisition closing in May 2024

Construction Progress

Indicator: Progress milestones during construction

Public Access and Engagement

Indicator: Utilization of community spaces

Impact on Neighborhood Improvement

Indicator: Reduction in drug trafficking, improved cleanliness, and decreased crime rates

Kitchen Utilization

Indicator: Successful initiation of nutrition and cooking classes, and community workshops

Community Feedback

Indicator: Positive community sentiment and support

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

LightHouse's renovation and positive use of the currently unoccupied, historic building will infuse the area with much needed positive activity, beautify the neighborhood, deter the current negative activity, create jobs, attract additional investment, create access to a commercial kitchen for local entrepreneurs, provide food insecure households, as well as classes, workshops, and sharings for those who like to cook. These things do not currently exist in this neighborhood and the need is glaring.

Further, LightHouse is deeply involved with the work happening through Mass Development's TDI initiative. TDI Fellow, Kevin Moforte and his team have completed a thorough survey in the neighborhood, and access to commercial kitchen facilities was near the very top of identified needs.

Who will be completing this activity on behalf of the agency? \*

Combination of above ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, addiction services ▼



What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

Total cost of the entire 20,000 sq ft renovation is estimated at \$5.5M. LightHouse will serve 120 students and 500 community members per year. Over the next 10 years, that comes to about \$900/person. The vast majority of these costs will be supported by student tuition income for our daytime programming, along with support from ongoing private philanthropy.

By weaving a public kitchen into our educational ecosystem, we aim to exponentially enhance learning opportunities and intergenerational sharing as well as provide an accessible community asset that will not rely on rental income for its longevity.

The kitchen's integration into the broader LightHouse facilities budget establishes a foundation for stability and security. The overall budget safeguards essential care and upkeep, ensuring the kitchen's sustained functionality as an integral part of the facility, allowing us to share it with the community at minimal, sliding scale fees.

#### Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Public Facility or Infrastructure Improved (LMA) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

This project speaks to several of the proposed accomplishments. We are selecting Public Facility or Infrastructure Improvement because the renovation of the entire building certainly addresses this accomplishment. The building is vacant, one of many in this currently blighted area. In addition to 120 enrolled daytime students, through the Central Kitchen we anticipate directly serving at least 500 community residents per year, as well as impacting hundreds more through overall neighborhood beautification and improvement. The overall project will create a cornerstone for additional investment, which also speaks deeply to Area (Neighborhood) Benefit. The project also benefits individuals and households who may use the kitchen for entrepreneurial endeavors and improved health outcomes through exposure to healthy cooking classes and food sharing for the hungry, for a total of thousands of people in the coming years.

#### Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Catherine Gobron, Executive Director, [catherine@lighthouseholyoake.org](mailto:catherine@lighthouseholyoake.org), 413-420-8299

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Catherine Gobron, Executive Director, [catherine@lighthouseholyoake.org](mailto:catherine@lighthouseholyoake.org), 413-420-8299

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](http://sam.gov) registration. \*

Yes ▼

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Catherine Gobron, Executive Director, February 14, 2024

This form was created inside of City of Holyoke.

Google Forms

**Budget B**  
**2024 Community Development Block Grant Program**  
**(Housing Rehab/Construction/Demolition)**

**Agency:** LightHouse Personalized Education for Teens

**Activity Title:** Central Kitchen at Zion

	<b>Estimated Total Project Cost</b>	<b>Agency Contribution</b>	<b>CDBG Contribution</b>	<b>Other Contribution</b>
Acquisition of Real Property	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
Architect/Engineer	<span style="border: 1px solid black; padding: 2px;">\$15,000</span>	<span style="border: 1px solid black; padding: 2px;">\$15,000</span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
Hazardous Materials Assessment	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
Hazardous Material Removal	<span style="border: 1px solid black; padding: 2px;">\$25,000</span>	<span style="border: 1px solid black; padding: 2px;">\$10,000</span>	<span style="border: 1px solid black; padding: 2px;">\$15,000</span>	<span style="border: 1px solid black; padding: 2px;"></span>
Demolition	<span style="border: 1px solid black; padding: 2px;">\$8,500</span>	<span style="border: 1px solid black; padding: 2px;">\$8,500</span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
Construction	<span style="border: 1px solid black; padding: 2px;">\$66,500</span>	<span style="border: 1px solid black; padding: 2px;">\$33,500</span>	<span style="border: 1px solid black; padding: 2px;">\$33,000</span>	<span style="border: 1px solid black; padding: 2px;"></span>
Materials	<span style="border: 1px solid black; padding: 2px;">\$85,000</span>	<span style="border: 1px solid black; padding: 2px;">\$33,000</span>	<span style="border: 1px solid black; padding: 2px;">\$52,000</span>	<span style="border: 1px solid black; padding: 2px;"></span>
Appraisals	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
Closing Costs	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
Survey	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
Advertising	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
Accounting	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
Developers Fee	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
<b>Total</b>	<span style="border: 1px solid black; padding: 2px;">200,000</span>	<span style="border: 1px solid black; padding: 2px;">\$100,000</span>	<span style="border: 1px solid black; padding: 2px;">\$100,000</span>	<span style="border: 1px solid black; padding: 2px;"></span>

Source of estimated costs.

Houle Builders, project managed by Puresource

Identify source(s) and attach evidence of commitment(s) for non-CDBG funds.

LightHouse has received a grant from Mass Development for \$500,000 toward our overall \$5.5M project.

Is it currently an uncompleted CDBG activity?  Yes  No

If yes, indicate when and how much CDBG funding was previously allocated and the status of this activity.

# FY2024 City of Holyoke Community Development Block Grant Application

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The respondent's email ([esimpson@hps.holyoke.ma.us](mailto:esimpson@hps.holyoke.ma.us)) was recorded on submission of this form.

Email \*

esimpson@hps.holyoke.ma.us

Activity Title \*

Disability inclusive Playgrounds - McMahon and Morgan

CDBG Amount Requested (whole dollar) \*

Total requested for two sites = \$788,000 - (\$477,330 Morgan School); (\$310,670, McMahon School)

Agency-Organization Name \*

Holyoke Public Schools

Location of Activity (Street Address or Description) \*

Morgan School, 596 South Bridge Street, Holyoke; McMahon School, 75 Kane Road, Holyoke

Parent Organization (if applicable) \*

City of Holyoke

Agency Mailing Address \*

57 Suffolk Street, Holyoke, MA 01040

Agency Website \*

hps.holyoke.ma.us

Agency Telephone Number \*

4135342000

Agency UEI #

EGU6D2WKQWZ4

Agency FID #

046001393

Agency Type \*

Municipal Department ▼

What is the activity or project type? \*

Other ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

The district wishes to replace the outdoor playgrounds at McMahon School and Morgan School. The current playgrounds are outdated and in need of replacement. The new playgrounds will offer children access to safe and engaging structures that accommodate all physical ability and mobility issues. Our children are often left to play on the blacktop and are in need of a safer more age appropriate play area which will encourage their socio-emotional development. Each of our schools also have students with disabilities and as such each playground is being designed to be ADA compliant and will include several options for children with varying needs. The school/district hopes that having a space outdoors will elevate school and neighborhood occupants' social emotional well-being because these spaces will provide ways to get fresh air, engage in creative play, and provide opportunities for children to interact with their peers in a safe environment.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Children attending the schools will be aware of the modifications and will be provided with access to engage in play daily (weather permitting).

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Yes, this will provide safe play spaces for area children and opening age-appropriate peer play interaction for elementary students in each neighborhood. By ensuring the spaces are inclusive for all children, we create welcoming safe play areas that families and children can enjoy for years to come.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Improvement to an existing public facility/park/infrastructure ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

We procured quotes from a respected prior vendor as a cost estimate. We feel that investing in safe play for all children is important. HPS has invested significantly in improving our school playgrounds. If awarded these funds we will be able to ensure that two additional school campuses are safe and welcoming environments for our children to play and learn in and outside of the school day.

Please provide the total activity cost (from all sources including CDBG). \*

\$788,000

If your request is not fully funded, how will the project, activity or service be reduced? \*

We may have to scale back the size of the playgrounds or select one school over another school, prioritizing greatest need. We will also be seeking out other grant sources if needed. We may have to postpone or cancel these projects until other external funds become available

Describe the agency's experience with this or similar activity. \*

HPS has been the beneficiary of prior CDBG grants and other grants that have helped to replace other deteriorating playgrounds over the years and are currently working with the City on the replacement of the Lawrence School playground. We have significant experience in this regard.

Describe your agency's experience with the management of Federal funds. \*

As a public school district with a high population of low-income families, federal funds help to supplement a significant portion of our budget, including Title grants and competitive grants. As such, we have experience with managing such funding appropriately.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

These playgrounds are both outdoors and would allow for more open air activities for school age children. This activity can be successfully completed with social distancing and COVID restrictions as necessary.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

We have already sought our initial quotes and renderings and have the materials necessary to go out to bid should we be awarded.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

Every community deserves a safe and age appropriate playground to support children's socio-emotional learning. The two school buildings selected for this application were selected because their outdoor multi-use spaces have antiquated playgrounds with broken equipment that is unsafe for children. The neighborhoods that house these schools are in need of additional safe spaces for children to pursue play. If the City of Holyoke grants CDBG dollars for this purpose it would provide much-needed outdoor enrichment, social emotional learning opportunities, and the ability for school building staff to offer children opportunities for safe recreation during school hours as well as provide a safe space for children and their families to go to while out of school. A new playground at either of these sites would increase student belonging, and will increase student excitement about school.

Who will be completing this activity on behalf of the agency? \*

Third party vendor ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.



**What kind of Public Service?**

Choose ▼

**What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.**

N/A

**Accomplishments & Beneficiaries**

**Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.**

**Indicate which accomplishment category best applies to the proposed project. \***

Area (Neighborhood) Benefit (LMA) ▼

**From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \***

At least 500 children annually would benefit, plus their families. These two playground will impact directly their respective neighborhoods but will also have benefits for all residents in the City.

**Certifications and Compliance**

**The person completing this Application must be the person listed in the first question below.**

**Person Completing This Application- Name, Title, Email, and Phone Number \***

Elizabeth Simpson, Director of Grants and Philanthropy, [esimpson@hps.holyoke.ma.us](mailto:esimpson@hps.holyoke.ma.us), 413-534-2000 (1608)

**Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \***

Sean Mangano, Executive Director of Finance, [semangano@hps.holyoke.ma.us](mailto:semangano@hps.holyoke.ma.us), 413-534-2000

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](http://sam.gov) registration. \*

Yes ▼

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Elizabeth Simpson, Director of Grants and Phllanthropy

This form was created Inside of City of Holyoke.

Google Forms

**Budget B**  
**2024 Community Development Block Grant Program**  
**(Housing Rehab/Construction/Demolition)**

**Agency:** Holyoke Public Schools

**Activity Title:** McMahon School Playground

	Estimated Total Project Cost	Agency Contribution	CDBG Contribution	Other Contribution
Acquisition of Real Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Architect/Engineer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Materials Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Material Removal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demolition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	\$ 104,647.00	<input type="text"/>	\$ 104,647.00	<input type="text"/>
Materials	\$ 206,023.00	<input type="text"/>	\$ 206,023.00	<input type="text"/>
Appraisals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Survey	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Advertising	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accounting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Developers Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<b>\$310,670</b>	<input type="text"/>	<b>\$310,670</b>	<input type="text"/>

Source of estimated costs.

Received Quotes from O'Brien & Sons to estimate the cost

Identify source(s) and attach evidence of commitment(s) for non-CDBG funds.

Is it currently an uncompleted CDBG activity?  Yes  No

If yes, indicate when and how much CDBG funding was previously allocated and the status of this activity.

**Budget B**  
**2024 Community Development Block Grant Program**  
**(Housing Rehab/Construction/Demolition)**

**Agency:** Holyoke Public Schools

**Activity Title:** Morgan School Playground

	Estimated Total Project Cost	Agency Contribution	CDBG Contribution	Other Contribution
Acquisition of Real Property	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Architect/Engineer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Hazardous Materials Assessment	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Hazardous Material Removal	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Demolition	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Construction	\$ 151,197.00	<input style="width: 100%;" type="text"/>	\$ 151,197.00	<input style="width: 100%;" type="text"/>
Materials	\$ 326,133.00	<input style="width: 100%;" type="text"/>	\$ 326,133.00	<input style="width: 100%;" type="text"/>
Appraisals	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Closing Costs	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Survey	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Advertising	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Accounting	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Developers Fee	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Total</b>	<b>\$477,330</b>	<input style="width: 100%;" type="text"/>	<b>\$477,330</b>	<input style="width: 100%;" type="text"/>

Source of estimated costs.

Received Quotes from O'Brien & Sons to estimate the cost

Identify source(s) and attach evidence of commitment(s) for non-CDBG funds.

Is it currently an uncompleted CDBG activity?  Yes  No

If yes, indicate when and how much CDBG funding was previously allocated and the status of this activity.

# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([kviens@holyokeymca.org](mailto:kviens@holyokeymca.org)) was recorded on submission of this form.

Email \*

kviens@holyokeymca.org

Activity Title \*

Safety Improvements for Childcare & Youth Programming

CDBG Amount Requested (whole dollar) \*

200000

Agency-Organization Name \*

Greater Holyoke YMCA

Location of Activity (Street Address or Description) \*

171 Pine Street, Holyoke, MA 01040

Parent Organization (if applicable) \*

N/A

Agency Mailing Address \*

171 Pine Street, Holyoke, MA 01040

Agency Website \*

www.holyokeymca.org

Agency Telephone Number \*

4135345631

Agency UEI #

N6MDYDDXZSE7

Agency FID #

042192693

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

The Y requests \$200,000 for:

- 1-A camera security system for surveillance throughout the Y. The Y doesn't have security cameras, which poses a safety threat to members and staff.
- 2-Creation of 2 exterior egresses for the preschool and childcare centers. Children and families now enter using old, out-of-code concrete stairs that has a sewer drain at the base. The preschool exit is not to code as people must pass through a classroom first. The preschool egress will create a hallway exit and an exit off the fitness room below which is used as a play space that also has no direct exit. A new entrance and exit will be created in the afterschool area (which doesn't meet code as it wasn't intended for such use), providing stairs to code and a welcoming, safe entry/exit for children and families. The exterior egress will have a covered entryway. The interior entry/exit point will provide a second exit for the childcare center, ensuring children and staff can vacate safely in an emergency.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

The Y will announce the award on our Facebook page and website so community members are aware of the project. We will also announce the project in our e-newsletter and post flyers throughout the Y. Our goal is to ensure the community is aware that the Y is making improvements to the safety of the Y overall. Our staff regularly communicate with parents/guardians of the children attending our childcare and afterschool programming. During these conversations, staff will let parents/guardians know about the upcoming construction activities and any plans to relocate activities to another part of our facility (if needed).

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Yes. The Y's childcare program helps position our community's children to become kindergarten read, providing a strong foundation for academic success. The Y offers a safe, trusted environment for over 130 low-income children annually and provides financial assistance to help families afford reliable care.

The security cameras will be easily seen by people entering the facility or the property and will discourage theft and other criminal activity. Regular monitoring will help identify potential threats (e.g., shooters, incidents involving non-Y members or personnel in parking lots that could impact the facility, etc.). Should a situation occur, camera footage will help the Y's leadership and staff assess the circumstances and may provide opportunities for training to help prevent future situations.

The egresses will increase the health and safety of our facility, reducing the potential for accidents and injury, and will provide essential, easily accessible exit points.

Please select the Objective for the proposed activity. (LMI- low-moderate Income) \*

Creating Economic Opportunity- activities that benefit the local economy, commercial revitalization or job creation ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (One year to completion- Construction type activities and Housing only) ▼

Activity Costs and Agency Capacity



What is the basis of cost reasonableness for this activity? \*

The project costs includes both the security cameras and egress projects. The Y's Property Committee volunteers have reviewed facility needs and have considered these projects as the highest priorities. The egresses are being planned proactively to address the oldest parts of the Y which was erected in 1949 and to improve safety for childcare participants and families. The security cameras are needed to increase safety and wellbeing of childcare programming and all Y activities.

Please provide the total activity cost (from all sources including CDBG). \*

The total budget is \$1,166,118. Other sources include agency funds and a pending Early Education and Out of School Time (EEOST) Capital Fund grant.

If your request is not fully funded, how will the project, activity or service be reduced? \*

If not fully funded, the projects will be delayed or be done in stages. Although we provide services in a region where there is little corporate/private foundation support, the Y will continue to research other potential funders for this project.

Describe the agency's experience with this or similar activity. \*

The Y began to address major capital needs in 2013, focusing on energy-efficient lighting, main parking lot repair, adding ADA-compliant equipment in the wellness center, replacement of 2 aging roofs and major brickwork/mortar repair of two sections of our building. Capital improvements are still a priority. James Rock, Facilities Manager will oversee this project with support from the Y's volunteer Property Committee. James in his past positions has experience, overseeing numerous capital projects including, but not limited to, masonry, window replacement, roof repair, pool repairs, etc. He oversees all maintenance needs, including hiring and training staff and oversees compliance with all codes (electrical, fire, safety, etc.). The Property Committee will oversee hiring outside licensed and insured contractors to complete the work. The Committee Chair, who has extensive knowledge in construction, will work closely with Kathleen Vlens, Chief Executive Officer, throughout the project.

Describe your agency's experience with the management of Federal funds. \*

The Y has received Community Development Block Grant funding from the City of Holyoke in the past, and worked with the City to ensure appropriate use of federal funds. If awarded, the Y is committed to ensuring appropriate use of funding.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

The projects can be completed with social distancing and COVID restrictions. Since the pandemic, the Y has instituted extra cleaning measures and keeps careful track of local health recommendations regarding the need to institute COVID safety protocols.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Our Property Committee and staff have identified priority issues and we have received quotes and plans for the proposed work. The Y would be ready to begin work on the projects once funding has been received. We anticipate both projects will be completed within one year.

The Y provides a vital service to the children and adults of the community. Not only is the Y a health, fitness, educational and recreational center, but we also serve as an essential place of gathering for thousands of youth, adults, families and seniors. We strive to maintain a warm, safe, welcoming and well-functioning facility to effectively meet the needs of our members. With an aging infrastructure, we must continuously make improvements and renovations to ensure the facility remains a safe and comfortable environment, something the board knows is necessary to continue the work being done.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

About 55% of the residents the Y serves are LMI (80% of youth are of color; 75% are low-income). Financial constraints and limited public transportation limit opportunities for Holyoke residents to engage in healthy, positive activities, which makes the Y such an important community resource. Our building is 75 years old; we must continuously make improvements to ensure it is a safe, comfortable environment that meets our members' needs.

Who will be completing this activity on behalf of the agency? \*

Combination of above ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Youth including after school, day care, educational, recreational ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

The total cost per person is \$5,830.59, determined by dividing the \$1,166,118 budget by average number of children in childcare programming (200). The cost for childcare varies depending on a family's income. Many participants are low-income and receive subsidies so the child can be in care while parents/guardians work. The cost can range from a few hundred dollars to \$15,000 per year.

Membership fees vary according to membership type and needed financial aid. On average, the cost for childcare services is approximately \$200 per child, per week, a rate set by the state of MA. The majority of childcare families receive financial support through the Dept. of Early Education & Care which reduces or covers the entire cost. The Y is supported by individual donations, membership and program fees and grants. Grant funders have included the Community Foundation of Western MA, Holyoke CDBG, Newell Mansir Trust, Alden Trust and others.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Individuals assisted (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

4500

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Kathleen Viens, CEO kviens@holyokeymca.org 413.534.5631

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Kathleen Viens, CEO kviens@holyokeymca.org 413.534.5631

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes



The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes



The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024: the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes



On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Kathleen Viens, CEO February 15, 2024

This form was created inside of City of Holyoke.

Google Forms

**Budget B**  
**2024 Community Development Block Grant Program**  
**(Housing Rehab/Construction/Demolition)**

**Agency:** Holyoke YMCA

**Activity Title:** Safety Improvements for Childcare & Youth Programming

	<b>Estimated Total Project Cost</b>	<b>Agency Contribution</b>	<b>CDBG Contribution</b>	<b>Other Contribution</b>
Acquisition of Real Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Architect/Engineer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Materials Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Material Removal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demolition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	\$1,166,118	\$466,118	\$200,000	\$500,000
Materials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Appraisals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Survey	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Advertising	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accounting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Developers Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	\$1,166,118	\$466,118	\$200,000	\$500,000

Source of estimated costs.

Valley Communications Systems (security cameras); Kelley Building Group, Inc. for egresses

Identify source(s) and attach evidence of commitment(s) for non-CDBG funds.

The Y has a pending application with the Early Education and Out of School Time (EEOST) Capital Fund for \$500,000. Agency contribution is confirmed - 2023 balance sheet is attached.

Is it currently an uncompleted CDBG activity?  Yes  No

If yes, indicate when and how much CDBG funding was previously allocated and the status of this activity.

# FY2024 City of Holyoke Community Development Block Grant Application

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Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([gentile\\_nancy@holyokehealth.com](mailto:gentile_nancy@holyokehealth.com)) was recorded on submission of this form.

Email \*

gentile\_nancy@holyokehealth.com

Activity Title \*

HVAC Replacement

CDBG Amount Requested (whole dollar) \*

32,500.

Agency-Organization Name \*

River Valley Counselling Center, Inc.

