Administration and Human Services Committee
Standing Committee Meeting Agenda
Monday, October 26, 2015
6:00 PM

Location:
Municipal Office Building
701 N 7th Street
Kansas City, Kansas 66101
5th Floor Conference Room (Suite 515)

Name	Absent
Commissioner Angela Markley, Chair	☐
Commissioner Melissa Bynum	☐
Commissioner Mike Kane	☐
Commissioner Harold Johnson	☐
Commissioner Jane Philbrook	☐

I. Call to Order / Roll Call

II. Revisions to October 26, 2015 Agenda

ADDITIONAL INFORMATION

IV. Measurable Goals

Item No. 4 - NEW POLICY: ADMINISTRATIVE APPROVAL OF GRANTS

Synopsis: Submission of a draft grant application and acceptance policy, submitted by Ken Moore, Interim Chief Counsel.

Tracking #: 15194

III. Presentation

Item No. 1 - PRESENTATION: PROHIBIT SALE OF TOBACCO PRODUCTS TO THOSE UNDER 21

Synopsis:
Presentation encouraging the prohibition of the sale of tobacco products to anyone under the age of 21, presented by the Greater KC Chamber of Commerce. State and local law currently allows anyone over the age of 18 to purchase tobacco products.

For discussion and direction only.
Tracking #: 15166

IV. Measurable Goals

Item No. 1 - MEASURABLE GOALS: COMMUNITY DEVELOPMENT

Synopsis:
Presentation and discussion of goals for Community Development Department, presented by Wilba Miller, Community Development Director.

For information only.
Tracking #: 15167

Item No. 2 - MEASURABLE GOALS: AREA AGENCY ON AGING

Synopsis:
Update of measurable goals for the Area Agency on Aging, presented by Gordon Criswell, Assistant County Administrator.

For information only.
Tracking #: 15173

V. Committee Agenda

Item No. 1 - REQUEST: CDBG REALLOCATION AND GRANT APPLICATION PROCESS

Synopsis:
Request approval of the 2016 application for CDBG funding and approve a timeline to implement the CDBG grant application process for allocated dollars from 2015 and 2016, submitted by Wilba Miller, Community Development Director.

This item was previously discussed at the September 28, 2015 standing committee meeting.

It is requested that this item be fast tracked to the October 29, 2015 full commission meeting.
Tracking #: 15164

Item No. 2 - GRANT: KANSAS BASED BREASTFEEDING PROMOTION

Synopsis:
The Unified Government Public Health Department's WIC Program has applied for a $3,000 Kansas Based Breastfeeding Promotion Projects grant from the Impact Funding Team organization, submitted by Terry Brecheisen, Health Department Director. No match required.
Tracking #: 15144

Item No. 3 - GRANT: BABY AND ME - TOBACCO FREE

Synopsis:
Request approval of a $4,999 grant application to the March of Dimes for "Baby and Me - Tobacco Free," submitted by Terry Brecheisen, Health Department Director. No match required.
Tracking #: 15161

Item No. 4 - NEW POLICY: ADMINISTRATIVE APPROVAL OF GRANTS

Synopsis:
New policy authorizing administrative approval of grants, submitted by Ken Moore, Interim Chief Legal Counsel.

Information forthcoming.
Tracking #: 15172

VI. Adjourn

GRANT APPLICATION and ACCEPTANCE POLICY

(Draft 10/26/15)

The Unified Government is presented and seeks the opportunity to utilize grant funds to supplement and expand the core and discretionary operations and services it provides