Location of Activity (Street Address or Description) \*

303 Beech St.

Parent Organization (if applicable) \*

N/A

**Agency Mailing Address \***

P.O. Box 791, Holyoke, MA 01041

**Agency Website \***

rvcc-inc.org

**Agency Telephone Number \***

4135401234

**Agency UEI #**

S2KMGNF74NM5

**Agency FID #**

042174657

**Agency Type \***

501 (c) (3) ▼

**What is the activity or project type? \***

Public Service (Select the type in the Public Service section) ▼

**About The Proposed Activity**

**What is the Scope of Work for the proposed activity? \***

Replace an HVAC unit at our largest clinic at 303 Beech St..

**How will the service or facility or activity be marketed to ensure that the Intended beneficiaries are reached? \***

Our Holyoke clinic sees just under 2000 clients annually. 83% of these clients are covered by Medicaid/Medicare. This is the demographic that this block grant funding is intended to serve.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

The need for this HVAC replacement is to serve the Holyoke clients as stated above.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Creating Economic Opportunity- activities that benefit the local economy, commercial revitalization or job creation ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Improvement to an existing public facility/park/infrastructure ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

RVCC is a community-based mental health center and struggles to pay staff. RVCC is the only community based behavioral health center left in the Valley. RVCC's services are not diversified unlike others including CSO, BHN, CHD, & Gandara; these clinics have contracts with the state for services that RVCC's doesn't provide such as residential, community support and case management services. The Holyoke clinic relies 100% on third party (Mashealth/Medicaid) billing. If you've been watching the news, you will understand that reimbursement for these services haven't changed much in thirty years, yet salaries have increased more than 75%.

Please provide the total activity cost (from all sources including CDBG). \*

32,500.

If your request is not fully funded, how will the project, activity or service be reduced? \*

Other funding options don't exist at this time.



Describe the agency's experience with this or similar activity. \*

Yes, we've had CDBG funding from Chicopee and Holyoke in the past.

Describe your agency's experience with the management of Federal funds. \*

Throughout our 65 years history, we have been awarded and managed many federally funded projects.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with \* social distancing and COVID restrictions?

N/A, RVCC never officially closed any of its sites during COVID.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

As soon as funding is secured, the replacement can be installed.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure \* that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics.

This HVAC replacement funding is needed to keep the Holyoke clinic open to operate and serve clients this funding is intended to serve..

Who will be completing this activity on behalf of the agency? \*

Third party vendor ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, ▼  
addiction services

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

\$17.56/ client for one year.

Accomplishments & Beneficiaries

Please complete Section 5 on Information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Individuals assisted (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

2000

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Nancy Gentile, Sr. Dir of Compliance & Operations, gentile\_nancy@holyokehealth.com, 413 246 0058

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Rosemarie Ansel, Executive Dir. ansel\_rosemarie@holyokehealth.com, 413 540 1160

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Nancy Gentle, Sr. Dir of Compliance & Operations,

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: River Valley Counseling Center, Inc.

Activity: Replace HVAC unit at 303 Beech St.

	Total Budget	CDBG Allocation
101 Salaries	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
102 Fringes	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
104 Equipment	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
105 Equipment Rental	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
106 Supplies	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
107 Telephone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
108 Advertisement	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
109 Postage	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
110 Insurance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
111 Space	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
112 Utilities	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
113 Dues/Subscriptions	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
114 Legal Consultants	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
115 Accounting Consultants	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
116 Other Consultant	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
117 Printing/Reproduction	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
118 Maintenance & Repairs	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
119 Contract Services	<input style="width: 100%; text-align: right; border: 1px solid black;" type="text" value="\$ 32,500.00"/>	<input style="width: 100%; text-align: right; border: 1px solid black;" type="text" value="\$ 32,500.00"/>
<b>Total</b>	<input style="width: 100%; text-align: right; border: 1px solid black;" type="text" value="32,500"/>	<input style="width: 100%; text-align: right; border: 1px solid black;" type="text" value="32,500"/>

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
N/A		
Total		

Fringes Breakdown

F.I.C.A		
Medical Insurance		
Life Insurance		
Other (specify)		
Total		

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.



# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoelliera@holyoke.org](mailto:zoelliera@holyoke.org))

The respondent's email ([vdillon@homeworkhouseholyoke.org](mailto:vdillon@homeworkhouseholyoke.org)) was recorded on submission of this form.

Email \*

vdillon@homeworkhouseholyoke.org

Activity Title \*

After School Tutoring & Mentoring

CDBG Amount Requested (whole dollar) \*

\$15,000

Agency-Organization Name \*

Homework House Inc.

Location of Activity (Street Address or Description) \*

54 North Summer St. & 340 Chestnut St.

Parent Organization (if applicable) \*

N/A

Agency Mailing Address \*

54 North Summer St. Holyoke, MA 01040

Agency Website \*

<https://homeworkhouseholyoke.org>

Agency Telephone Number \*

4132651017

Agency UEI #

X47MLU2TKP77

Agency FID #

562666698

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Homework House is requesting funding to support our After School Tutoring and Mentoring program for children ages 6-13 who attend the Holyoke Public Schools and the Holyoke Community Charter School. The program will operate at sites located in the Flats and Churchill neighborhoods. The tutoring and mentoring program runs from mid-September through mid-June from school dismissal until 6PM. We anticipate reaching up to 80 children daily with homework assistance, tutoring/remediation in reading and math, academically-focused enrichment activities and activities that promote their social/emotional development. Tutoring is provided by our corps of 200+ volunteers. A hallmark of our program is keeping the tutor:child ratio low. We work closely with the children's schools so that the tutoring supports what they are learning in the classroom. The afterschool tutoring program is free of charge so that our services remain accessible to all children regardless of their family's ability to pay.



How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Homework House's Family Engagement Coordinator works closely with the family engagement teams at the Holyoke elementary and middle schools and will work with them to outreach to families for this program. In addition, before the school year begins, we will be in contact with school administrators and guidance counselors asking them to identify students for services at Homework House. The schools also distribute information and applications to all students. Our FACE Coordinator will attend each school's open house and community events. We also get referrals from other human service agencies and through word of mouth from the children's families. We will market the program via our social media channels, through church bulletins, press releases in local media and appearances on local English and Spanish language radio shows.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

All Homework House programs are designed to close academic opportunity gaps for the children we serve. Lack of access to enriching activities during after school and summer time contributes to this opportunity gap. Homework House offers the children high quality academic support which helps them succeed in elementary and middle school. The goal of our programs is to help the children enter high school feeling invested and confident in their ability to learn, graduate, and make positive change in their community. Homework House's emphasis on reading and writing skills is essential to preparing the children for success as adults. By providing free enrichment activities, we also expose them to new and challenging experiences which help to widen their views of the world and can also lead them to discover lifelong passions and career interests. By showing children that we believe in them, helping them to succeed in school and develop academic interests, and by exposing them to college campuses and career presentations, we inspire them to stay in school and to envision and pursue college and career goals that many would not otherwise consider possible for themselves.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Because we are a free program, we strive to keep our program costs low. Using inflation adjusted estimates provided by the Wallace Foundation, Homework House programs are cost effective at an approximate average annual cost of \$2,974/child vs. \$ \$8,158 /child for similar programs in Western MA.

Please provide the total activity cost (from all sources including CDBG). \*

\$297,375

If your request is not fully funded, how will the project, activity or service be reduced? \*

If not fully funded, we will try to minimize impact on the program by cutting non-personnel costs to cover the difference. We will also seek funding from other sources such as foundations and local corporations to cover the shortfall.

Describe the agency's experience with this or similar activity. \*

Homework House has been serving children and families in Holyoke's most economically-disadvantaged neighborhoods since 2006. Our mission is to build a stronger, healthier community by offering free academic support programs to those children who are most in need of help. Homework House programs are always offered free to all because every child deserves access to high quality academic support and a wide array of enrichment opportunities regardless of where they live or whether their families can pay. Homework House's free tutoring and mentoring programs have positively impacted hundreds of Holyoke children. We see the impact of our programs in improved reading and math skills, increased pro-social behaviors and higher engagement with school and learning. Homework House is a vibrant learning community where the children's hopes and dreams for the future are actively encouraged and nurtured.

Describe your agency's experience with the management of Federal funds. \*

Homework House has experience managing a variety of federal funding types primarily as a subrecipient. We have successfully managed CDBG contracts with the City of Holyoke for over 15 years. Homework House has also managed COVID-19-related Federal funds including CARES Act funding through the Holyoke Public Schools, a PPP loan and a contract with the City using ARPA funding. In addition, Homework House has safeguards in place to ensure that financial transactions are properly authorized, appropriated, executed and recorded and our financial statements are reviewed annually by an independent audit firm.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

At this time, all Homework House programs are operating at pre-COVID-19 levels. However, we continue to follow current DESE and Dept. of Health COVID-19 guidelines. We will continue to run programming normally barring any new or re-imposed restrictions. We are prepared to run this program as a hybrid and/or virtual program should more stringent restrictions be re-imposed.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Given that Homework House has been operating our after school program since 2006, we are fully prepared to launch programming at the start of the 2024/25 school year. Program planning, staffing and volunteer recruitment will occur throughout July and August 2024. Outreach and enrollment activities will also continue through the summer.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

Over the years, demand for Homework House programs among our target population has been consistently high. For example, in our last year, we served over 100 children, and had children on our waitlist throughout the year. This indicates a strong demand for the type of free, individualized academic support services that Homework House provides.

Who will be completing this activity on behalf of the agency? \*

Combination of above ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Youth including after school, day care, educational, recreational ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

The total cost of the after school tutoring program is \$2,974/child. This cost was determined by dividing total projected program cost by anticipated number of children to be served in the program. All Homework House programs are free of charge to all families. The after school tutoring and mentoring program is funded through a combination of foundation grants, contracts with the Dept. of Early & Secondary Education, fundraising and special events.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Households assisted where all members benefit from the activity (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

100 children served will receive high quality academic support.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Virginia K. Dillon

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Virginia K. Dillon, Executive Director vdillon@homeworkhouseholyokey.org 413-887-7406

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) Is current on all City of Holyoke taxes, fees and expenses; (2) Is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Virginia K. Dillon, Executive Director 2/13/2024

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency:

Activity:

	Total Budget	CDBG Allocation
101 Salaries	<input type="text" value="221,775"/>	<input type="text" value="15,000"/>
102 Fringes	<input type="text" value="24,400"/>	<input type="text"/>
104 Equipment	<input type="text"/>	<input type="text"/>
105 Equipment Rental	<input type="text" value="400"/>	<input type="text"/>
106 Supplies	<input type="text" value="6,000"/>	<input type="text"/>
107 Telephone	<input type="text" value="800"/>	<input type="text"/>
108 Advertisement	<input type="text" value="3,500"/>	<input type="text"/>
109 Postage	<input type="text"/>	<input type="text"/>
110 Insurance	<input type="text" value="4,000"/>	<input type="text"/>
111 Space	<input type="text" value="30,000"/>	<input type="text"/>
112 Utilities	<input type="text"/>	<input type="text"/>
113 Dues/Subscriptions	<input type="text" value="1,500"/>	<input type="text"/>
114 Legal Consultants	<input type="text"/>	<input type="text"/>
115 Accounting Consultants	<input type="text"/>	<input type="text"/>
116 Other Consultant	<input type="text" value="2,500"/>	<input type="text"/>
117 Printing/Reproduction	<input type="text"/>	<input type="text"/>
118 Maintenance & Repairs	<input type="text"/>	<input type="text"/>
119 Contract Services	<input type="text"/>	<input type="text"/>
Total	<input type="text" value="297,375"/>	<input type="text" value="15,000"/>

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Program Director	47,500	8,000
Lead Teachers x 2	21,120	7,000
Total	68,620	15,000

Fringes Breakdown

F.I.C.A		
Medical Insurance		
Life Insurance		
Other (specify)		
Total		

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

The after school program is funded with a combination of foundation grants, Homework House fundraising events, individual giving, and contracts with the Dept. of Elementary & Secondary Education. At this point in time, we do not have funds committed for next fiscal year.

# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([ecavanaugh@hbgc.org](mailto:ecavanaugh@hbgc.org)) was recorded on submission of this form.

Email \*

[ecavanaugh@hbgc.org](mailto:ecavanaugh@hbgc.org)

Activity Title \*

Public Housing Youth Programs

CDBG Amount Requested (whole dollar) \*

20000

Agency-Organization Name \*

Boys & Girls Club of Greater Holyoke

Location of Activity (Street Address or Description) \*

15 Barrett Drive; 334 Elm Street; 22 No. Summer Street; 17 Hampden Street

Parent Organization (if applicable) \*

Boys & Girls Club of Greater Holyoke



Agency Mailing Address \*

70 Nick Cosmos Way, Holyoke, MA 01040

Agency Website \*

www.hbgc.org

Agency Telephone Number \*

4135347366

Agency UEI #

SF1LHH8JQZM5

Agency FID #

042103792

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Boys & Girls Club of Greater Holyoke (HBGC) is requesting investment in the Club's Satellite Programs located in the Holyoke Housing Authority communities of Toepfert, Beaudoin, Churchill, and Lyman. As a result of COVID and the school system still considered underperforming, youth are experiencing a drastic learning loss as well as long-term opportunity gaps which have devastating impact on their futures. It is critical that HBGC Units provide quality out of school time services for youth who need the support most. The Program provides access to social and emotional support, academic help, project-based learning, and enrichment activities after school, during school vacations and summer. Most importantly, the Club offers a reliable, safe, and supervised environment where youth can receive academic and emotional support while building lasting friendships with peers as well as caring, responsible adults. The program operates Mon-Fri and provides a healthy snack and supper daily.

How will the service or facility or activity be marketed to ensure that the Intended beneficiaries are reached? \*

HBGC will utilize a myriad of marketing avenues to ensure the Club is reaching intended beneficiaries for enrollment. To start, HBGC will work directly with our primary partner, Holyoke Housing Authority (HHA), to ensure we distribute information to all residents within the housing communities. HBGC and HHA will distribute flyers, letters, market the program social media and text message communications. HBGC will target recruitment efforts to previously enrolled Club members and work with HHA as well as Holyoke Public Schools to identify youth in need who live in these communities. Our outreach involves engaging Latino youth and families through word-of-mouth referrals, face-to-face contacts, community collaborations, special events and targeted programming.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

While Holyoke Public Schools are making every effort to deliver quality academic programming, most of the youth are being left alone, unsupervised, and disengaged with academics after school and during the summer. This makes the risk of backsliding in critical academic subjects likely as well as places more youth in jeopardy of being retained, dropping out, engaging in risky behaviors, ultimately making high school graduation a frightening challenge. It is critical that the HHA satellite units remain open. There are hundreds of youth every day in these neighborhoods in search of a safe place supervised by caring, responsible adults who will allow them to grow as they engage in their academic pursuits and enjoy positive youth development activities. HBGC programming addresses an essential gap in services for low-income youth in Holyoke.

Please select the Objective for the proposed activity. (LMI- low-moderate Income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The basis of cost reasonableness for this activity is determined by the true program costs which are the full costs of delivering the various programs and services in the community as well as the cost provides value to the youth involved. This is in the form of skills gained, experiences had, or outcomes achieved. Also, the market rate has been taken into consideration and is in line with what is generally charged for similar youth programs.

Please provide the total activity cost (from all sources including CDBG). \*

The total activity costs to operate HBGC Satellite Units in the public housing communities is \$221,508 annually.

If your request is not fully funded, how will the project, activity or service be reduced? \*

Due to the critical nature of the program as it relates to academic success and learning loss prevention, HBGC is committed to the full scope of program implementation. If it is not fully funded, HBGC will be forced to reduce the number of hours and weeks of service provided.

Describe the agency's experience with this or similar activity. \*

HBGC staff, peer leaders, and volunteers all have the necessary knowledge and skills, through continuous training, to implement quality youth development programming. We have successful experience partnering with specialists to help train the HBGC staff to implement academic support and best practices involving project-based activities.

Describe your agency's experience with the management of Federal funds. \*

HBGC has been a past recipient of CDBG funding and has been successful in fulfilling all requirements associated with the funding. Invoices and requirements have been submitted in a timely and organized manner.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with \* social distancing and COVID restrictions?

HBGC has been safely operating the satellite units throughout COVID-19 adhering to all COVID protocols including social distancing. Our staff and youth have been trained in the safety protocols and keep up to date on all changing and evolving protocols. Each unit is equipped with the proper PPE equipment and supplies.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

HBGC has operated the satellite units for over 25 years and is the only Boys & Girls Club in Western Massachusetts that operates Satellite Units within public housing communities. Within these communities, there are no other youth service organizations that can fulfill the growing needs of our families. The Satellite Units represent a long-standing public-private partnership between HHA and HBGC to offer programs directly within the neighborhoods of Holyoke's underprivileged communities.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure \* that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics.

HBGC programming addresses an essential gap in services for low-income youth in Holyoke. We certainly cannot service all of the youth in need but can continue to provide an outcome-focused program for youth from Holyoke's poorest families. While Holyoke Public Schools is making every effort to deliver quality academic programming, the majority of youth are being left alone, unsupervised, and disengaged with academics. This makes the risk of backsliding in critical academic subjects likely as well as places more youth in jeopardy of being retained, dropping out and engaging in risky behaviors. It is evident that our children are in need of additional support services during school as well as out-of-school time hours. HBGC Satellite Units are a driving catalyst in moving the needle in a positive direction towards improved attendance, on-time grade level completion, academic success and high school preparation.

Who will be completing this activity on behalf of the agency? \*

Existing staff ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Youth including after school, day care, educational, recreational ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

The cost-per-person would be \$2,215 per youth, compared to the annual cost for a child to participate in both an after-school program and a summer camp program is \$3,990 for after-school care and \$1,505 for 7 weeks of summer program for a total of over \$5,495 per youth. The HBGC Satellite Unit After-School program costs a total of \$25 per youth and the 7-week Summer Camp Program costs a total of \$25 per summer and we have many families that are on scholarship. While the fee does not come close to covering the total cost of the program, the payment creates an additional buy-in and mutual expectations of attendance as well as participation with the family. Additional funds that help alleviate the cost of the program include Amella Peabody Foundation, Senator Charles E. Shannon Community Safety Initiative, Dept of Public Health, and in-kind support from the Holyoke Housing Authority.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Households assisted where all members benefit from the activity (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

100 youth

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Eileen D. Cavanaugh, CEO, ecavanaugh@hbgc.org, 413-534-7366 ext. 111

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Eileen D. Cavanaugh, CEO, ecavanaugh@hbgc.org, 413-534-736 ext. 111

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) Is current on all City of Holyoke taxes, fees and expenses; (2) Is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) Is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Eileen D. Cavanaugh, CEO, 2/14/2024

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: Boys & Girls Club of Greater Holyoke

Activity: Public Housing Youth Programs

	Total Budget	CDBG Allocation
101 Salaries	<span style="border: 1px solid black; padding: 2px;">\$ 187,603.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 18,470.00</span>
102 Fringes	<span style="border: 1px solid black; padding: 2px;">\$ 18,188.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 1,530.00</span>
104 Equipment	<span style="border: 1px solid black; padding: 2px;">\$ 4,685.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
105 Equipment Rental	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
106 Supplies	<span style="border: 1px solid black; padding: 2px;">\$ 8,000.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
107 Telephone	<span style="border: 1px solid black; padding: 2px;">\$ 1,200.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
108 Advertisement	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
109 Postage	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
110 Insurance	<span style="border: 1px solid black; padding: 2px;">\$ 1,832.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
111 Space	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
112 Utilities	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
113 Dues/Subscriptions	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
114 Legal Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
115 Accounting Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
116 Other Consultant	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
117 Printing/Reproduction	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
118 Maintenance & Repairs	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
119 Contract Services	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
<b>Total</b>	<span style="border: 1px solid black; padding: 2px;"><b>221508</b></span>	<span style="border: 1px solid black; padding: 2px;"><b>20,000</b></span>

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Unit Directors	\$ 60,928.00	\$ 9,235.00
Youth Development Specialists	\$ 45,440.00	\$ 9,235.00
Program Coordinator	\$ 27,359.00	
Technology Director	\$ 6,650.00	
Peer Leaders	\$ 41,976.00	
Admin Support	\$ 5,250.00	
 Total	 187603	 18,470

Fringes Breakdown

F.I.C.A	\$ 14,193.00	\$ 1,530.00
Medical Insurance	\$ 3,925.00	
Life Insurance		
Other (specify)		
Total	18,118	1,530

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

Amelia Peabody Foundation = \$75,000  
 Executive Office of Public Safety - Shannon Grant = \$39,508  
 Dept. of Public Health- HEAL Grant = \$37,000  
 Holyoke Housing Authority = \$50,000



# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([kcolwell@girlsinvalley.org](mailto:kcolwell@girlsinvalley.org)) was recorded on submission of this form.

Email \*

[kcolwell@girlsinvalley.org](mailto:kcolwell@girlsinvalley.org)

Activity Title \*

Expanded Strong, Smart & Bold Programs for Holyoke Girls

CDBG Amount Requested (whole dollar) \*

\$15,000

Agency-Organization Name \*

Girls Inc. of the Valley

Location of Activity (Street Address or Description) \*

Girls Inc. Program Center & Headquarters, 480 Hampden Street, Holyoke, MA 01040

Parent Organization (if applicable) \*

N/A

Agency Mailing Address \*

P.O. Box 6812, Holyoke, MA 01041

Agency Website \*

www.girlsincvalley.org

Agency Telephone Number \*

4135326247

Agency UEI #

FM9XS51R4JB1

Agency FID #

04-2748244

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

We are expanding the dosage of our year-round, center-based no-cost after-school programs for Holyoke youth ages 5-18. Our programs integrate engaging, hands-on activities with curricula covering Healthy Living, Academic Enrichment and Support, and Life Skills. During the school year, we will provide after school programs 3 hours per day, 5 days per week for at least 45 Holyoke elementary and teen aged young people—this number will increase as our space expands with the completion of building renovations. With the increased programming dosage we are providing—up to an average of 66 hours per youth in 2023 from an average of 38 hours per youth in 2022, we have created a year-round safe space for Holyoke young people. We will also continue to serve Holyoke youth with 3 weeks of full-day camp serving 35 Holyoke youth, our Eureka! STEM program in partnership with UMass and through our school-based programs.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Our Program Center had a Grand Opening in June of 2023, with broad press coverage and community attendance. Families love the new facility, and we have waiting lists for our after-school programs. GI is a trusted community resource, with 43 years of successful outreach to Holyoke girls and families. We continue to share information on our programs and maintain communication with the HPS. Staff regularly attends Holyoke Safe Neighborhood Initiative Meetings and Holyoke Hub meetings. We have increased our presence at community events, hosting a 6-week Comm'unity" Summer Nights program and participating in the HSNI Back to School Event, Holyoke Parks & Recreation Harper's Halloween, Doors Open Holyoke, Community Partners Symposium, HCC Faculty Community Partner Networking, Morgan School Family Fun Night, United Way Can Drive and One Holyoke Community Dinner. Our Director of Development & Communications uses multiple social media platforms to market Girls Inc. to the community we serve.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Our programs will improve the lives of youth and families over the next 5 years. The 2022 Holyoke Medical Center CHNA identifies mental health as the most commonly reported concern, with children experiencing depression, anxiety, and social isolation. A critical mental health need highlighted is emotional support resources beyond the school day. We see this firsthand in our HPS programs, where kids struggle to meet grade level behavioral and social emotional expectations. Another critical Holyoke priority—much discussed by the Rezoning Task Force—is keeping kids safe. Our expanded programs meet these needs, providing rich emotional resources beyond the school day, with multiple opportunities for youth to make social, emotional and academic learning gains. Our staff build mentoring relationships with participants in a safe, pro-girl environment while offering research-based programs that help girls unlock their strengths and thrive.

Please select the Objective for the proposed activity. (LMI- low-moderate Income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The activity cost is reasonable for the 15 hours per week of high quality after-school programming we provide at no cost to participants and families in our centrally located downtown Holyoke program center. Our costs are similar to other providers offering no-cost after-school programs, but we offer enhanced opportunities, with activities are led by our well-trained staff and a low youth/adult ratio. Our new building is a state-of-the-art facility that was designed to meet the needs of the youth we serve, and will feature a MakerSpace and a Library Learning Center once completed in 2024. Our outdoor space is easily accessible from the downstairs café and program areas.

Please provide the total activity cost (from all sources including CDBG). \*

\$263,815

If your request is not fully funded, how will the project, activity or service be reduced? \*

Girls Inc. prioritizes sustainability and works hard to ensure that financial challenges do not lead to changes in our services. Our staff and board are committed to building relationships and diversifying our funder base to raise the resources to sustain and grow our programs. If our request is not fully funded, we will continue to submit grant applications to foundations and corporations interested in the success of Holyoke's youth. However, without CDBG funds to help offset staffing costs, we may need to reduce the number of staff working with girls or decrease the dosage of our life enhancing programs that provide academic enrichment and assistance and social emotional learning, building a supportive community of confident, directed and civically engaged girls.

Describe the agency's experience with this or similar activity. \*

Girls Inc. of the Valley has provided girl-focused positive youth development programs to Holyoke girls from low-income families since 1981. We continue to build excellence in innovative programming through our school-based programs in Holyoke, Springfield and Chicopee, and our newly expanded center-based programs in Holyoke. Our year-round programs include our Elementary School Programs for girls 8-12, Middle & High School Programs (MHSP) for girls 13-18, and our Eureka! STEM education program for girls 13-18 in partnership with the University of Massachusetts. Each of our programs are led by a full-time Program Director and delivered by a team of Program Facilitators. Girls Inc.'s program staff is supported by a hands-on leadership team and a very active and passionate Board of Directors, 100% of whom contribute to the organization.

Describe your agency's experience with the management of Federal funds. \*

We have a long history of successfully managing state, federal, corporate and foundation grants, including CDBG funding awards for many of the past 15 years. MA DESE has awarded us significant funding annually since 2015, with an award of \$120,000 for FY24. We have received 5 years of \$10,000 MSA grants since 2015, and a \$79,248 grant from GI National in 2023. In FY24, MA DPH awarded us \$248,281 from Bureau for Community Health & Prevention (renewals through 2026), \$108,000 from Bureau of Substance Addiction Services. (renewals through 2029), and \$125,000 from Youth Violence Prevention (renewals through 2032). Through our campaign, we are managing large, multi-year grants including \$1,000,000 from the Marieb Foundation and \$75,000 from PeoplesBank. All funds are managed and reported on to the highest standards of state and local grant administration and are tracked/reported by our Fiscal Management Consultant.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

Because our programs can be effectively delivered remotely, our activity does not depend on full reopening. However, we believe in-person programming is the preferred model and will continue to offer in-person programming as our primary delivery method as long as this is allowed by health regulations. We provided an in-person Learning Pod for Holyoke girls at our program center when the schools were all remote, so we have experience with adapting spaces to follow COVID safety guidelines, and our new building is designed to allow for social distancing and COVID safety. Our staff are trained and experienced in following COVID protocols, so we are able to safely provide in-person programs.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Phase A renovations to our new building are complete, and our programs were successfully launched using the first floor of the new building in June of 2023; the same space will be used for our summer 2024 programs. Phase C renovations to the second floor will be completed during the 2024-2025 school year. Following the Holyoke Public School calendar during the school year, we provide engaging, skill-building and supportive programming 5-days a week for elementary and teen aged youth. Programs will be enhanced and the number of youth we serve will be increased when renovations to the new learning, activity and staff spaces, including the MakerSpace, Library Learning Center, Community Room and Teen Lounge, are finished.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

Young people have been adversely affected by the social isolation and the educational interruptions caused by the COVID-19 pandemic, and families are asking for Girls Inc.'s help in meeting students' increased needs. Community demand is shown by the waitlists we have for our elementary and teen after-school programs. Participant responses in our 2023 Strong, Smart and Bold Outcome Survey show the importance of GI's programs to kids: 100% learn to make a difference in the world; 90% have an adult at GI who helps them think about their future; 93% feel safe at GI; 100% learn about people who are different from them; and 75% get the chance to be a leader. Our participants are excited about the new building--girls had input into the building design and gave building tours. As we finalize our new Strategic Plan this year, feedback from community stakeholders including families, youth and partner organizations is helping us ensure programs meet community needs.

Who will be completing this activity on behalf of the agency? \*

Existing staff ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Youth including after school, day care, educational, recreational ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

The activity cost will be \$5,863 per person at the beginning of the grant period. The cost is determined by dividing the total budget (\$263,815) by the number of Holyoke youths we will serve (45) with our after-school programs. The cost per person will decrease as we are able to serve additional youth in our expanded space when the second-floor renovations are complete. We provide our programs at no cost to participants and families. Girls Inc. has received \$62,000 in funding from the MA Dept. of Elementary & Secondary Education for our 2024-2025 school year programs. We also expect to receive renewal grant funding for our FY24 programs from our regular annual funders, including the Peabody Foundation (\$30,000), Davis Foundation (\$25,000), Foundation M (\$5,000) and the Adams Memorial Trust (\$10,000). We will help offset program costs by utilizing trained volunteers to help keep the adult/child ratio low in both our school and center-based programs.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Individuals assisted (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

45 LMI Holyoke youth ages 5-18 will benefit from transformative after-school programming delivered 15 hours per week at our new Program Center and Headquarters. Girls can begin attending in elementary school and continue through high school graduation, with the long-term participation engendering life changing impacts.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Kim Colwell, Executive Assistant, kcolwell@girlsincvalley.org, 413-532-6247

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Suzanne Parker, Executive Director, sparker@girlsincvalley.org, 413-539-3666

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Suzanne Parker, Executive Director, 2/14/2024

This form was created inside of City of Holyoke.

Google Forms

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Associate Executive Director	\$ 6,792.00	0
Director of School Year Programs	\$ 5,250.00	0
Program Coordinator	\$ 51,502.00	0
Assistant Program Directors	\$ 81,151.00	\$ 6,898.00
Program Facilitators	\$ 65,085.00	\$ 5,532.00
Program Administrative Assistant	\$ 3,195.00	\$ 271.00
Total	\$216,975	\$12,701

Fringes Breakdown

F.I.C.A	\$ 16,186.00	\$ 965.00
Medical Insurance	\$ 14,709.00	\$ 769.00
Life Insurance	\$ 625.00	\$ 438.00
Other (specify)	\$ 2,130.00	\$ 127.00
Total	\$33,650	\$2,299

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

We have secured multi-year state grants and contracts to support the program including DESE ASOST School Year Funding \$62,000. DPH ASE and BSAS contracts of which \$170,080 is applied to this program. Foundation funding of \$38,000 also applied to this program. Foundations include the Davis Foundation, Community Foundation of Western MA, and Bank of America. Additional evidence of funding available upon request.



**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
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<b>Total</b>	<b>\$216,975</b>	<b>\$12,701</b>

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<b>Total</b>	<b>\$33,650</b>	<b>\$2,299</b>

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We have secured multi-year state grants and contracts to support the program including DESE ASOST School Year Funding \$62,000. DPH ASE and BSAS contracts of which \$170,080 is applied to this program. Foundation funding of \$38,000 also applied to this program. Foundations include the Davis Foundation, Community Foundation of Western MA, and Bank of America. Additional evidence of funding available upon request.

# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([angie.savageau@sdh.state.ma.us](mailto:angie.savageau@sdh.state.ma.us)) was recorded on submission of this form.

Email \*

angie.savageau@sdh.state.ma.us

Activity Title \*

Holyoke Safe Neighborhood Initiative Back to School Event 2024

CDBG Amount Requested (whole dollar) \*

\$5,000.00

Agency-Organization Name \*

Holyoke Safe Neighborhood Initiative

Location of Activity (Street Address or Description) \*

McNally Field, Holyoke MA.

Parent Organization (if applicable) \*

Criminal Justice Organization of Hampden County

Agency Mailing Address \*

627 Randall Road, Ludlow MA. 01056

Agency Website \*

www.shsnl.org

Agency Telephone Number \*

4138580041

Agency UEI #

M6Z9G6X58U38

Agency FID #

043278911

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Other ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

To engage parents, families, residents and youth of Holyoke through leadership, educational opportunities, social activities, and individual support. To hold this annual event to serve up to 3000 school age youth and families of Holyoke. Distribute 2500 backpacks filled with school supplies.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Website, social media, news coverage, mass emailing, notifying schools in Holyoke, community leaders and community partners. This is a well known event that has taken place annually in Holyoke and continues to grow each year.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Yes. We plan to hold this activity annually. The resources and partnerships developed continue on and improve each year.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Creating Economic Opportunity- activities that benefit the local economy, commercial revitalization or job creation ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Each year we meet our cost goal through grants, donations, and valuable partnerships.

Please provide the total activity cost (from all sources including CDBG). \*

\$25,000.00

If your request is not fully funded, how will the project, activity or service be reduced? \*

If our request is not fully funded and we do not receive the funds from another source we may have to cut some of the activities planned for the event.

Describe the agency's experience with this or similar activity. \*

This activity has been held annually since 2012 and has been well received and anticipated by the community. Each year the number of attendees grows and we strive to expand the event.

Describe your agency's experience with the management of Federal funds. \*

Criminal Justice Organization has a full board. The treasurer is a certified public accountant with over 30 years experience managing State, Federal, and private grants.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

Due to this activity being held outdoors we can comply with social distancing and COVID restrictions as deemed necessary.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Planning for the annual back to school event started as soon as the 2023 event ended. We have begun applying for funding, have the August 24, 2024 date set, and are recruiting past and new volunteers.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

Due to the poverty threshold and needs of the residents of Holyoke we know this activity will directly impact the community in a positive way. As youth and families prepare for the new school year giving out backpacks with school supplies and holding a resource fair not only assists with basic needs, but also builds on the community networks we strive to maintain. The funds will be expended during the planning stages of the event and all resources will be exhausted the day of the event.

Who will be completing this activity on behalf of the agency? \*

Combination of above ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Choose ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Area (Neighborhood) Benefit (LMA) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

3000 youth and families who live in Holyoke.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Angie Savageau, Trustee Criminal Justice Organization, angle.savageau@sdh.state.ma.us, 413-858-0041

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Renee Dill, Treasurer, renee.dill@sdh.state.ma.us, 413-858-0113

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](http://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024: the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Angle Savageau, Trustee, Criminal Justice Organization, 2/8/2024

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: Criminal Justice Organization of Hampden County

Activity: Holyoke Safe Neighborhood Initiative Back to School Event 2024

	Total Budget	CDBG Allocation
101 Salaries	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
102 Fringes	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
104 Equipment	<input style="width: 100%; text-align: right;" type="text" value="\$ 4,500.00"/>	<input style="width: 100%;" type="text"/>
105 Equipment Rental	<input style="width: 100%; text-align: right;" type="text" value="\$ 8,500.00"/>	<input style="width: 100%;" type="text"/>
106 Supplies	<input style="width: 100%; text-align: right;" type="text" value="\$ 10,500.00"/>	<input style="width: 100%; text-align: right;" type="text" value="\$ 5,000.00"/>
107 Telephone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
108 Advertisement	<input style="width: 100%; text-align: right;" type="text" value="\$ 1,500.00"/>	<input style="width: 100%;" type="text"/>
109 Postage	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
110 Insurance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
111 Space	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
112 Utilities	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
113 Dues/Subscriptions	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
114 Legal Consultants	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
115 Accounting Consultants	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
116 Other Consultant	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
117 Printing/Reproduction	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
118 Maintenance & Repairs	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
119 Contract Services	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Total</b>	<input style="width: 100%; text-align: right;" type="text" value="25,000.00"/>	<input style="width: 100%; text-align: right;" type="text" value="5,000.00"/>



**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>

Fringes Breakdown

F.I.C.A	<input type="text"/>	<input type="text"/>
Medical Insurance	<input type="text"/>	<input type="text"/>
Life Insurance	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

We apply to several agencies for grants and have received them in the past to make up the non-CDBG portion of funding for this activity. Staffing of the event is all volunteers. Community agencies and members come together annually to make this day happen.

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The respondent's email ([aconnors@ywworks.org](mailto:aconnors@ywworks.org)) was recorded on submission of this form.

Email \*

aconnors@ywworks.org

Activity Title \*

Holyoke Young Parent Program Storage Enhancement Project

CDBG Amount Requested (whole dollar) \*

\$10,920

Agency-Organization Name \*

Holyoke Young Parent Program

Location of Activity (Street Address or Description) \*

19 Quirk Ave Holyoke, MA 01040

Parent Organization (if applicable) \*

YWCA of Western MA

Agency Mailing Address \*

1 Clough St. Springfield, MA 01118

Agency Website \*

<https://www.ywworks.org/>

Agency Telephone Number \*

4137323121

Agency UEI #

CFE4YG9DGKX5

Agency FID #

04-210-3858

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

The YWCA of Western MA's (YW) Holyoke Young Parent Living Program (HYPP) is a DCF/DTA-funded 11-bed residential program for youth ages 13-22 who are pregnant/parenting.

The YW requests \$10,920 to purchase 26 dressers in HYPP—two for each room plus four extra dressers that can be moved around the program to meet the needs of various family sizes. The YW proposes purchasing dressers that are 30" tall and made of solid wood, making them naturally anti-tip. This anti-tip quality is essential because the YW cannot mount the dressers directly to the cinderblock walls.

With no dressers in the rooms, it is hard for young parents to organize their and their children's belongings. The closets and shelving in the room are not substantial enough for young parents to store all the items required for themselves and their children. The dressers will also help create a comfortable, homey feel in the rooms, eliminating the "depressing" feel that the residents currently attribute to their rooms.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

The Intended beneficiaries are very low-income young parents and their children in the City of Holyoke. The young parents and their children are placed into the Holyoke Young Parent Program by the DCF or DTA through a closed referral process. All residents who enter the program from these agencies will benefit from the proposed dresser project.

Given the YWCA's position as Hampden County's leading Rape Crisis Center/Domestic Violence Shelter, many of the young parents placed into the YWCA's program are survivors of or at risk of dating violence, domestic violence, and commercialized sexual exploitation. The YW's Holyoke Young Parent Living Program also has a full-time clinician on site (LCSW or LMHC). Since the program has clinical support, DCF and DTA send higher-risk clients to the program, including clients with documented mental health diagnoses (sometimes multiple diagnoses).

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Residents of the HYPP program will benefit from the dressers for over five years. The YW anticipates that these dressers will last approximately 15 years (if not more)—the agency determined this number based on how long similar equipment (e.g., bedframes) have lasted. The agency is also purchasing four extra dressers, which it will use as needed in rooms with more than one child or in the program's two offline rooms. The program has 13 rooms, though its funders fund only 11, so the YW uses these extra rooms when a room is under maintenance, or the program is otherwise in flux. HYPP can also replace a dresser in one of the program's primary 11 rooms if one of the other dressers withstands damage.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Affordability- activities that lower the cost, improve the quality of services for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The YW proposes the purchase of 26 dressers for a total cost of \$10,920. The YW has obtained three quotes from New England Woodcraft, Moduform, and Blockhouse to determine the funding request amount. These quotes all include the cost of dressers that are naturally anti-tip because of their short 30" stature and their considerable weight. If the agency were to purchase dressers that are taller than 30", it would need to purchase dressers designed specifically for anti-tip. If the agency purchased dressers taller than 30", it would need to purchase dressers with anti-tip technology that would significantly increase the cost of the dressers.

The factors that the YW has considered when assessing cost reasonableness include prices across several competitive and reputable vendors, lower shipping costs provided by a New England-based business, dressers that are naturally anti-tip, and high-quality, durable dressers that will last many years. The dressers are made from Red Oak which is known for its sturdiness. New England Woodcraft sells furniture designed primarily for colleges/universities. The dressers were designed to withstand significant wear and tear.

Please provide the total activity cost (from all sources including CDBG). \*

\$10,920

If your request is not fully funded, how will the project, activity or service be reduced? \*

The YWCA will adjust its purchases based on the total award. It will plan on purchasing as many dressers as possible, given the award amount. So, for instance, if the award is funded at \$8,000, then the agency will purchase approximately 17 dressers. This will mean that every room will get at least one dresser. The other dressers will be divided among rooms based on the household size with families with more than one child receiving priority.

Describe the agency's experience with this or similar activity. \*

The YW has completed similar projects for operational needs across its residential programs. The YWCA recently obtained foundation grant funds and state funds to replace items in its Emergency Domestic Violence Shelter's kitchen. The agency replaced appliances (stoves, ice machine, heating cabinet, and dishwasher) that were unreliable and costly to maintain via repairs due to their age, obsolete parts, and frequency of use. Several years ago, the program replaced old beds with Holyoke CDBG funding. The YW received Holyoke CDBG last year to purchase kitchen and living room items for the program to increase the quality of life of the young parents and children served in the program.

Describe your agency's experience with the management of Federal funds. \*

The YW has over 26 years of experience in successfully managing federal grants. Current federal grants include the DOJ/OVW Transitional Housing Grant (OVW-21-GG-02089). The YW receives funds from the federal Department of Housing and Urban Development through subcontracting with the City of Springfield. These pass-through funds support the DV Coordinated Entry, Transitional Housing, and Rapid Re-Housing projects.

Through several state contracts, the YWCA also receives pass-through funding from the federal Victims of Crime Act (VOCA) and the Office on Violence Against Women (OVW). VOCA dollars passed through the Massachusetts Office of Victim Assistance support the YW's Children Who Witness Violence program, providing clinical therapeutic services to children ages 3-17. The YWCA also receives Sexual Assault Services Program (SASP) funding from the Office of Violence Against Women that passes through the Department of Public Health to support its bilingual rape crisis center.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

The program is fully operational, with 11 young parents and their children residing there. The YWCA will purchase the dressers upon receipt of funding and the execution of a contract. The items will be available for use once the YW receives them. The proposed project does not require the agency to complete any social distancing or COVID restrictions.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

The YW's Director of Facilities has pulled three comparable dresser quotes. The YW will purchase the items from the vendor who provided the lowest quote for each item, New England Woodcraft, Inc. The YW is prepared to purchase the items as soon as a contract is in place.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure \* that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics.

During monthly inspections it became clear that the closets and open shelves in the rooms were insufficient for storage. Larger baby items tend to dominate the existing closet and shelf space, leaving little room for the young parent's belongings. As a result, it is difficult for residents to keep their rooms organized. Many of the program's residents struggle with mental health issues, which a messy room can exacerbate.

The Program Director has also heard from residents that the rooms feel "sterile" and "depressing." The building has cinderblock walls painted off-white for easy maintenance. Adding dressers will make the rooms homier, increasing quality of life.

HYPP can accommodate 11 residents, each with 1-3 kids. In 2023, 29 residents (young parents) and 35 children enrolled in HYPP. 100% of residents are Holyoke residents. After moving into HYPP, clients change their permanent address to 19 Quirk Ave, Holyoke, MA 01040. 100% of residents in 2023 were very low-income.

Who will be completing this activity on behalf of the agency? \*

Existing staff ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, addiction services ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

The cost per person assumes that each of the items purchased last for a certain number of years. It is projected that the program will use the dressers for 15 years. If the YWCA assumes that HYPP will serve 30 young parents and 35 children, then the dressers will cost \$11.20 per resident over course of 15 years.

The Department of Children and Families and the Department of Transitional Assistance fund the programmatic costs required to run HYPP. The funding received from DCF and DTA mainly covers the cost of personnel in the building, which includes 24/7 staffing to maintain 1:5 staff/resident ratio.

Residents enrolled in HYPP do not pay to participate in the program. All services offered through the program are free.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Households assisted where all members benefit from the activity (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

63

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Amber Connors, Vice President of Grants and Compliance, aconnors@ywworks.org, 413-732-3121 x169

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Elizabeth Dineen, Chief Executive Officer, ldineen@ywworks.org, 413-732-3121 x101

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated \*  
for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control.

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the \*  
capacity to complete the activity and expend CDBG funds by the completion date.

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with \*  
the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good  
standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](http://sam.gov) registration.

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for \*  
Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination  
policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed  
necessary to make a Federal grant award.

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for \*  
Community Development Block Grant funding. Type your name, title and date below.

Amber Connors, Vice President of Grants and Compliance, 2/15/2024

This form was created inside of City of Holyoke.

Google Forms



**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: YWCA of Western Massachusetts

Activity: Holyoke Young Parent Program: Dresser Purchase Project

	Total Budget	CDBG Allocation
101 Salaries		
102 Fringes		
104 Equipment	\$10,920	\$10,920
105 Equipment Rental		
106 Supplies		
107 Telephone		
108 Advertisement		
109 Postage		
110 Insurance		
111 Space		
112 Utilities		
113 Dues/Subscriptions		
114 Legal Consultants		
115 Accounting Consultants		
116 Other Consultant		
117 Printing/Reproduction		
118 Maintenance & Repairs		
119 Contract Services		
<b>Total</b>	<b>\$10,920</b>	<b>\$10,920</b>

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>

Fringes Breakdown

F.I.C.A	<input type="text"/>	<input type="text"/>
Medical Insurance	<input type="text"/>	<input type="text"/>
Life Insurance	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

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Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([reynoldst@holyoke.org](mailto:reynoldst@holyoke.org)) was recorded on submission of this form.

Email \*

reynoldst@holyoke.org

Activity Title \*

Youth Sports Program Fund

CDBG Amount Requested (whole dollar) \*

15,000

Agency-Organization Name \*

Holyoke Parks & Recreation Department

Location of Activity (Street Address or Description) \*

536 Dwight St Rom 14 Holyoke ma 01040

Parent Organization (If applicable) \*

n/a

Agency Mailing Address \*

536 Dwight St Rom 14 Holyoke ma 01040

Agency Website \*

holyoke.org/parks-recreation

Agency Telephone Number \*

4133225620

Agency UEI #

Agency FID #

Agency Type \*

Municipal Department ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

We would like to request funds to aid in the financial process of registration fees for youth sports. Participation in city recreational sports programs have decreased over the years. However, the cost of registering for sports has increased. We want to make sure all residents have the opportunity to play sports. Registration fees should not be a factor in whether or not youth participate in sports. In addition, the department would also like to offer free training opportunities for youth to participate in throughout the year. These trainings would involve various sports areas including skills, drills and techniques.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

We will be in contact with each youth sports program board of officials and work closely with them to see how we can encourage participation and offer sports training opportunities.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

This will dramatically help the lives of children who play the sports, the parents who may have financial struggles, as well as the sport youth organizations who will need as many participants to fill up leagues, teams, rosters. It also helps the community as a whole because team working and the social components of sports bring to the table. This Isn't mentioning Importance of the physical activity component.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and Issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Affordability- activities that lower the cost, improve the quality of services for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or Improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The varying costs of each sports organization vary with the organization, sport, age of athlete.

Please provide the total activity cost (from all sources including CDBG). \*

15,000

If your request is not fully funded, how will the project, activity or service be reduced? \*

It will just reach less individuals that may need the assistance. It also puts the strain onto each organization to put up extra costs to cover some participants that may need the financial assistance.

Describe the agency's experience with this or similar activity. \*

The Parks and Recreation Department and City Youth Sports Programs offer sports activities with a cost association. In the past, the department has worked with families who were not able to make monetary payments for sports activities. Offering financial support to families will increase youth participation in organized sports. Also, providing training and clinics will also encourage youth to continue with their sports and develop a love for sports!

Describe your agency's experience with the management of Federal funds. \*

The City of Holyoke Parks & Rec department has a long record of managing these funds over the years with CDBG projects.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

All programs will follow social distancing and COVID-19 restrictions

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

We have created the proper forms and have spoke with all organization board of directors to talk about the possibility of the city helping out for youth sports programs.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

The demand is high because we are seeing that all sports program's numbers are down. From the high school level to the grade schools. We know the importance of having youth programs up and running strong because they ultimately will feed the older age groups and school teams. In addition, Holyoke as a high low income population.

Who will be completing this activity on behalf of the agency? \*

Existing staff



Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Youth including after school, day care, educational, recreational



What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

On average an individual sports registration costs between \$100- \$150 per child- with some being less. There is some variability based on number of children from each household, the particular sport they'd be playing and if it requires any travel. There are usually cost reduction for multiple athletes from the same residence to lessen the financial burden.

#### Accomplishments & Beneficiaries

Please complete Section 5 on Information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Individuals assisted (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

The youth in the city will be the main group to benefit from these services, but the families benefit for many different reasons (listed above). Also the organizations will benefit from this program because it can help shift funding from registration costs to other areas that may need funding. Numbers are low for most youth sports across the board not just in our city- and the extra participants that can play are always helpful to the organization.

#### Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Thomas Reynolds, Parks & Recreation Director, reynoldst@holyoke.org 413-322-5620

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Thomas Reynolds, Parks & Recreation Director, reynoldst@holyoke.org 413-322-5620

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration \* of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds.

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of \* low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required.

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated \* for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control.

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the \* capacity to complete the activity and expend CDBG funds by the completion date.

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with \* the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration.

Yes ▼

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for \* Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award.

Yes ▼



On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below.

\*

Thomas Reynolds

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Agency:

Activity:

	Total Budget	CDBG Allocation
101 Salaries	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
102 Fringes	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
104 Equipment	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
105 Equipment Rental	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
106 Supplies	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
107 Telephone	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
108 Advertisement	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
109 Postage	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
110 Insurance	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
111 Space	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
112 Utilities	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
113 Dues/Subscriptions	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
114 Legal Consultants	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
115 Accounting Consultants	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
116 Other Consultant	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
117 Printing/Reproduction	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
118 Maintenance & Repairs	<input style="width: 160px; height: 21px;" type="text"/>	<input style="width: 160px; height: 21px;" type="text"/>
119 Contract Services	<input style="width: 160px; height: 21px;" type="text" value="\$15,000"/>	<input style="width: 160px; height: 21px;" type="text" value="\$15,000"/>
<b>Total</b>	<input style="width: 160px; height: 21px;" type="text" value="\$15,000"/>	<input style="width: 160px; height: 21px;" type="text" value="\$15,000"/>

**Budget B**  
**Community Development Block Grant Program**

**Agency:** Holyoke Parks & Recreation Department

**Activity Title:** Springdale Park Improvements

	<b>Estimated Total Project Cost</b>	<b>Agency Contribution</b>	<b>CDBG Contribution</b>	<b>Other Contribution</b>
Acquisition of Real Property				
Architect/Engineer				
Hazardous Materials Assessment				
Hazardous Material Removal				
Demolition	\$170,000.00		\$170,000.00	
Construction	\$170,000.00		\$170,000.00	
Materials	\$60,000		\$60,000	
Appraisals				
Closing Costs				
Survey				
Advertising				
Other				
<b>Total</b>	<b>\$400,000.00</b>	<b>\$ 0.00</b>	<b>\$400,000.00</b>	<b>\$ 0.00</b>

Source of estimated costs.  
M.E. O'Brien & Sons

Identify source(s) and attach evidence of commitment(s) for non-CDBG funds.

Is it currently an uncompleted CDBG activity?  Yes  No

If yes, indicate when and how much CDBG funding was previously allocated and the status of this activity.

# FY2024 City of Holyoke Community Development Block Grant Application

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The respondent's email ([frank@enlacedefamilias.org](mailto:frank@enlacedefamilias.org)) was recorded on submission of this form.

Email \*

[frank@enlacedefamilias.org](mailto:frank@enlacedefamilias.org)

Activity Title \*

Holyoke Youth Commission

CDBG Amount Requested (whole dollar) \*

\$62,000.00

Agency-Organization Name \*

Enlace de Familias de Holyoke/ Holyoke Family Network, Inc.

Location of Activity (Street Address or Description) \*

299 Main Street

Parent Organization (if applicable) \*

N/A

Agency Mailing Address \*

299 Main Street

Agency Website \*

<http://www.enlacedefamilias.org/>

Agency Telephone Number \*

4133138788

Agency UEI #

MACHMSJGSFE8

Agency FID #

04-3470427

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

The project aims to develop Holyoke's youth commission, empowering young residents as future leaders. In FY 2025, focus remains on supporting 10 youth commissioners, engaging with local leaders, and addressing community needs. Activities include a team-building retreat in August 2024, followed by leadership training for 15 new youth from September to December 2024. Existing members transition to senior roles in January 2025. From January to April 2025, commissioners and junior leaders plan final projects and organize the Western Mass Youth Conference, facilitated by Enlace de Familias and the Holyoke Youth Taskforce. The project prioritizes youth voices through targeted marketing, including community events, social media, school engagement, local media partnerships, and tailored messaging, fostering their leadership within the community.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Marketing to ensure that the intended beneficiaries are reached will be a key component of this project. We will first identify the intended beneficiaries, which in this case are youth in the city, and then develop methods of marketing to reach this population. To do this, we will build a clear plan with local youth leaders to better identify areas of interest. This will include forming a youth task force, which will comprise active youth organizations around the city to identify local youth leaders that would make up the youth commission. Through this, we will develop a comprehensive marketing plan that outlines how to reach the intended beneficiaries and ensure that the service, facility, or activity is accessible to them.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Yes, this activity is poised to significantly improve the lives of residents in Holyoke over the next five years. In the past, multiple Holyoke leaders have participated in the Holyoke Youth Commission, and we're hoping to mirror that effect in the coming years. Youth who participated in the commission went on to become mayors, executive directors, and other community leaders. We see the direct impact that this initiative has on our community. This effort can be seen as a method of intervention to prevent our youth from going on maladaptive paths and rather introduce them to things that can enrich their lives instead. By empowering youth through leadership development, engaging with local leaders, and addressing community needs, the project fosters meaningful participation and creates avenues for youth-led initiatives. Through initiatives like the Western Mass Youth Conference and targeted outreach efforts, the project aims to amplify youth voices, prioritize community concerns, and ultimately contribute to positive changes in the targeted neighborhood.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The basis of cost reasonableness for this activity lies in its potential long-term impact on the community. Investing in youth leadership development and community engagement can lead to significant benefits, such as the prevention of maladaptive paths for youth, the empowerment of future leaders, and positive changes within the neighborhood. The historical success of the Holyoke Youth Commission in producing community leaders underscores the value of this initiative. Additionally, the planned activities, such as leadership training, community conferences, and targeted outreach efforts, are aimed at maximizing impact while utilizing resources efficiently. Therefore, the cost reasonableness is justified by the anticipated positive outcomes and the prudent allocation of resources to achieve these objectives.

Please provide the total activity cost (from all sources including CDBG). \*

\$62,000.00

If your request is not fully funded, how will the project, activity or service be reduced? \*

If our request is not fully funded, the project would need to be reduced in order to still be implemented. We would need to strategize to reduce activity, or service to a minimum viable level that would still be effective and beneficial. To do this, we prioritize the Youth Task Force to generate a collaborative atmosphere and enhance local youth organizations' activities and services that provide the most value and cut those that do not fit within the reduced budget. We would rely on the expertise of our team to make the best decisions on how to best reduce the project, activity, or service while still achieving our goals.

Describe the agency's experience with this or similar activity. \*

Enlace de Familias has a long-standing commitment to youth services. For over fifteen years, we have been providing youth with safe spaces, mentorship, and educational opportunities to help them reach their full potential. Our Youth Taskforce, first created in 2004, created the foundation for many of the current youth services in our community. Currently, we have the Youth Empowerment Lab, which provides youth with entrepreneurial and civic engagement opportunities while also providing them with internships. Additionally, we have the House of Colors, an LGBTQ program that focuses on youth leadership and creating a safe space for creative expression. All of these programs demonstrate our strong commitment to providing youth with services that will further their success.

Describe your agency's experience with the management of Federal funds. \*

Enlace is currently running seven state grants, including a Massachusetts Executive Office of Housing and Economic Development focus on youth leadership and entrepreneurship. We have established internal protocols, audit procedures, and accounting practices that meet the requirements necessary to manage and maintain any future federal grants awarded successfully. Although state grants are our current funding source, Enlace has become adept at navigating the federal funding process. We have a proven track record of successful grant management, completing projects on time and within budget. To ensure compliance, we attend training sessions, workshops, and conferences, as well as monitor updates on relevant websites and publications. In addition, we reach out to our colleagues and partners to ask questions, exchange ideas, and get advice. Through these strategies, we have been able to overcome any challenges we have faced in managing current grants.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

This activity can be successfully completed with social distancing and COVID restrictions. The organization has remained open since early in the pandemic. If necessary, the current policies surrounding COVID-19 allow for safe practices and protocols that adhere to local and state regulations for social distancing and COVID restrictions. The organization will continue to monitor local infection rates and activity to ensure that it can be conducted safely. Additionally, the organization has an action plan for implementing safety protocols, such as providing PPE for staff and participants, enforcing social distancing requirements, and consistently cleaning and sanitizing surfaces.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Enlace is prepared to launch this activity in a timely manner, ensuring that all steps necessary to initiate it are taken. We have a strong understanding of the youth needs in our community and the resources necessary to make this project a success. To initiate this activity, we are bringing together local youth stakeholders to create a youth Taskforce. This Taskforce will have the opportunity to provide input on the development of the project, ensuring that it meets the needs of the community. We will also hire a grant coordinator to oversee the program's progression and ensure that any necessary changes and updates are implemented throughout the implementation process. Finally, we will create a youth commission that will build leadership within the youth in Holyoke and provide a platform for them to share their voices and help lead the project forward.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

The demand or need for the activity in Holyoke is clear. Through our work with youth and servicing agencies, we have identified the need for an activity that would leverage youth leadership, enhance civic engagement, and provide a platform for young leaders to express and act on community issues and needs. We have gathered evidence from our conversations with youth, families, and community leaders that demonstrate the need for more activities that guide the future of young people and improve their skills. The youth commission will ensure that Holyoke youth have a voice in all areas of Holyoke.

Who will be completing this activity on behalf of the agency? \*

Combination of above ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Youth including after school, day care, educational, recreational ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

The total cost per person for this activity cannot be determined, as it will be providing services to all youth in Holyoke. However, the total cost of the program was determined by taking into account the costs of the resources that will be used, such as materials, supplies, and staff time, and calculating the cost of the program overall. We also considered the potential long-term effects of providing youth leadership guidance, engagements, and training in Holyoke, which will lead to improved outcomes for the city's future.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Area (Neighborhood) Benefit (LMA) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

Minimum of 10 youth Commission members and 15 new junior youth leaders.



The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Frank Martinez, Executive Director, frank@enlacedefamilias.org, 413-532-9300

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Frank Martinez, Executive Director, frank@enlacedefamilias.org, 413-532-9300

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Frank Martinez, Executive Director, 02/16/2024

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency:

Activity:

	Total Budget	CDBG Allocation
101 Salaries	<input type="text"/>	\$ 35,162.00
102 Fringes	<input type="text"/>	\$ 8,517.00
104 Equipment	<input type="text"/>	\$ 2,000.00
105 Equipment Rental	<input type="text"/>	\$ 0.00
106 Supplies	<input type="text"/>	\$ 7,021.00
107 Telephone	<input type="text"/>	\$ 1,200.00
108 Advertisement	<input type="text"/>	\$ 1,000.00
109 Postage	<input type="text"/>	<input type="text"/>
110 Insurance	<input type="text"/>	\$ 500.00
111 Space	<input type="text"/>	\$ 900.00
112 Utilities	<input type="text"/>	\$ 250.00
113 Dues/Subscriptions	<input type="text"/>	\$ 250.00
114 Legal Consultants	<input type="text"/>	\$ 0.00
115 Accounting Consultants	<input type="text"/>	\$ 1,000.00
116 Other Consultant	<input type="text"/>	<input type="text"/>
117 Printing/Reproduction	<input type="text"/>	\$ 1,000.00
118 Maintenance & Repairs	<input type="text"/>	\$ 1,200.00
119 Contract Services	<input type="text"/>	\$ 2,000.00
Total	<input type="text"/>	\$62,000

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Grant Coordinator		\$ 35,162.00
Total		35162.00

Fringes Breakdown

F.I.C.A		\$ 3,406.80
Medical Insurance		\$ 4,258.50
Life Insurance		\$ 851.70
Other (specify)		
Total		8517

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

N/A



# FY2024 City of Holyoke Community Development Block Grant Application

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The respondent's email ([llovell@wmeldercare.org](mailto:llovell@wmeldercare.org)) was recorded on submission of this form.

Email \*

[llovell@wmeldercare.org](mailto:llovell@wmeldercare.org)

Activity Title \*

Elder/Disabled Meals Program

CDBG Amount Requested (whole dollar) \*

\$20,000

Agency-Organization Name \*

WestMass ElderCare

Location of Activity (Street Address or Description) \*

4 Valley Mill Rd, Holyoke, MA 01040

Parent Organization (if applicable) \*

Same

Agency Mailing Address \*

4 Valley Mill Rd, Holyoke, MA 01040

Agency Website \*

www.weldercare.org

Agency Telephone Number \*

4135389020

Agency UEI #

MCHMF65C9H61

Agency FID #

042545848

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

WMEC will deliver 1,873 home delivered meals to a minimum of 12 frail, low-income home bound elders and persons with disabilities under the age of 60 years. Health and wellness checks will be conducted daily during meal delivery, and case management services will be provided to monitor consumers' needs.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

WMEC will conduct outreach to local community organizations, hospitals, discharge planners and elder housing complexes, and currently has a well-established network with multiple organization. WMEC will also utilize social media platforms including electronic and print newsletters, WMEC website, and Facebook.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

The Elders/Disabled individuals Meals Project will directly support the nutritional and health status, thus improving independence and quality of life of low to moderate income, homebound, at-risk residents of Holyoke. The program achieves these improvements by delivering meals which meet 1/3rd of the daily RDA, a nationally recognized standard of good nutrition, and nutrition education materials. Meal recipients will have personal contact on a regular basis with a trained Nutrition Program Home Delivered Meals Driver, and with a Care Manager during scheduled home visits. In many cases, this may be the only contact the meal recipients have with the community, due to their disabilities and homebound status. The WMEC Home Delivered Meals Driver and Care Manager monitor the residents' health status, notify appropriate medical personnel in case of emergency, and make referrals for other services of which they may need, and therefore may eliminate the need for hospitalization and institutionalization. Above and beyond the nutritional value of the meals we deliver, WMEC's Elder/Disabled Individuals Meals Project provides vital safety, health and social supports to its recipients.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The cost per meal is \$10.68. The breakdown of this cost is as follows:

\$5.41 - caterer charge  
\$1.32 - HDM driver salary  
\$ .11 - Taxes and Fringe  
\$ .31 - driver travel expense  
\$ 2.40 - Admin salary, tax & fringe  
\$ .74 Indirect Salary, Fringe & Support  
\$ .67 - Misc Support  
\$ .02 - Rent

\$10.98 Total cost; expecting \$ .30 per meal donation resulting in \$10.68.



Please provide the total activity cost (from all sources including CDBG). \*

\$20,000

If your request is not fully funded, how will the project, activity or service be reduced? \*

If the project is not fully funded, then WMEC will create a wait list for those that it cannot serve. This includes any home-delivered meal consumers under age 60 with disabilities, as these individuals do not qualify for funding support through Title III/the Older Americans Act. As consumers improve and no longer need meals, a consumer from the wait list will be assessed for services and provided meals if qualified.

Describe the agency's experience with this or similar activity. \*

WMEC is a private, non-profit corporation, established in 1974, which offers a wide variety of services and programs designed to assist elders and persons of all ages with disabilities. The Nutrition Program provides an average of over 1,200 congregate-style and home delivered meals on a daily to consumers throughout our catchment area. We have had a long-standing successful partnership with the City of Holyoke to meet the needs of Holyoke's most vulnerable citizens through the CDBG program, including individuals under 60 with disabilities for whom Older Americans Act (Title III) funding is not available.

Describe your agency's experience with the management of Federal funds. \*

As a federally-designated Area Agency on Aging for 50 years, WMEC is an experienced recipient and administrator of Title III – Older Americans Act funds. Federal Older Americans Act funding provides for the delivery of gap-filling services to support individuals over age 60 and caregivers in the greatest economic and social need. This includes:

- Isolated elders (living alone)
- Low-income elders
- Minority elder populations
- Rural elder populations
- Socially isolated populations (including limited English proficient [LEP] elders, individuals isolated due to cultural identity, gender identity and/or sexual orientation)

WMEC oversees and manages all aspects of administering its annual allocation of Title III funds including budgeting, planning and procurement of community grants to area programs serving older adults and caregivers. In addition, WMEC has received and administered federal relief funds during the COVID pandemic including FFCRA, CARES and ARPA grants.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with \* social distancing and COVID restrictions?

This activity does not rely on full reopening. WMEC has continued to complete this activity successfully and without interruption since the onset of COVID-19 pandemic in March of 2020. Modifications have been made to delivery procedures and assessments to assure seamless and safe service provision. In fact, WMEC's home-delivered meal program has been a vital strategy to ensuring the nutritional health and safety of many home-bound consumers whose access to other community-based services has been and is still sometimes limited due to COVID closures and other factors

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

WMEC's ability to provide this service has been sustained by CDBG and ARPA funds, and we have procedures and policies in place to continue this service. Due to a reduction in revenue this past year, we had to implement a wait list and reduce services for the current consumers from 7 meals per week to one meal a day Monday through Friday.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

Inquiries and referrals are frequently made by individuals, discharge planners, VNA, health care providers and social workers for meals for homebound individuals under the age of 60 years. The Federal Funding WMEC receives through the Older Americans Act is only for individuals over the age of 60 years, and therefore cannot be used to support Holyoke individuals with disabilities under 60 and there is no other funding stream available to provide home delivered meals to these individuals. WMEC has been serving these individuals through the CDBG grant and each year implements a wait list as the need always exceeds the funding amount.

Who will be completing this activity on behalf of the agency? \*

Existing staff ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Elderly/Disabled/Special Needs Including meals, access to programming, health, recreational ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

The current cost per home delivered meal is \$10.68 which includes the caterer meal charge, staff salaries, tax and fringe, minus an anticipated average donation of \$.30/meal. The total cost per person is \$1,666 based on serving 12 consumers one meal a day for year.

Accomplishments & Beneficiaries

Please complete Section 5 on Information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Individuals assisted (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

12 Individuals

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Lisa Lovell, Nutrition Program Director, llovell@wmeldercare.org, 413-538-9020

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Roseann Martocchia, Executive Director; rmartocchia@wmeldercare.org; 413-538-9020

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes



The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes



On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Lisa Lovell, Nutrition Director 1/30/24

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: WestMass ElderCare

Activity: Elder/Disabled Meals Program

	Total Budget	CDBG Allocation
101 Salaries	<span style="border: 1px solid black; padding: 2px;">1,032,475</span>	<span style="border: 1px solid black; padding: 2px;"></span>
102 Fringes	<span style="border: 1px solid black; padding: 2px;">273,718</span>	<span style="border: 1px solid black; padding: 2px;"></span>
104 Travel Reimbursement	<span style="border: 1px solid black; padding: 2px;">109,800</span>	<span style="border: 1px solid black; padding: 2px;"></span>
105 Equipment Rental	<span style="border: 1px solid black; padding: 2px;">31,750</span>	<span style="border: 1px solid black; padding: 2px;"></span>
106 Supplies	<span style="border: 1px solid black; padding: 2px;">35,600</span>	<span style="border: 1px solid black; padding: 2px;"></span>
107 Training/Conferences	<span style="border: 1px solid black; padding: 2px;">3,500</span>	<span style="border: 1px solid black; padding: 2px;"></span>
108 Professional Fees	<span style="border: 1px solid black; padding: 2px;">73,500</span>	<span style="border: 1px solid black; padding: 2px;"></span>
109 Management/General	<span style="border: 1px solid black; padding: 2px;">244,655</span>	<span style="border: 1px solid black; padding: 2px;"></span>
110 Insurance	<span style="border: 1px solid black; padding: 2px;">8,000</span>	<span style="border: 1px solid black; padding: 2px;"></span>
111 Space	<span style="border: 1px solid black; padding: 2px;">57,500</span>	<span style="border: 1px solid black; padding: 2px;"></span>
112 Program Expenses	<span style="border: 1px solid black; padding: 2px;">19,025</span>	<span style="border: 1px solid black; padding: 2px;"></span>
113 Meal Svc. Expenditures	<span style="border: 1px solid black; padding: 2px;">1,871,579</span>	<span style="border: 1px solid black; padding: 2px;">20,000</span>
114 Legal Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
115 Accounting Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
116 Other Consultant	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
117 Printing/Reproduction	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
118 Maintenance & Repairs	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
119 Contract Services	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
<b>Total</b>	<span style="border: 1px solid black; padding: 2px;"><b>3,761,102</b></span>	<span style="border: 1px solid black; padding: 2px;"><b>20,000</b></span>

# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required Information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([jhiggins@chd.org](mailto:jhiggins@chd.org)) was recorded on submission of this form.

Email \*

[jhiggins@chd.org](mailto:jhiggins@chd.org)

Activity Title \*

Holyoke Elder Wellness Program

CDBG Amount Requested (whole dollar) \*

54200

Agency-Organization Name \*

Center for Human Development

Location of Activity (Street Address or Description) \*

494 Appleton Street, Holyoke MA 01040

Parent Organization (If applicable) \*

CHD

Agency Mailing Address \*

332 Birnle Avenue, Springfield, MA 01107

Agency Website \*

www.chd.org

Agency Telephone Number \*

4137336624

Agency UEI #

EKQPQU7JA5H5

Agency FID #

04-2503926

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Other ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

CHD proposes to launch the 'Holyoke Elder Wellness Program' as part of the Holyoke Center for Wellness's offerings to older adults in Holyoke. The program will launch a Chronic Disease Self-Management Program (CDSMP), providing technological tools for self-management of chronic conditions such as chronic pain, diabetes, and cardio-metabolic disorders. This program will reduce the burden of chronic disease and increase social connections among older adults in the city through awareness, education, and connections to care.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

CHD will undertake community outreach and marketing to enroll residents eligible to participate in the Wellness Program. Through the first six months of the program, participants will meet regularly with the Wellness Clinician and the Clinic Nurse to track their progress and assess the ongoing efficacy of the program. The Nurse will also provide connections to CHD's wraparound services focused on mental and behavioral health and substance abuse prevention. Following the first six-month period, an internal assessment will be undertaken, and a second cohort of residents will be welcomed into the CDSMP. We will also purchase take-home medical equipment for participants to use to track and manage their health in an empowered way. In-home visits with the program staff will be integrated as possible and necessary, considering the transportation insecure status of many Holyoke residents. CDBG funds will be used for the nurse's salary.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

We aim to serve the diverse clients throughout our community, focusing on older, low-income, homeless, or housing-insecure, and under- or uninsured residents who have been affected in an inequitable way by chronic health conditions. Many of the people CHD serves experience co-occurring disorders, PTSD/trauma-related problems, and multiple primary health issues. Another large portion has experienced homelessness and domestic violence. Residents of color, making up 22% of CHD's client base, face higher rates of diabetes, obesity, stroke, heart disease, and cancer than white residents (CDC, 2022). The proposed program will serve 50 self-selecting members of our target population in the 12-month grant period.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Creating Economic Opportunity- activities that benefit the local economy, commercial revitalization or job creation ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (One year to completion- Construction type activities and Housing only) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

WE have estimated fair market value for the nurse position's salary.



Please provide the total activity cost (from all sources including CDBG). \*

61788

If your request is not fully funded, how will the project, activity or service be reduced? \*

We are confident that we can fully fund this program by summer 2024 to host a successful and complete cohort in the fall. We will pursue funding in late 2024 for continued staffing and program support, as these costs will continue to be non-billable to insurers and not acceptable to include as an expense to state contracts. We are investing in programs and technology like the chronic disease self-management programs (CDSMP) that CHD's leadership is confident will produce very moving evaluation results, showing not only improvement of individual health markers but educational benefits that will surpass the life of this grant in its teachings to clients, and future generations.

Describe the agency's experience with this or similar activity. \*

For over 50 years, CHD has been a major provider of community-based behavioral health and social services in Western MA. Since its founding in 1972, CHD has grown into one of New England's most comprehensive human services providers. CHD fulfills its mission, vision, and strategic goals by operating more than 125 programs to provide a full spectrum of coordinated services for all ages. Our programs address community needs such as mental health, youth mentoring, family stabilization, foster care, early intervention, elder care, homelessness prevention, and more. We have demonstrated success and built trust within the Holyoke community following decades of service at the current Holyoke Center for Wellness and its antecedent programs.

Describe your agency's experience with the management of Federal funds. \*

The financial management structure at CHD is carefully designed to ensure that multiple individuals oversee expenditures and payments, ensuring fiscal compliance at the highest level. The financial unit is run by CFO Amale Neary, who has been with CHD since 2014. Ms. Neary oversees the CHD Controller and Director of Financial Planning and Analysis, who, in turn, leads a large group of financial analysts, payroll specialists, accounts receivable/payable specialists, and more.

The finance department maintains proper policies and procedures and robust financial planning and accounting departments to meet all contractual and financial requirements. Fiscal services include revenue cycle management and billing to all third parties, with procedures ensuring the timeliness and accuracy of claims and service delivery data submitted. An independent external audit review of policies and internal controls is conducted annually without any findings or indications of weaknesses. Additionally, CHD engages in an independent review at various intervals specifically for third-party billing and records, using agreed-upon procedures to confirm the integrity of billing and underlying documentation. Fiscal services work in partnership with program leadership and the Enterprise Systems Management department to maintain the requisite structure of CHD's electronic health record and billing systems to support dynamic changes in third-party billing matters.

Chief Financial Officer Amale Neary utilized standardized wage rates, software/hardware quotes, and program material costs to create this budget, which was then reviewed by CHD's team of budget analysts using proper controls and confirming cost estimates. We are not aware of any other municipalities that are sponsoring programming like the proposed Holyoke Elder Wellness Program; however, we feel as though the costs provided are all reasonable and appropriate based on our comprehensive budgetary review process. All CDBG funds will be used for the salary of the Registered Nurse overseeing the Wellness Program. As confirmed by our human resources department, CHD provides a competitive but similar wage rate to other mental and behavioral health organizations regionally.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

No

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

CHD will undertake community outreach and marketing to enroll residents eligible to participate in the Wellness Program. Through the first six months of the program, participants will meet regularly with the Wellness Clinician and the Clinic Nurse to track their progress and assess the ongoing efficacy of the program. The Nurse will also provide connections to CHD's wraparound services focused on mental and behavioral health and substance abuse prevention. Following the first six-month period, an internal assessment will be undertaken, and a second cohort of residents will be welcomed into the CDSMP. We will also purchase take-home medical equipment for participants to use to track and manage their health in an empowered way. In-home visits with the program staff will be integrated as possible and necessary, considering the transportation insecure status of many Holyoke residents. CDBG funds will be used for the nurse's salary.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

There has been a growth in the population of "old-old" adults in Holyoke, which poses unique challenges. While in 2018, only 29% of the state population was aged 75-84, Holyoke's population of these same ages was 35%. Likewise, the segment of the population aged 85+ is also 5% higher than the state rate. There is also a feminization of the aging population, as women constitute nearly 60% of this age group. Older adults of Holyoke are also more likely to live alone, whereby the state rate is 30%, the city's is 38%.

The burden of chronic disease is heightened in Holyoke when compared to statewide levels and wealthier, more urban, comparatively sized cities. A Gateway City in Western Massachusetts with 5,497 residents aged 65 or older, compared to state averages, older residents do worse on several healthy aging indicators.

Who will be completing this activity on behalf of the agency? \*

New staff ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Elderly/Disabled/Special Needs including meals, access to programming, health, recreational ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

All costs are covered by third-party insurances, whether MassHealth, Medicare, or commercial insurances. Clients do not pay for services, except small co-pays, as they are eligible to do so.

Accomplishments & Beneficiaries

Please complete Section 5 on Information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Individuals assisted (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

50

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Jennifer Higgins, Director of Grants, jhiggins@chd.org, 413-626-5151

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

James Goodwin, President/CEO, jgoodwin@chd.org, 413-733-6624

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated \* for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control.

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the \* capacity to complete the activity and expend CDBG funds by the completion date.

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with \* the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration.

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for \* Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award.

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for \* Community Development Block Grant funding. Type your name, title and date below.

Jennifer Higgins, Director of Grants, 2/15/2024

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency:

Activity:

	Total Budget	CDBG Allocation
101 Salaries	<input type="text" value="\$ 54.20"/>	<input type="text" value="\$ 54,200.00"/>
102 Fringes	<input type="text" value="\$ 7,588.00"/>	<input type="text"/>
104 Equipment	<input type="text"/>	<input type="text"/>
105 Equipment Rental	<input type="text"/>	<input type="text"/>
106 Supplies	<input type="text"/>	<input type="text"/>
107 Telephone	<input type="text"/>	<input type="text"/>
108 Advertisement	<input type="text"/>	<input type="text"/>
109 Postage	<input type="text"/>	<input type="text"/>
110 Insurance	<input type="text"/>	<input type="text"/>
111 Space	<input type="text"/>	<input type="text"/>
112 Utilities	<input type="text"/>	<input type="text"/>
113 Dues/Subscriptions	<input type="text"/>	<input type="text"/>
114 Legal Consultants	<input type="text"/>	<input type="text"/>
115 Accounting Consultants	<input type="text"/>	<input type="text"/>
116 Other Consultant	<input type="text"/>	<input type="text"/>
117 Printing/Reproduction	<input type="text"/>	<input type="text"/>
118 Maintenance & Repairs	<input type="text"/>	<input type="text"/>
119 Contract Services	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text" value="61788"/>	<input type="text" value="54200"/>

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Elder/Wellness Nurse	\$ 54,200.00	\$ 54,200.00
<b>Total</b>	<b>54200</b>	<b>54200</b>

Fringes Breakdown

F.I.C.A		
Medical Insurance		
Life Insurance		
Other (specify)		
<b>Total</b>	<b>61,788</b>	<b>0</b>

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

CHD will absord the tax and fringes for this position, which total \$7,588.00.



# FY2024 City of Holyoke Community Development Block Grant Application

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You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([ateschner@carecenterholyoke.org](mailto:ateschner@carecenterholyoke.org)) was recorded on submission of this form.

Email \*

[ateschner@carecenterholyoke.org](mailto:ateschner@carecenterholyoke.org)

Activity Title \*

Bright Futures Project

CDBG Amount Requested (whole dollar) \*

\$40,000

Agency-Organization Name \*

The Care Center

Location of Activity (Street Address or Description) \*

247 Cabot Street Holyoke, MA

Parent Organization (if applicable) \*

n/a



Agency Mailing Address \*

247 Cabot St. Holyoke, MA 01040

Agency Website \*

www.carecenterholyoke.org

Agency Telephone Number \*

41353222900

Agency UEI #

ES9FE78FHSB7

Agency FID #

04-2962882

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

The Care Center will provide high-school equivalency exam (HiSet) prep, college prep and workplace readiness support to young mothers to ensure a successful transition from student to worker. They will pass the Hi-Set exam and develop specific workplace skills like computer literacy and time management while gaining an understanding of discipline, responsibility and goal-setting. We will provide 40 young mothers ( an expansion of 10 from last year) with a total of four, three-month skill development workshops including computer training, communication skills, leadership development, HiSet prep, job-search and résumé-writing techniques. The young mothers will have access to free college courses and a free associate degree program on-site. They will explore the world of college and the role higher education can play in their career plans. The program is year-round.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Students mostly come to us via the welfare department (DTA) with whom we have a long-standing working relationship. We do outreach to area service agencies, housing and health organizations and doctor offices. We work closely with guidance departments to identify students in need of our services. We have an extensive on-line presence - Facebook, Instagram, website, etc.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

It only takes one generation to break the cycle of poverty. The Bright Futures Project puts young women on the path to education completion and economic stability. We have seen that within five years of starting The Care Center's programs young women leave with a college degree and the ability to secure decent paying jobs. And their children are positively impacted too with more stable and supported lives. Research has shown that the higher the education level of the mother the greater the likelihood that her children will succeed educationally as well and pursue a college education.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Creating Economic Opportunity- activities that benefit the local economy, commercial revitalization or job creation ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

#### Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The Care Center has been involved in this work for more than 30 years. During this time, we have carefully crafted a fiscally responsible and responsive set of programs that meet the needs of women and their children. We have shown an ability to hone costs, manage funds efficiently and provide extensive services at a reasonable cost. The costs articulated in this proposal are a reflection of our many years of experience.

Please provide the total activity cost (from all sources including CDBG). \*

122,550

If your request is not fully funded, how will the project, activity or service be reduced? \*

We do not plan to reduce services as the services address such a pressing community need but might have to reduce our door-to-door transportation service if we do not receive CDBG funds. If we are not fully-funded, we would reach out to other possible funding sources, though it is worth noting the CDBG support helps us leverage other dollars.

Describe the agency's experience with this or similar activity. \*

The Care Center is the oldest and largest young parent program in the state having assisted literally thousands of young people as they move toward self-sufficiency over the 37 years that we have been here. We have been a leader in Holyoke providing cutting edge, collaborative and effective services to at-risk young people both in schools and in the community. Key staff involved in this proposed program have college degrees and many years of experience in the field of education and workplace development. Many have worked at The Care Center for decades.

Describe your agency's experience with the management of Federal funds. \*

The Care Center has effectively managed federal funds for more than 30 years. These have been direct grants from Federal sources and Federal funds that have passed through state and local governments.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

We have been open and providing services including this activity since July 2021. We have adopted all CDC and DPH recommendations for sanitation, mask-wearing and social distancing. Classes and services are offered virtually, in-person and in a hybrid structure for those who want it. All students are supplied with Chromebooks and connectivity.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

The Care Center has been fully open since July 2021. The Care Center is fully-prepared to launch this activity.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

Holyoke has one of the highest unemployment rates in the state, one of the highest teen birth rates, one of the highest populations of female-headed households, and a large population of under-educated and inexperienced young women. Holyoke needs well-trained, educated young women who can succeed in the workplace. Working for Holyoke is a job readiness/education program tailored to address the specific needs of teen parents entering the workforce, a key population in need of support. The demand for The Care Center's program is constant. There are between 500-700 teen mothers in the city at this time.

Who will be completing this activity on behalf of the agency? \*

Existing staff ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

**What kind of Public Service?**

Employment/Education including ESL, adult education, job training, business training ▼

**What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.**

The cost per person is \$3,063. This is based on the cost of the program divided by 40 Holyoke young women who will participate in the program in the upcoming year. The program is free to all participants. The program is also funded by the Massachusetts Departments of Public Health and Department of Elementary and Secondary Education.

**Accomplishments & Beneficiaries**

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

**Indicate which accomplishment category best applies to the proposed project. \***

Households assisted where all members benefit from the activity (LMI) ▼

**From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \***

75% of participants will advance educationally during the fiscal year. This includes year. This includes grade level improvements, HiSet completion and college courses.

**Certifications and Compliance**

The person completing this Application must be the person listed in the first question below.

**Person Completing This Application- Name, Title, Email, and Phone Number \***

Anne Teschner E.D. ateschner@carecenterhlyoke.org 413 532 2900 x124

**Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \***

Anne Teschner E.D. ateschner@carecenterhlyoke.org 413 532 2900 x124

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](http://sam.gov) registration. \*

Yes ▼

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Anne Teschner Executive Director 2/12/24

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: Community Adolescent Resource & Education Center, Inc.

Activity: Bright Futures Project

	Total Budget	CDBG Allocation
101 Salaries	<span style="border: 1px solid black; padding: 2px;">\$ 66,339.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 20,000.00</span>
102 Fringes	<span style="border: 1px solid black; padding: 2px;">\$ 11,269.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
104 Equipment	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
105 Equipment Rental	<span style="border: 1px solid black; padding: 2px;">\$ 36,000.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 20,000.00</span>
106 Supplies	<span style="border: 1px solid black; padding: 2px;">\$ 3,312.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
107 Telephone	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
108 Advertisement	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
109 Postage	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
110 Insurance	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
111 Space	<span style="border: 1px solid black; padding: 2px;">\$ 5,630.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
112 Utilities	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
113 Dues/Subscriptions	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
114 Legal Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
115 Accounting Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
116 Other Consultant	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
117 Printing/Reproduction	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
118 Maintenance & Repairs	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
119 Contract Services	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
<b>Total</b>	<span style="border: 1px solid black; padding: 2px;">\$122,550.00</span>	<span style="border: 1px solid black; padding: 2px;">\$40,000.00</span>

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Executive Director	\$ 2,093.00	
Program Director	\$ 3,046.00	
Teacher	\$ 61,200.00	\$ 20,000.00
<b>Total</b>	<b>\$66,339.00</b>	<b>\$20,000.00</b>

Fringes Breakdown

F.I.C.A	\$ 4,272.00	
Medical Insurance	\$ 4,507.00	
Life Insurance	\$ 362.00	
Other (specify)	\$ 2,128.00	
<b>Total</b>	<b>\$11,269.00</b>	

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

This project is supported in part with funds from a number of state agencies including Department of Public Health and Department of Elementary and Secondary Education.





# FY2024 City of Holyoke Community Development Block Grant Application

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Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([333@holyokepd.org](mailto:333@holyokepd.org)) was recorded on submission of this form.

Email \*

333@holyokepd.org

Activity Title \*

Drop In Center

CDBG Amount Requested (whole dollar) \*

\$30,000.00

Agency-Organization Name \*

Holyoke Police Community Center

Location of Activity (Street Address or Description) \*

208 Race St. Suite #201

Parent Organization (if applicable) \*

n/a

Agency Mailing Address \*

208 Race St. Sulte #201 Holyoke, ma 01040

Agency Website \*

n/a

Agency Telephone Number \*

4136500314

Agency UEI #

G1H4KQZ18HD1

Agency FID #

046001393

Agency Type \*

Municipal Department ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Det. Beben, Emilerio and Summers will continue to provide outreach services to community. These services are done with CHD Clinicians and Recovery Coaches as well as support staff. The Clinicians, Recovers Coaches and support staff and Detectives will continue to engage with people in the community involved with substance use disorder and mental health issues.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

CHD staff and the Detectives conduct follow ups in the community. Detectives and CHD staff respond to police calls for service within the community. Call logs are reviewed by detectives and CHD staff and engage with residents. Post overdose outreach is completed by Det. Beben and Emilerio to support victims and provide resources to family and friends. Det. Summers responds to crisis calls for service with CHD Clinicians and support staff in the community.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Yes. We take a proactive approach in the community with those that are suffering from substance use disorder. We also respond to and coordinate services for those having a mental health crises. With follow ups and continued support for those in need in our community.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Creating Economic Opportunity- activities that benefit the local economy, commercial revitalization or job creation ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The dollar amount requested has been factored in for this years lease agreement and rent adjustment for our community center.

Please provide the total activity cost (from all sources including CDBG). \*

\$30,000.00

If your request is not fully funded, how will the project, activity or service be reduced? \*

CHD staff, Det. Beben, Emiterio, Summers and staff from the Hampden County Sheriff's Dept. and this program are partially funded by grants. If not funded and the CDBG dollar amount not awarded we would not be able to have a location for our Community Center.

Describe the agency's experience with this or similar activity. \*

The Holyoke Police Community Center was opened in May of 2019. Det. Beben and Emiterio have been successful in making connections with people who suffer from substance use disorder, post follow ups, and connecting with family members. Detectives have also made connections with various resources within the city and outside of the city regarding SUD and mental health.

Describe your agency's experience with the management of Federal funds. \*

The Holyoke Police Department has years of experience applying for and receiving federal funds. The Holyoke Police Department has officers that are assigned to and responsible for obtaining these grants.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

The Holyoke Police Community Center has been and will continue to operate using the latest CDC guidelines and recommendations. Officers and CHD staff continue to utilize safe practices and CDC recommendations while out in the community and engaging with the public.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

The Holyoke Police Community Center continues to be open and operate in the city.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

The Holyoke Police Community Center office gives Detectives, Beben, Emiterio and Summers the opportunity to interact with community members in need. There is currently a high level of need for our services. Outreach and assistance from those who suffer from SUD and mental health disorder have reached an all time high in the community.

Who will be completing this activity on behalf of the agency? \*

Combination of above ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, addiction services ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

The Holyoke Police Community Center is funded by the CDBG grant. The dollar amount requested pays for the rent/lease for our Community Center. CHD, Center for Human Development staff and Detectives are funded by current Federal Grants. The Holyoke Police Community Center does not charge any fees to the public.

#### Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Area (Neighborhood) Benefit (LMA) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

Holyoke Police Community Center staff and Detectives serve the citizens of Holyoke and beyond by providing services and assistance for SUD disorder and mental health/crisis situations. We responded to numerous calls for service within the city.

#### Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Det. Dorothy Beben, narcotics Intervention Officer 333@holyokepd.org 413-650-0546

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Chief Pratt 4133226900

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration \* of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds.

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of \* low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required.

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated \* for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control.

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the \* capacity to complete the activity and expend CDBG funds by the completion date.

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with \* the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration.

Yes ▼

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for \* Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award.

Yes ▼

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below.

\*

Det. Dorothy Beben Narcotics Intervention Officer 1/24/24

This form was created inside of City of Holyoke.

Google Forms



# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

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Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([Jadamczyk@provministries.org](mailto:Jadamczyk@provministries.org)) was recorded on submission of this form.

Email \*

Jadamczyk@provministries.org

Activity Title \*

Margaret's Pantry

CDBG Amount Requested (whole dollar) \*

40,000

Agency-Organization Name \*

Providence Ministries for the Needy

Location of Activity (Street Address or Description) \*

56 Cabot Street

Parent Organization (if applicable) \*

Providence Ministries for the Needy

Agency Mailing Address \*

51 Hamilton St.

Agency Website \*

www.provministries.org

Agency Telephone Number \*

4135335909

Agency UEI #

JP5AN33KNX79

Agency FID #

042898893

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Margaret's Pantry provides 85lbs of food per person in a family once a month that includes non perishables, produce and meat items, as well as personal hygiene when available. The pantry has consistently been giving out over 1 million pounds of food a year since 2020.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Through word of mouth, the website, social media, news, newsletters, flyers.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Yes

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

\$65.00 per person is determined by what it would cost to purchase food with increases to cost of meat, dairy, produce and non-perishables.

Please provide the total activity cost (from all sources including CDBG). \*

\$144,982

If your request is not fully funded, how will the project, activity or service be reduced? \*

This is a needed source of reliable food for our community and if not fully funded we may need to make operation hour changes or food poundage changes.

Describe the agency's experience with this or similar activity. \*

Margaret's Pantry has been a Holyoke staple for 4 decades and is known for meeting the needs of the community by providing good, healthy food for those struggling to eat.

Describe your agency's experience with the management of Federal funds. \*

We have been awarded and good stewards of multiple CDBG funds and MA HOUSING funds.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

N/A

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

this is an ongoing activity

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

We have seen the need increase from 2020 in COVID to today. Our numbers have not dwindled but have remained steady and in fact increased with the service to immigrants, refugees and the working poor. Due to the cost of living we are seeing people needing to access our service that have never had assistance before and we are proud to be there for them!

Who will be completing this activity on behalf of the agency? \*

Existing staff

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, addiction services

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

\$65.00 is what it would cost to purchase the food that we are giving out if they went shopping themselves. We do not charge for this activity. We receive private donations of food and small monetary donations to help with this program and access some of our food from the Foodbank of Western Ma. Extra food we may need to meet the increased demand we purchase at additional cost.

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Households assisted where all members benefit from the activity (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

615 Individuals

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Jennie Adamczyk Executive Director [jadamczyk@provministries.org](mailto:jadamczyk@provministries.org) 4135335909

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Jennie Adamczyk

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Jennie Adamczyk Executive Director 2/6/2024

This form was created inside of City of Holyoke.

Google Forms

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Party Manager	47,070.40	15,000
Party Aid	35,360.00	10,000
Total	82,430.40	25,000

Fringes Breakdown

F.I.C.A	6,433.72	
Medical Insurance	257.52	
Life Insurance	70.98	
Other (specify)	N/A	
Total	6,762.22	

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

**Budget A – Page 2  
Community Development Block Grant Program  
Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Pantry manager	47,070.40	15,000
Pantry Aid	35,360.00	10,000
<b>Total</b>	<b>82,430.40</b>	<b>25,000</b>

Fringes Breakdown

F.I.C.A	6,433.72	
Medical Insurance	257.52	
Life Insurance	70.98	
Other (specify)	N/A	
<b>Total</b>	<b>6,762.22</b>	

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.



# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyokey.org](mailto:zoellera@holyokey.org))

The respondent's email ([jadamczyk@provinceministries.org](mailto:jadamczyk@provinceministries.org)) was recorded on submission of this form.

Email \*

[jadamczyk@provinceministries.org](mailto:jadamczyk@provinceministries.org)

Activity Title \*

Kate's Kitchen

CDBG Amount Requested (whole dollar) \*

25,000

Agency-Organization Name \*

Providence Ministries for the Needy

Location of Activity (Street Address or Description) \*

51 Hamilton St.

Parent Organization (if applicable) \*

Providence Ministries

Agency Mailing Address \*

51 Hamilton St.

Agency Website \*

www.provministers.org

Agency Telephone Number \*

4135335909

Agency UEI #

JP5AN33KNX79

Agency FID #

042898893

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

The goal is to continue offering an evening meal to our community who is in great need of food resources. This service feeds those who are low to no income, the unhoused (and that is a growing population) the poor and at dinner we see a shift to more families/children.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Word of mouth is the best form for this demographic, but we also will have the news out, and advertise on Facebook

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

ABSOLUTELY! The numbers we feed during dinner equals and sometimes surpasses the lunch meal. We see more families and children during supertime.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The cost is \$5.00 per person to feed the community a nutritious and warm meal and that cost includes staff. The total cost to feed the community lunch and dinner is \$275,965 based on the 55,193 people served in 2023 at \$5.00 each.

Please provide the total activity cost (from all sources including CDBG). \*

\$275,965

If your request is not fully funded, how will the project, activity or service be reduced? \*

This is necessary service that we are proud to provide. Sometimes you just have to decide to meet a need, and that is what we did. We would continue to meet the need if not fully funded, but in all honesty, it will be difficult. Our aim would be to NOT reduce service, but be able to INCREASE service!

Describe the agency's experience with this or similar activity. \*

Kate's Kitchen has been offering a noontime meal 365 days a year for 44 years. It is a pillar of the community and by expanding to dinner we are offering a service that not other agency in the area offers nightly in combination with lunch.

Describe your agency's experience with the management of Federal funds. \*

We have been awarded and good stewards of many years of CDBG funding as well as a MASS HOUSING Grant for multiple awards.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

n/a

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

This is a new activity that just started in July of 2023 and is ongoing.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

I originally opened the kitchen for dinner on a trial for the summer to see if there was a need after conducting a 3 month long survey of our lunch guests on whether they would eat dinner with us as well to determine need. I also researched other agencies to make sure that it wasn't an oversaturated market and there was no need. What I found was there is no other organization that offers both lunch and dinner daily in Holyoke or surrounding cities like Chicopee, Easthampton, South Hadley. After running our 3 month test we found our numbers for dinner to be at or higher than lunch numbers and included more families and children.

Who will be completing this activity on behalf of the agency? \*

Existing staff ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, addiction services ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

\$5.00 is the total cost for this service per person and that is an increase due to the increased food and supply costs all business and homes are facing. There is no charge to eat with us for either lunch or dinner. We currently have a private donor who is helping offset some additional food cost for us and we do currently get a portion of our food from the Food Bank of Western MA while we purchase the portion.

#### Accomplishments & Beneficiaries

Please complete Section 5 on Information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Households assisted where all members benefit from the activity (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

5,000 people fed

#### Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Jennie Adamczyk

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Jennie Adamczyk Executive Director, Jadamczyk@provminstries.org 4135335909

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration \* of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds.

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of \* low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required.

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated \* for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control.

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the \* capacity to complete the activity and expend CDBG funds by the completion date.

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with \* the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration.

Yes ▼

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for \* Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award.

Yes ▼

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below.

\*

Jennie Adamczyk Executive Director 2/6/2024

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Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: Providence Ministries for the Needy

Activity: Kate's Kitchen

	Total Budget	CDBG Allocation
101 Salaries	<span style="border: 1px solid black; padding: 2px;">35,859.00</span>	<span style="border: 1px solid black; padding: 2px;">15,000</span>
102 Fringes	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
104 Equipment	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
105 Equipment Rental	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
106 Supplies <i>and etc.</i>	<span style="border: 1px solid black; padding: 2px;">17,000</span>	<span style="border: 1px solid black; padding: 2px;">10,000</span>
107 Telephone	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
108 Advertisement	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
109 Postage	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
110 Insurance	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
111 Space	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
112 Utilities	<span style="border: 1px solid black; padding: 2px;">12,000</span>	<span style="border: 1px solid black; padding: 2px;"></span>
113 Dues/Subscriptions	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
114 Legal Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
115 Accounting Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
116 Other Consultant	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
117 Printing/Reproduction	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
118 Maintenance & Repairs	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
119 Contract Services	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
<b>Total</b>	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;">25,000</span>



**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Chef	18,720.00	10,000
Chef	17,139.20	5,000
<b>Total</b>	<b>35,859.20</b>	<b>15,000</b>

Fringes Breakdown

F.I.C.A	1539.68	
Medical Insurance	N/A	
Life Insurance	30.58	
Other (specify)	/	
<b>Total</b>	<b>1570.26</b>	

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

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You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([pbarnes@allianzadv.org](mailto:pbarnes@allianzadv.org)) was recorded on submission of this form.

Email \*

pbarnes@allianzadv.org

Activity Title \*

Domestic Violence Services for Holyoke Residents

CDBG Amount Requested (whole dollar) \*

\$16,000

Agency-Organization Name \*

Alianza DV Services

Location of Activity (Street Address or Description) \*

Throughout Holyoke and at 208 Race Street, Holyoke

Parent Organization (if applicable) \*

N/A

Agency Mailing Address \*

208 Race Street, Holyoke

Agency Website \*

allanzadv.org

Agency Telephone Number \*

4135839717

Agency UEI #

J9HMM54NN9C9

Agency FID #

042716766

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Services are community based, bi-lingual domestic violence prevention and intervention services are available to approx. 500-600 Holyoke residents who seek help from Alianza. Services include: 24/hr/year-round bi-lingual Emergency Hotline, providing judgement-free listening, in-person safety planning and service options based on the callers' needs and situation; weekly survivor support groups in English and Spanish; bi-lingual In-court Advocate at the Holyoke court to for completing stalking and harassment orders and other court-based support; emergency confidential shelter with on-site housing relocation and stabilization assistance and referrals to outside community resources that aid survivors in establishing an Independent, abuse-free life. In 2023, Alianza provided community-based services to more than 2,000 individuals, of which 515 were Holyoke residents. Alianza's court-based Advocates filed more than 300 stalking and harassment orders on behalf of Holyoke survivors.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

Allanza promotes its services to social service agencies, law enforcement, hospitals, schools, churches and other public providers likely to encounter domestic violence victims.

Hotline is publicized on all outreach materials, including brochures, fliers and on public listings distributed through the media, United Way, and local resource guides/publications. Allanza created and distributed to local businesses and community public spaces 250 adhesive-back "Get Help Now" stickers with a QR code that takes the viewer to a live Advocate chat-line. Our website and social media outlets include descriptions of services in multiple languages. Allanza also holds a free community awareness event at its Race Street location during October (Domestic Violence awareness month) and collaborates with community organizations to increase its presence and participation in local events, including farmer's markets, Chamber and Holyoke school events, health fairs and PrideFest.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Yes. Allanza serves domestic violence victims who are, according to HUD, in danger of becoming homeless while attempting to flee from violence. It is well documented that domestic violence is a direct and indirect cause for homelessness; abuser tactics often include economic abuse, preventing victims from working or going to school, sabotaging employment or ruining their credit. Loss of housing is four times more likely for a woman experiencing domestic violence compared to other women. There is an abundance of statistically data showing that domestic violence disproportionately impacts those who are marginalized by language barriers, poverty, discrimination, and stereotyping. Based on our intake records, 70% of survivors assisted by Allanza identify as female and as people of color (Latinx-58%, African American-8%, Multi-racial-5%), 80% of those served are low to very low income by HUD standards, and more than 50% of survivors served have children at home. Allanza's services strive to support and empower survivors and their families so they can rebuild their lives, repair the 'resource loss' that comes with domestic violence and enhance victims' safety, stability, social connections and access to community resources.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Our budget for community-based Advocate is \$53,240.00. Based on previous year data, we project approx. 500 Holyoke residents will be assisted via Alianza's emergency Hotline, and access to bi-lingual Advocate conducting community-based services, making the per person cost of the grant \$106.00. All services, programs and supports are free of charge to Holyoke victims of domestic violence and are continuously available for as long as a victim is seeking assistance and requests help. Holyoke residents comprise 30% of all victims served annually, and we are requesting \$16,000 (30%) of the cost equivalent to the average salary of one bi-lingual community Advocate.

Please provide the total activity cost (from all sources including CDBG). \*

\$53,240.00

If your request is not fully funded, how will the project, activity or service be reduced? \*

If not fully funded, it is likely that Alianza will reduce community-based staff hours or will triage services available to survivors. Grant funds from MOVA and from the Office of Violence Against Women will again be reduced in FY/24 due to federal budget reductions.

Describe the agency's experience with this or similar activity. \*

Founded in 1980 in Holyoke to provide an emergency, confidential domestic violence shelter for women and their children, Alianza has sheltered more than 10,000 women and children and assisted another 22,000 individuals seeking refuge from abuse through trauma informed, community-based programs which include a 24-hour crisis Hotline, individual safety planning, support groups, emergency shelter and housing stabilization, legal and financial assistance. The agency also provides specific services for survivors over the age of 60 and for teens and young adults. Alianza's programs, services and informational materials are free of charge and available in English, Spanish and Russian. Alianza employs 22 direct service Advocates all of whom are state certified to provide domestic violence services. More than half of our direct service staff are bi-lingual, and several have been with the agency for 10 years or more including our Executive Director who has worked in the field for 25 years.

Describe your agency's experience with the management of Federal funds. \*

Allianza has a 40-year history of administering and leveraging federal and state funds to support domestic violence services and operations. Currently Allianza manages 12 federal and state grant awards including a multi-year contract with the Department of Public Health for shelter and community-based programs, FEMA funding for emergency food and shelter, OVW funding for assisting survivors with specialized needs, MOVA funding for court-based and Shelter Advocate positions, and Community Block grants. In 2023, Allianza assumed regional administration of the DPH-funded Emergency Rental Assistance Program, a housing stabilization program providing cash assistance to help survivors across W. Mass achieve and maintain housing. Allianza's financial management system records receipts, and expenditures of restricted and unrestricted funds in accordance with GAAP to ensure accuracy of financial information and compliance with funder standards. Grant funded expenses are coded and tracked by grant revenue source and monitored through monthly income and expense reports and budget reconciliations.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with \* social distancing and COVID restrictions?

Activity does not rely on full reopening. COVID restrictions do not hinder services; Allianza conducts in-person and virtual programs and services, depending on the survivors needs and level of safety/security. Allianza does follow C.D.C. and Dept. of Public Health guidelines for mitigating the spread of viruses.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Allianza is singularly focused on services for those experiencing domestic abuse. Allianza has 40 years of experience in risk assessment and safety planning, providing essential services to those transitioning from being a victim of domestic violence to being a survivor living an abuse-free life. The infrastructure needed to implement community-based services are in place - direct service staff are culturally and linguistically competent to serve English, Spanish and Russian speaking survivors; services are free of charge, (which benefits low-income residents) and are offered at convenient, safe and accessible locations within the Holyoke community. Allianza has a process for collecting service data for program assessment and modification as needed, and staff collectively hold in-depth knowledge of community resources to address overlapping survivor victimizations, such as chronic homelessness, physical and cognitive challenges and substance misuse.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure \* that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics.

Holyoke residents experiencing domestic violence receive services from Allianza's trained Advocates, and are provided with resources they need to reclaim an abuse-free life for themselves and their children. Victims are also provided with access to housing advocacy and support, which is a critical service outcome as domestic violence is the major cause of homelessness for women. Last year 515 Holyoke residents requested domestic violence services from Allianza: 275 residents requested community-based programs, 219 sought help with court-based service and 21 residents received emergency shelter (average stay time of 4 months), with 10 of those residents successfully moving to their own permanent housing through Allianza's housing services. These numbers reflect a steady demand for services; however, last year Allianza was unable to assist 109 residents seeking services due to lack of available shelter space and a lack of financial resources needed to meet demand.

Who will be completing this activity on behalf of the agency? \*

Existing staff

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, addiction services

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

A projected 500 Holyoke residents will be assisted via Allianza's emergency Hotline and access to bi-lingual Advocate conducting community-based services, making the per person cost of the grant \$106.00. All services, programs and supports are free of charge to Holyoke victims of domestic violence and are continuously available for as long as a victim is seeking assistance and requests help. Holyoke residents comprise 30% of all victims served annually, and we are requesting \$16,000 (30%) of the cost equivalent to the average salary of one bi-lingual community Advocate. Approx. 85% of Allianza's operating budget is comprised of federal and state grants including Dept. of Public Health, the Office of Violence Against Women and Mass Office of Victims Assistance. Non-salary costs associated with community-based services (i.e. equipment, office overhead, travel, training, etc.) are offset by these grants and by unrestricted donations from individuals, businesses and community foundations.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Individuals assisted (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

500-550 persons served

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Pamela Barnes, Deputy Director pbarnes@alianzadv.org 4135839717

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

carmen Nieves, executive Director cnieves@alianzadv.org 4135839717

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds.

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Pamela Barnes, Deputy Director 2/16/2024

This form was created inside of City of Holyoke.

Google Forms



**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: Alianza DV Services

Activity: Domestic Violence Services for Holyoke Residents

	Total Budget	CDBG Allocation
101 Salaries	<span style="border: 1px solid black; padding: 2px;">\$ 38,563.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 11,569.00</span>
102 Fringes	<span style="border: 1px solid black; padding: 2px;">\$ 11,641.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 6,359.00</span>
104 Equipment	<span style="border: 1px solid black; padding: 2px;">\$ 931.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
105 Equipment Rental	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
106 Supplies	<span style="border: 1px solid black; padding: 2px;">\$ 350.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
107 Telephone	<span style="border: 1px solid black; padding: 2px;">\$ 1,800.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
108 Advertisement	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
109 Postage	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
110 Insurance	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
111 Space	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
112 Utilities	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
113 Dues/Subscriptions	<span style="border: 1px solid black; padding: 2px;">\$ 55.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
114 Legal Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
115 Accounting Consultants	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
116 Other Consultant	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
117 Printing/Reproduction	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
118 Maintenance & Repairs	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
119 Contract Services	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
<b>Total</b>	<span style="border: 1px solid black; padding: 2px;"><b>53,240.00</b></span>	<span style="border: 1px solid black; padding: 2px;"><b>\$16,000.00</b></span>

**Budget A – Page 2  
Community Development Block Grant Program  
Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Bi-lingual Community Advocate	\$ 38,563.00	\$ 11,570.00
<b>Total</b>	<b>\$38,563.00</b>	<b>\$11,570.00</b>

Fringes Breakdown

F.I.C.A	\$ 1,585.00	
Medical Insurance	\$ 10,056.00	\$ 4,430.00
Life Insurance		
Other (specify)		
<b>Total</b>	<b>11,641.00</b>	<b>4,430.00</b>

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

For 2024, Alianza's community services are being supported by the Office of Grants and Research, VAWA Program. Award letter attached.

# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([holyokefarmersmarket@gmail.com](mailto:holyokefarmersmarket@gmail.com)) was recorded on submission of this form.

Email \*

holyokefarmersmarket@gmail.com

Activity Title \*

Holyoke Farmer's Market

CDBG Amount Requested (whole dollar) \*

25,000

Agency-Organization Name \*

Greater Holyoke Chamber Centennial Foundation, Inc.

Location of Activity (Street Address or Description) \*

Veteran's Park (summer), War Memorial (winter)

Parent Organization (if applicable) \*

Greater Holyoke Chamber Centennial Foundation, Inc.

Agency Mailing Address \*

177 High Street, Holyoke, MA 01040

Agency Website \*

holyokechamber.com/elmercado

Agency Telephone Number \*

4134208375

Agency UEI #

Agency FID #

110339109

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

Aid in the operation and outreach for coordinating and managing the Holyoke Farmer's Market.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

We have been awarded funding through a State Earmark which has allowed the Holyoke Farmer's Market to execute contracts with Pioneer Valley Transit Authority (PVTA) for 10 months of advertising (June 2024 - March 2025), La Bomba Radio, and Rock 102. We are making strong efforts to advertise the Farmer's Market, and its access for SNAP/EBT users and to the HIP Program. Our bilingual advertising and market ensures that all families within Holyoke, specifically those who have EBT cards, are well aware of the market and that they are able to communicate with our staff, our vendors, become educated on the HIP Program, and most importantly, have the access to fresh produce year round. By holding the market in Veteran's Park on a weekday afternoon, we are organically advertising to households living in Veteran's Park Apartments, Holyoke Catholic, visitors of Holyoke Health Center, and the Transportation/Picknelly Center.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Absolutely. The Holyoke Farmer's Market is the lead when it comes to our local food economy. We have a heavy-focus on educating low-moderate income households of the HIP Program; a state-based program that gives EBT holders access to free produce which can only be purchased at HIP-authorized farm stands and farmer's markets. Currently, the Holyoke Farmer's Market is the only HIP-access point in Holyoke. The more successful we can make our market, and the more outreach we are able to do to bring households to the Farmer's Market, we will be able to provide healthier lifestyle choices, habits and opportunities for our community.

Please select the Objective for the proposed activity. (LMI- low-moderate Income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Local fresh food supplied to local buyers. The Holyoke Farmer's Market is a cheaper alternative for both the buyer and the producer.

Please provide the total activity cost (from all sources including CDBG). \*

Feeding America Grant (\$61,750.00, 18 months \*pending), State Earmark/GHCCF (\$25,000.00, 6 months), CDBG (\$25,000.00, 12 months), Mass in Motion (\$5,000.00, market entertainment and HIP training)

If your request is not fully funded, how will the project, activity or service be reduced? \*

This would put us in the position to seek out state or national funding sources, or decrease the hours of our market manager.

Describe the agency's experience with this or similar activity. \*

The Holyoke Farmer's Market has grown significantly over the years and has an array of anchor farmers and vendors. Our Market Manager is gaining extensive local recognition through major outlets such as CISA and The Food Bank of Western Mass., and has grown the momentum of the market over the past 18 months. With the increase in marketing dollars, we anticipate this season being our best market in years.

Describe your agency's experience with the management of Federal funds. \*

The Greater Holyoke Chamber Centennial Foundation, Inc. has a long-standing relationship with the Office of Community Development and its CDBG Program.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

Both the Summer and Winter Markets provide social distancing and can be successfully completed with any COVID restrictions.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

We are currently operating the Winter Market, and are set to start the Summer Market for June.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

The Holyoke Farmer's Market is currently the only HIP-access point in the city. That means that not all of our farmer's need to be certified themselves, which is crucial for our community. A vast number of households in Holyoke are EBT/SNAP users, and have limited access to fresh produce and healthy food choices. There are consistent and ongoing efforts to educate our community that by being an EBT holder you have access to free produce at our market and that dollar value is reset every month. It is our mission to ensure that everyone is able to purchase fresh, affordable, produce from members of their own community and at a place where they feel relaxed and are able to communicate in their language of comfort. As we grow the market and our community partnerships, we strengthen the efforts to create food security for households in Holyoke.

Who will be completing this activity on behalf of the agency? \*

Existing staff ▼

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, addiction services

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

We create a sliding scale for our vendors. For many years, we did not charge, however, we want our farmers and vendors to take ownership and responsibility for their participation, because we advertise their presence. The most we ask is \$25/market, and that money goes back for market incentives. Our ultimate goal is to get people to the market. We have approx. \$6,000 from Feeding America (pending) to provide incentive coupons to low-moderate income households to use their HIP benefits. This is for 18 months upon being awarded. Additionally, the City's Mass In Motion program has granted the Market approx. \$5,000 to provide weekly musical, craft, or other entertainment throughout June.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Area (Neighborhood) Benefit (LMA)

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

We will be serving an entire community and workforce weekly, 10 months out of the year. We are a community asset that acts as a resource for healthy living, affordable and cultural produce, and an incubator for startups and emerging entrepreneurs. Our extensive marketing outreach has the potential to bring in new customers from the surrounding areas benefiting our local economy.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Alexis Diaz Dejesus, Market Manager, Holyoke Farmer's Market, holyokefarmersmarket@gmail.com, 413-420-8375

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Jordan Hart, Executive Director, Greater Holyoke Chamber of Commerce and Greater Holyoke Chamber Centennial Foundation, Inc.,  
jordan@holyokeychamber.com, 413-887-2796

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼



The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Alexis O. Diaz Dejesus, Market Manager, Holyoke Farmer's Market

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency:

Activity:

	Total Budget	CDBG Allocation
101 Salaries	<input type="text" value="\$ 15,000.00"/>	<input type="text" value="\$ 15,000.00"/>
102 Fringes	<input type="text"/>	<input type="text"/>
104 Equipment	<input type="text"/>	<input type="text"/>
105 Equipment Rental	<input type="text"/>	<input type="text"/>
106 Supplies	<input type="text" value="\$ 5,000.00"/>	<input type="text" value="\$ 5,000.00"/>
107 Telephone	<input type="text"/>	<input type="text"/>
108 Advertisement	<input type="text" value="\$ 5,000.00"/>	<input type="text" value="\$ 5,000.00"/>
109 Postage	<input type="text"/>	<input type="text"/>
110 Insurance	<input type="text"/>	<input type="text"/>
111 Space	<input type="text"/>	<input type="text"/>
112 Utilities	<input type="text"/>	<input type="text"/>
113 Dues/Subscriptions	<input type="text"/>	<input type="text"/>
114 Legal Consultants	<input type="text"/>	<input type="text"/>
115 Accounting Consultants	<input type="text"/>	<input type="text"/>
116 Other Consultant	<input type="text"/>	<input type="text"/>
117 Printing/Reproduction	<input type="text"/>	<input type="text"/>
118 Maintenance & Repairs	<input type="text"/>	<input type="text"/>
119 Contract Services	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Market Manager	\$ 28,800.00	\$ 12,500.00
Executive Director	\$ 60,000.00	\$ 2,500.00
Total		

Fringes Breakdown

F.I.C.A		
Medical Insurance		
Life Insurance		
Other (specify)		
Total		

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([ldrewitz@uwpv.org](mailto:ldrewitz@uwpv.org)) was recorded on submission of this form.

Email \*

ldrewitz@uwpv.org

Activity Title \*

Food Pantry Cooking Demonstrations

CDBG Amount Requested (whole dollar) \*

3000.00

Agency-Organization Name \*

United Way of Pioneer Valley

Location of Activity (Street Address or Description) \*

164

Parent Organization (If applicable) \*

United Way of Pioneer Valley

Agency Mailing Address \*

1441 Main St Springfield MA 01103

Agency Website \*

www.uwpv.org

Agency Telephone Number \*

4137372691

Agency UEI #

NQA1B9SSZWR3

Agency FID #

04-2152680

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

The United Way of Pioneer Valley (UWPV) and Holyoke Community College (HCC) propose to host meal preparation educational sessions for individuals who utilize the food pantry at HCC's Culinary Arts Institute (CAI). Sessions will be led by Marissa Chiapperino, a registered dietitian and culinary instructor at HCC, and will focus on creating nutritious and satisfying meals using items found in the food pantry and low-cost items found at home. Participants will learn how to read packages for recipes; take small, incremental steps to introduce other ingredients and flavorings; reduce food waste; and understanding storage recommendations. At the end of each session, participants will be given a to-go bag.

UWPV and HCC piloted these cooking sessions in November 2023 and January 2024. Lessons learned will be incorporated into a third on-campus session and the two organizations will expand these efforts taking sessions on the road in HCC's new food truck.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

UWPV will create marketing materials for the HCC pantry and the cooking demonstrations. These will be handed out to food pantry clients (approximately 60 individuals served per month) at CAI and at HCC's PAFEC building. UWPV and HCC will also hand out marketing materials at networking events involving other Human Service agencies such as the Holyoke Safe Neighborhoods Initiative. Press releases will be co-created between UWPV and HCC for the proposed events.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

Yes. We plan to use these events to destigmatize accessing emergency food pantries by highlighting how residents can create healthy meals by accessing these services, especially for those with SNAP benefits who could use these foods to supplement their food budget. For those currently using food pantries, we hope to increase their utilization of the items distributed, as we are using MEFAP staples as main ingredients.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Affordability- activities that lower the cost, improve the quality of services for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Both organizations will assume costs for space, marketing, and other support services. The proposed budget entails only essential costs not currently covered in our operating budgets.

Please provide the total activity cost (from all sources including CDBG). \*

6495.00

If your request is not fully funded, how will the project, activity or service be reduced? \*

Currently the sessions are funded by UWPV and HCC on a case-by-case basis. We would continue to schedule and hold demonstrations as funding allows. As such, we are also dependent upon HCC staff availability during the next timeframe. However, if funded we would be able to create a regularly scheduled event and

Describe the agency's experience with this or similar activity. \*

UWPV and HCC have partnered to pilot two cooking demonstrations – one in November and one in January – for 20 individuals utilizing the CAI food pantry. We hope to serve another 20 individuals in the proposed May session.

Describe your agency's experience with the management of Federal funds. \*

UWPV has run several federal and state grants including CDBG funding in Fiscal Year 2022-23 to support food security programming at Service Centers in Springfield and Chicopee. In Fiscal Year 2023-24 UWPV received CDBG funding from the City of Springfield for Financial Stability programming. Further UWPV serves as both the administrator and a recipient organization for EFSP funding. Through these grants UWPV has experience in tracking and logging necessary expenditures, as well as collecting demographic forms, including information on new and ongoing service, race/ethnicity, and HUD income brackets.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

UWPV will follow HCC guidelines and procedures in conducting these demonstrations in their spaces.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Space for the educational cooking demonstration has been secured at HCC's CAI, and Marissa Chiapperino has committed to leading the session, pending funding. Lee Drewitz of UWPV and Stacy Graves of HCC are prepared to continue their collaboration to host the May session and to plan for community expansion using the HCC food truck this summer.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

Twenty individuals have attended the two pilot cooking education demonstrations hosted by HCC and UWPV in November and January. Considering that approximately 60 individuals utilize the CAI food pantry each month, there is potential to reach additional participants. By taking demonstrations on the road this summer, we anticipate reaching dozens of Holyoke families.

Who will be completing this activity on behalf of the agency? \*

Combination of above ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

**What kind of Public Service?**

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, addiction services

**What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.**

There is never any charge for people to participate in the educational cooking demonstrations. With a total requested budget of \$3,000 we plan to run four cooking demonstrations. The Demonstration Kitchen has capacity for about 25 persons and that is the target audience, however there is capacity to expand the seating area if needed. The next demonstration is scheduled to run concurrently with hours of operation of the HCC Pantry and currently about 20 households are served each week, with a steady increase of 5-10 each week.

**Accomplishments & Beneficiaries**

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

**Indicate which accomplishment category best applies to the proposed project. \***

Households assisted where all members benefit from the activity (LMI)

**From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \***

20-25 households per session. Avg. household includes 2.25 persons. Totalling about 200 total over four sessions.

**Certifications and Compliance**

The person completing this Application must be the person listed in the first question below.

**Person Completing This Application- Name, Title, Email, and Phone Number \***

Lee Drewitz, Director of Program Operations, ldrewitz@uwpv.org, 4136930201

**Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \***

Megan Moynihan, Interim President and CEO, mmoynihan@uwpv.org, 4136930220



The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](http://sam.gov) registration. \*

Yes ▼

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Lee Drewitz, Director of Program Operations, 02/15/2024

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: United Way of Pioneer Valley

Activity: Food Pantry Cooking Demonstrations

	Total Budget	CDBG Allocation
101 Salaries	<span style="border: 1px solid black; padding: 2px;">\$ 5,915.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 2,520.00</span>
102 Fringes	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
104 Equipment	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
105 Equipment Rental	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
106 Supplies	<span style="border: 1px solid black; padding: 2px;">\$ 580.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 480.00</span>
107 Telephone	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
108 Advertisement	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
109 Postage	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
110 Insurance	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
111 Space	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
112 Utilities	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
113 Dues/Subscriptions	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
114 Legal Consultants	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
115 Accounting Consultants	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
116 Other Consultant	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
117 Printing/Reproduction	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
118 Maintenance & Repairs	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
119 Contract Services	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 0.00</span>
<b>Total</b>	<span style="border: 1px solid black; padding: 2px;">6495.00</span>	<span style="border: 1px solid black; padding: 2px;">3000.00</span>

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Adjunct Faculty	\$ 2,160.00	\$ 2,160.00
Lab Technician	\$ 360.00	\$ 360.00
Total	2520.00	2520.00

Fringes Breakdown

F.I.C.A	\$ 0.00	\$ 0.00
Medical Insurance	\$ 0.00	\$ 0.00
Life Insurance	\$ 0.00	\$ 0.00
Other (specify)	\$ 0.00	\$ 0.00
Total	0	0

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

See attached budget.

# FY2024 City of Holyoke Community Development Block Grant Application

PLEASE READ BEFORE STARTING! Due February 16, 2024 by 3:00 pm EST.

Please review the Program Guidelines and Application Guidance prior to starting this Application. Be sure to submit hard copies of the required attachments to the Office for Community Development by the deadline!

Please review the PDF version of the Application prior to starting this Google Form so that you have all of the required Information available; the Google Form must be completed in one visit and can not be saved for completion at a later date.

Please do not exceed the character length or try to override them! Short answers allow for 200 characters (including spaces) and long answers allow for 1000 characters (including spaces). Character count can be checked by writing your text in Word.

You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([ahunt@wayfinders.org](mailto:ahunt@wayfinders.org)) was recorded on submission of this form.

Email \*

ahunt@wayfinders.org

Activity Title \*

Resident Services for Affordable Housing Tenants

CDBG Amount Requested (whole dollar) \*

30,911

Agency-Organization Name \*

Way Finders, Inc.

Location of Activity (Street Address or Description) \*

151-177 1/2 Walnut St., 13-15 Hamilton St. and 552,560,562,570,572 S. Summer St., 50 Clinton St. and 1037 Dwight St., 201 Elm and 193 Chestnut St.

Parent Organization (If applicable) \*

NA

Agency Mailing Address \*

1780 Main St, Springfield, MA 01103

Agency Website \*

www.wayfinders.org

Agency Telephone Number \*

4132331668

Agency UEI #

KL1NCJ98GKX7WF

Agency FID #

04-2518368

Agency Type \*

501 (c) (3) ▼

What is the activity or project type? \*

Public Service (Select the type in the Public Service section) ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

The Resident Service Coordinator (RSC) is a social service position that is critical for the well-being of families living in multi-family affordable housing. Funds will be used to partially support staffing for Coordinated Resident Services for over 300 Holyoke residents, adults and children, in 119 households, who live in four Way Finders' affordable housing properties. Two-thirds of the households have incomes at or below 30% AMI and RSCs currently serving Holyoke report nearly all tenants struggle to meet basic needs and that many have health or behavioral health challenges and/or experience domestic violence. Using HUD's best practices, we support stable tenancy and household wellbeing by assisting tenants with applications for health services, rental assistance programs, legal services, food programs, etc., and by providing Narcan training, grief counseling, financial and digital literacy workshops and other services and programs that keep them safe, housed, and hopeful.

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

All households receive letters, in English and Spanish, about the RSC services available to them when they sign their lease and are introduced to the RSC within two weeks of their move in. The RSC proactively engages with residents, learning about family members and providing information about services and activities would most help and interest them. The RSC maintains regular contact with tenants to notify them of available services and events, including those offered by schools, other nonprofits, the City, the library, etc. It is our experience that not all residents want to engage with the RSC, for a variety of reasons, and the RSC will continue to reach out to them and will seek outside intervention if there are observable safety concerns. Our Director, Resident Sustainability Coordinator (SC) and RSC work as a team to assist tenants who cannot meet the basic needs of the family by offering support through advocacy and assistance that will prevent homelessness and improve lives.

Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

The Resident Services Program brings short- and long-term improvements in health, housing, and financial stability for tenants and feelings of safety and inclusion that benefit all residents.

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Availability/Accessibility- activities that make the basics of daily living available and accessible to LMI people where they live ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

Expansion of existing service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 -June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

The cost is comparable to the salary for this position for state employees of Housing Authorities.

Please provide the total activity cost (from all sources including CDBG). \*

\$289,052 for Resident Services Program

If your request is not fully funded, how will the project, activity or service be reduced? \*

The hours of one full-time RSC position will be reduced and services curtailed to serve only the most at-risk households. Events and activities that foster community will be less frequent. Our funding for one RSC position was reduced by \$30,000 when a private funder changed their funding priorities for 2024.

Describe the agency's experience with this or similar activity. \*

We have provided residents services for more than 10 years. In 2020, we created a Resident Services Department, hiring a Director to develop and oversee a comprehensive Resident Services Program. Our four RSCs and one SC provide services at all 23 of our properties. We met the requirements for a CDBG-funded Resident Services position in Northampton during the Covid pandemic, providing food support, grief counseling, on-site vaccine clinics, and other services. Examples of services we provided in 2023 include assisting 240 households in securing RAFT assistance, helping eligible residents enroll in our Employment Support Program, launching a gardening project for youth, hosting the Mom's Group at Library Commons, helping residents access the Internet and establish email accounts, and reaching out to families in crisis to comfort them and assess their needs.

Describe your agency's experience with the management of Federal funds. \*

Way Finders was an initial pilot organization, in 1973, and now a long-time regional administrator of the Housing Choice Voucher Program (formerly Section 8). Since 1997, we have administered a HUD Housing Counseling Program and we are a provider for HUD's Fair Housing Education and Outreach Initiative. We have capacity to manage contracts, write proposals, and meet reporting requirements for federal and state programs.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with social distancing and COVID restrictions? \*

The activity does not require full re-opening and can be completed with social distancing, masks, and can be entirely virtual, if required.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

Way Finders is prepared to undertake the proposed services on July 1, 2024.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics. \*

Way Finders has been serving low-income residents, families requiring supportive housing, and homeless families in Holyoke for at least 20 years. All of our current work in Holyoke connects to residents and we listen to their wants and needs. Resident Services for multi-family housing keeps people safe and housed. The needs we address improve the quality of life for all in Holyoke.

Using evidence from the services we already provide to Holyoke residents who are living in our affordable housing properties, we know that many of them are struggling to make ends meet, to access resources they need, to overcome addiction, and manage or escape domestic violence.

Many residents are:

Food insecure

Without health and/or mental health services

Lacking transportation

Unemployed or underemployed

Not accessing public benefits that they qualify for

Socially isolated

Lacking childcare

Facing unanticipated financial hardship

Lacking personal finance and digital literacy skills.



Who will be completing this activity on behalf of the agency? \*

Existing staff ▼

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Social Services including rent assistance, food access, domestic violence, transitional housing, mental health and homeless, public health, addiction services ▼

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

There is no charge for these services. For this request, covering half the salary of one Resident Services Coordinator, the expense for Holyoke CDBG funds, per person, will be approximately \$85 (half the full-time salary divided by 300 individuals). NeighborWorks America and other unrestricted grant funds provide support for the program. HUD and EOHLIC have Resident Service Coordinator grants, but they are restricted for use by Housing Authorities, Section 202 housing, and for properties that have a certain percentage place-based housing voucher units. The services residents need in multi-family affordable housing that is developed by nonprofits are the same as those needed by residents in public housing. We are continually seeking funding for this program.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Households assisted where all members benefit from the activity (LMI) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

119 Households, approximately 300 residents

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Annette Hunt

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Derek J. Morris, Chief Financial Officer, dmorris@wayfinders.org 413-233-1658

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control. \*

Yes ▼

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the capacity to complete the activity and expend CDBG funds by the completion date. \*

Yes ▼

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration. \*

Yes



The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award. \*

Yes



On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for Community Development Block Grant funding. Type your name, title and date below. \*

Annette Hunt, Grants Manager, 2/16/2024

This form was created inside of City of Holyoke.

Google Forms

**Budget A**  
**2024 Community Development Block Grant**  
**Program Applicant Program Budget**  
**Public Services and Non-Construction Activities**

Agency: Way Finders, Inc.

Activity: Resident Services for Affordable Housing Tenants

	Total Budget	CDBG Allocation
101 Salaries	<span style="border: 1px solid black; padding: 2px;">\$ 195,835.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 25,601.00</span>
102 Fringes	<span style="border: 1px solid black; padding: 2px;">\$ 40,608.00</span>	<span style="border: 1px solid black; padding: 2px;">\$ 5,309.75</span>
104 Equipment	<span style="border: 1px solid black; padding: 2px;">\$ 13,156.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
105 Equipment Rental	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
106 Supplies	<span style="border: 1px solid black; padding: 2px;">\$ 775.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
107 Telephone	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
108 Advertisement	<span style="border: 1px solid black; padding: 2px;">\$ 3,043.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
109 Postage	<span style="border: 1px solid black; padding: 2px;">\$ 250.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
110 Insurance	<span style="border: 1px solid black; padding: 2px;">\$ 1,645.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
111 Space	<span style="border: 1px solid black; padding: 2px;">\$ 16,484.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
112 Utilities	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
113 Dues/Subscriptions	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
114 Legal Consultants	<span style="border: 1px solid black; padding: 2px;">\$ 5,285.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
115 Accounting Consultants	<span style="border: 1px solid black; padding: 2px;">\$ 10,746.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
116 Other Consultant	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
117 Printing/Reproduction	<span style="border: 1px solid black; padding: 2px;">\$ 1,100.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
118 Maintenance & Repairs	<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;"></span>
119 Contract Services	<span style="border: 1px solid black; padding: 2px;">\$ 125.00</span>	<span style="border: 1px solid black; padding: 2px;"></span>
<b>Total</b>	<span style="border: 1px solid black; padding: 2px;"><b>\$289,052.00</b></span>	<span style="border: 1px solid black; padding: 2px;"><b>\$30,911.25</b></span>

**Budget A – Page 2**  
**Community Development Block Grant Program**  
**Applicant Program Budget**

Provide title of positions to be funded with CDBG and corresponding salary breakdown

Title of Position	Current Salary	CDBG Portion
Resident Services Coordinator	\$ 51,203.00	\$ 25,601.50
Total	\$51,203.00	\$25,601.50

Fringes Breakdown

F.I.C.A		\$ 1,958.51
Medical Insurance		\$ 995.90
Life Insurance		
Other (specify)		\$ 2,355.34
Total		\$5,309.75

Please describe below and attach documentation supporting the non-CDBG portion of funding for this activity. For example, evidence of other matching grants, an estimate of revenue from participant fees, agency contribution, in kind services or other sources of income.

Other fringe is payroll taxes plus workers compensation. Since 2012, the Resident Services Program has been primarily supported by an annual award of \$275,000 from NeighborWorks America. We have not yet received this years gift so cannot attach documentation of it. In 2023, we received \$4,300 from Health New England, and in 2022 and 2023, \$30,000 from the Community Foundation. The Community Foundation chose other areas of focus for 2024 in response to the number and type of applications it received.



# FY2024 City of Holyoke Community Development Block Grant Application

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You will receive an email from Google with a copy of your completed Application. Please print it for your records.

Please call 413-322-5610 or email Alicia Zoeller, Administrator for technical assistance ([zoellera@holyoke.org](mailto:zoellera@holyoke.org))

The respondent's email ([zoellera@holyoke.org](mailto:zoellera@holyoke.org)) was recorded on submission of this form.

Email \*

zoellera@holyoke.org

Activity Title \*

Administration and Planning

CDBG Amount Requested (whole dollar) \*

246029

Agency-Organization Name \*

City of Holyoke Office for Community Development

Location of Activity (Street Address or Description) \*

City Hall Annex Room 400

Parent Organization (If applicable) \*

City of Holyoke

Agency Mailing Address \*

City Hall Annex Room 400 Holyoke MA 01040

Agency Website \*

www.holyoke.org

Agency Telephone Number \*

4133225610

Agency UEI #

Agency FID #

Agency Type \*

Municipal Department ▼

What is the activity or project type? \*

Administration and/or Planning Activity ▼

About The Proposed Activity

What is the Scope of Work for the proposed activity? \*

See attached narrative

How will the service or facility or activity be marketed to ensure that the intended beneficiaries are reached? \*

See attached narrative



Will this activity improve the lives of residents or the targeted neighborhood over the next five years? \*

See attached narrative

Please select the Objective for the proposed activity. (LMI- low-moderate income) \*

Suitable Living Environment- activities that address the living environment and issues faced by LMI households ▼

Please select the Outcome for the proposed activity. \*

Sustainability- activities that improve communities or neighborhoods, livability, viability for LMI households ▼

Is this activity a new or expanded service of the agency? Is this a new public facility or improvement to an existing public facility? \*

New service ▼

What is the realistic timeline for completion of this activity? Please consider supply chain, employee capacity, and procurement requirements in your response. \*

July 1, 2024 - June 30, 2025 (Public Services, Admin/Planning must select this option) ▼

Activity Costs and Agency Capacity

What is the basis of cost reasonableness for this activity? \*

Admin and planning proposal is below the regulatory cap of 20% set by HUD.

Please provide the total activity cost (from all sources including CDBG). \*

566825

If your request is not fully funded, how will the project, activity or service be reduced? \*

Department budget would be reduced accordingly.

Describe the agency's experience with this or similar activity. \*

40+ years of managing CDBG, HOME and other government grants.

Describe your agency's experience with the management of Federal funds. \*

40+ years of managing CDBG, HOME and other government grants.

Does this activity rely on full reopening (i.e. pre-COVID conditions -normal times) to occur or can this activity be successfully completed with \* social distancing and COVID restrictions?

OCD operations are consistent with other municipal departments.

Describe the agency's preparedness to launch this activity or steps necessary to initiate the activity. \*

OCD is prepared to add this fiscal year's activities to its management portfolio.

Describe the community demand or need for this activity. How have you determined the demand or need for this specific activity (to ensure \* that CDBG funds will be spent quickly)? Please do not cite Holyoke's demographics or general statistics.

HUD and other funders require professional grant administrators.

Who will be completing this activity on behalf of the agency? \*

Existing staff

Public Service Applications

Please complete Section 4 only if you are applying for Public Service funds.

What kind of Public Service?

Choose

What is the total cost per person for this activity and how did you determine that cost? How much do you charge a person to participate in this activity or access the proposed service? Describe any other grants or cost offsets that the agency or client receives in offering this Public Service.

Accomplishments & Beneficiaries

Please complete Section 5 on information regarding the beneficiaries of your proposed activity if it is funded.

Indicate which accomplishment category best applies to the proposed project. \*

Area (Neighborhood) Benefit (LMA) ▼

From the categories above, what is the number of accomplishments proposed? (persons served; businesses assisted; job retained; residents in a neighborhood served; public facilities improved; housing units created or rehabbed, etc.) \*

City-wide benefit.

Certifications and Compliance

The person completing this Application must be the person listed in the first question below.

Person Completing This Application- Name, Title, Email, and Phone Number \*

Alicia Zoeller, Administrator, zoellera@holyoke.org, 4133225610

Person Authorized to Execute Contracts- Name, Title, Email and Phone Number \*

Alicia Zoeller, Administrator, zoellera@holyoke.org, 4133225610

The Applicant agrees to comply with all Federal and City of Holyoke policies and requirements imposed on the activity funded in whole or in part by the Community Development Block Grant Program including but not limited to Davis-Bacon wage requirements, Conflict of Interest, Duplication of Benefits, Section 3, non-discrimination and access requirements, Buy America Build America Act and Fair Housing (as applicable) \*

Yes ▼

The Applicant acknowledges that the award of CDBG funds is made solely by the Mayor of the City of Holyoke after review and consideration of public input, community needs and priorities through a series of public hearings, meetings and recommendations by various entities and that the submittal of this application is not an award of funds. \*

Yes

No

The Applicant acknowledges that the Federal assistance made available through the CDBG Program funding must be used for the benefit of low and moderate income persons or low and moderate income areas and may be responsible for documenting said benefit. The Applicant agrees to collect and report all client demographic data to the Office for Community Development as may be required. \*

Yes ▼

The Applicant acknowledges that any equipment or building improvements completed with CDBG funds shall be maintained and/or operated \* for the approved use through its economic life or in compliance with liens or restrictions and is subject to annual inventory control.

Yes

The Applicant acknowledges that it has sufficient funds available to provide the activity on a reimbursable basis, if required, and has the \* capacity to complete the activity and expend CDBG funds by the completion date.

Yes

The Applicant acknowledges that the organization (1) is current on all City of Holyoke taxes, fees and expenses; (2) is in good standing with \* the MA Secretary of State; (3) has filed all required annual reports and organizational votes with the MA Secretary of State; (4) is in good standing with the IRS; (5) has no outstanding or unresolved financial audit findings and (6) has a current UEI # and [sam.gov](https://sam.gov) registration.

Yes

The Applicant acknowledges that the following documents must be submitted in hard copy for review and approval by the Office for \* Community Development by February 16, 2024; the agency's financial audit for the last fiscal year; the agency's personnel and discrimination policies; the agency's Board of Directors listing; the agency's last calendar federal tax returns; and any other documentation deemed necessary to make a Federal grant award.

Yes

On behalf of the organization, I am authorized to submit this application to the City of Holyoke Office for Community Development for \* Community Development Block Grant funding. Type your name, title and date below.

Alicia Zoeller, Administrator, 2/16/2024

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Google Forms

**City of Holyoke  
Office for Community Development  
FY2024 Grant Planning and Administration**

The City of Holyoke Office for Community Development (OCD) is the conduit for Holyoke's annual allocation of HUD Community Development Block Grants (CDBG) and HOME Investment Partnership Grants (HOME) received as an entitlement community. This proposal is for the management of Federal funds for the period from July 1, 2024 through June 30, 2025.

The Office for Community Development is currently staffed with three full-time professional positions- Administrator, Finance Manager, and Special Programs Manager who provide a combined 57 years of municipal management experience.

All OCD expenses are paid through the Federal grants; the department is not funded by municipal General Funds. The operations of the department are entirely dependent on the level of Federal funding; if Congress reduces the CDBG and/or HOME allocation, then the department budget is adjusted accordingly. The proposed department budget is attached; as of submission, HUD has not released the annual allocations. The CDBG and HOME annual allocations have been stable for the last two years after a period of extensive cuts.

As a result of the COVID-19 Pandemic, the City received an added allocation of CDBG funds to prepare for, respond to, and prevent the COVID-19 Pandemic (\$1.2 mill CDBG-CV). CDBG-CV funds have been fully allocated and the program is expected to close by June 30, 2024.

HUD also provided an allocation of HOME-ARP funds to address homelessness and housing insecurity related to COVID-19. Planning for HOME-ARP funds is underway with the Holyoke-Chicopee-Westfield HOME Consortium (\$3.3 million HOME-ARP) and is expected to generate approximately ten new projects to manage. Solicitations for HOME-ARP funded activities will occur in FY2024.

FY2024 will be the fifth and final year of the HUD 2020-2024 Five-Year Consolidated Plan. The next Consolidated Plan will be developed during FY2024 and will set the priorities and objectives for the next five years of Federal grants. The Consolidated Plan is designed to help the City assess its affordable housing and community development needs and market conditions, and to make data-driven, place-based investment decisions. The consolidated planning process serves as the framework for a community-wide dialogue to identify housing and community development priorities that align and focus funding from the CPD formula block grant programs. Due to the in-depth public planning process that requires critical review of community needs, OCD will seek assistance from a third-party vendor to assist with this process and partner with other municipal departments on their planning processes so as to align City priorities.

Holyoke OCD is responsible for the administration and activities of the Holyoke-Chicopee-Westfield HOME Consortium. As the Lead City for the Consortium, Holyoke coordinates with Chicopee and Westfield in preparing the annual plans and is responsible for the financial oversight of the Consortium's joint HOME funds for housing development.

In 2021, then Mayor Terry Murphy assigned responsibility for the administration and management of the American Rescue Plan Act funds to the Office for Community Development. ARPA provided approximately \$37 million to the City of Holyoke for expenditure by 2026. All ARPA funds have been allocated to activities including small business

support, municipal capital improvements, public health initiatives, housing rehab and development, public services and non-profit capital improvements. Management of these activities will continue through FY2024.

As of February 2024, OCD is managing the performance and fiscal progress of over 75 CDBG, HOME, and ARPA funded projects and \$45 million in federal funds. It is expected that after July 1, 2024, OCD will be managing over 100 federal grant contracts. With changes in municipal staff over the last three years, OCD has played a greater role in project management including construction oversight, procurement, and project coordination. Management of federal funds is in conjunction with the City Auditor, City Treasurer, City Procurement Department and Mayor's Office and pursuant to written policies and procedures.

Safe, stable, healthy housing across all income levels is a department priority for FY2024. Several housing construction activities will continue this year including rental rehab and homebuyer developments such as Library Commons II and South Holyoke Housing Phase I: some with previous year's funding. Financial assistance will be provided to existing homeowners through rehab grants. Support for first time homebuyers will be provided through downpayment assistance and development of homeownership housing opportunities. In partnership with the Board of Health, OCD will continue to provide develop incentives for the redevelopment of City-owned one- and two-family houses for homeownership opportunities.

In partnership with the City of Springfield Office for Housing, OCD has been increasing capacity and outreach to assist unsheltered individuals on the streets of Holyoke including coordinating homeless resource fairs at the Holyoke Public Library and supporting a pop-up warming shelter. FY2024 work will include additional outreach team meetings, support towards HUD's Homeless Youth Grant (regional) and partnership with Holyoke Police Department and other agencies to make service referrals and connections. As part of the Opioid Settlement Fund through the Mayor's Office, OCD will be assisting in the development of a Housing Stability team (through the Mayor's Office) to address housing stability, Fair Housing, and landlord/tenant concerns for all residents.

As the City's conduit for these federal funds, OCD is responsible for each and every step in the process of administration from application for the funds, to regulatory reviews, monitoring and reporting. The following is a list of OCD responsibilities compiled by the National Community Development Association that are required for participation in the CDBG and HOME programs. Many of these also extend to the ARPA Program:

- Conduct environmental reviews and clearances for every activity.
- Review each property to be rehabilitated to ensure that it does not adversely impact a historic property and consult with MHC, as necessary.
- Develop an Analysis of Impediments to Fair Housing every 5 years.
- Develop a Consolidated Plan every 5 years.
- Develop Annual Action Plan every year by May 15th.
- Implement annual citizen participation requirements (including public notices).
- Develop the annual Consolidated Annual Performance and Evaluation Report (CAPER) on all of the funded activities by September 28th.
- Report performance and drawdown funds from the Integrated Disbursement and Information System (IDIS) for all funded activities.
- Compile and submit the Section 3 Report.
- Compile and submit the Minority Business Enterprise/Women Business Enterprise Report.
- Compile and submit information into the Federal Funding Accountability and Transparency Act reporting system.
- Compile and submit the Contractor/Subcontractor Activity Report.
- Collect a UEI/DUNS Number for each agency for the Central Contractor Registration.
- Ensure compliance with labor laws (Davis-Bacon).

- Ensure that federal procurement requirements are followed.
- Ensure that all acquisition and relocation requirements are met.
- Monitor subrecipients to ensure they meet programmatic and financial requirements.
- Conduct training and technical assistance to ensure that subrecipients are familiar with laws and regulations.
- Review single audits and submit a single audit on behalf of the grantee.
- Process payments for contracts awarded.
- Maintain an online grant management systems and offline bookkeeping records.
- Conduct eligibility reviews of all activities and ensuring that each meets one of the CDBG national objectives.
- Issue HOME RFP and analyze applications.
- Track and conduct long term monitoring of each HOME-funded project for housing quality standards and rents.
- Participate on regional boards dealing with homeownership and homelessness.
- Upload quarterly reports to US Treasury online portal.
- Administer the Small Business Grant Program including underwriting, counseling, and fiscal management.
- Ensure compliance by the grantee with all Federal, State, and local statutes, regulations; and
- Review all HUD and Treasury bulletins, emails, and OMB circulars to ensure continued compliance.

The Office for Community Development also provides detailed technical assistance to and partnership with other municipal departments including the Mayor's Office, Planning & Economic Development, Building, Fire, Health, the Department of Public Works, Community Preservation Committee (CPA) and the Holyoke Housing Authority to ensure advancement of the Consolidated and Urban Renewal Plans. OCD is an active member of the internal Property Preservation Group. The Administrator is on the Board of Directors of the Hampden County Continuum of Care ensuring funding and access to services for chronically homeless people.

OCD has been administering the Small Business Grant Program for the last two years. Over \$800,000. in grants to numerous small businesses have been provided in the last year. In FY2024, OCD will continue to manage this program in-house. In FY2023, OCD in conjunction with the Mayor's Office, Building Department, License Board, and Fire Department, launched an ARPA funded Code Compliance for businesses affected by code compliance expenses. This program administration will continue in FY2024.

In 2024, OCD will continue to support the Office of Conservation and Sustainability on a HUD Climate Communities Technical Assistance Project to bring resources to Holyoke to address climate change and resiliency.

OCD provides no-cost environmental review services to other municipal and state agencies for federally funded projects as the HUD designated Responsible Entity. Services are provided annually to the Holyoke Housing Authority.

Finally, the Office for Community Development is the City Hall point of contact for social service, advocacy, homeless, housing, and homeownership information and referrals.

Respectfully submitted,

Alicia M. Zoeller, Administrator  
February 16, 2024

Office for Community Development Proposed Budget- July 1, 2024 - June 30, 2025				
CDBG; CDBG-CV; HOME; ARPA Funds; HOME-ARPA				
	Actual 7/1/2023	Expended As Of February 2024	Proposed 7/1/2024	Notes
101 Salaries	322,524	153,070	278,817	Approx. 14% reduction in Salaries
102 Fringes	81,053	16,331	75,808	
103 Travel	12,000	0	12,000	
104 Equipment	8,000	11,646	8,000	Current yr- ARPA HPD computers purchased
105 Equipment rental	200	48	200	
106 Supplies	6,000	365	6,000	
107 Telephone	5,500	41	5,500	
108 Advertisement	15,000	768	15,000	Fair Housing and ConPlan processes
109 Postage	3,500	14	3,500	
110 Insurance	0	0	0	
111 Space	0	0	0	
112 Utilities	0	0	0	
113 Dues and Subscriptions, Training	14,000	1,194	14,000	
114 Legal Consultants	8,000	0	8,000	Additional Registry of Deeds filing fees
115 Accounting Consultants	50,000	6,000	50,000	Significant increase in external auditing work
116 Other Consultants	40,000	0	50,000	ConPlan consultant/Fair Housing consultant
117 Printing/Reproduction/Social Media	3,500	0	3,500	
118 Maintenance and Repairs	1,500	0	1,500	
119 Contract Services	35,000	0	35,000	HOME Compliance HQS Unit Inspections
<b>Total</b>	<b>605,777</b>	<b>189,478</b>	<b>566,825</b>	Approx. 6.5% reduction in proposed budget
101 Salaries				
Administrator	109,242		120,166	10% raise - addit responsib
Finance Manager	72,828		80,111	10% raise - addit responsib
Compliance Manager	69,054		0	Vacant
Special Projects Manager	71,400		78,540	10% raise - addit responsib
<b>Total</b>	<b>322,524</b>		<b>278,817</b>	Approx. 14% reduction in Salaries
102 Fringes				
Municipal Retirement	38,703		33,458	Retirement Board - 12% of salaries
Longevity	2,850		2,850	
Life Insurance	500		500	
Buyback reserves	39,000		39,000	
<b>Total</b>	<b>81,053</b>		<b>75,808</b>	
			<b>Maximum Permitted by HUD</b>	
Sources				
CDBG			246,029	20% of annual allocation
CDBG-CV			12,000	
HOME (not HOME-ARPA)			53,806	10% of annual allocation (Holyoke)
HOME-ARPA			85,000	
ARPA (U.S. Treasury funds)			250,000	Annual request
<b>Total</b>			<b>646,835</b>	
<i>Draws from each funding source are dependant upon weekly time on task for the respective programs.</i>				
<i>Unexpended CDBG and HOME admin and planning funds are allocated to non-admin activities in subsequent years.</i>				
Mayoral Approval:				
Date of Approval:				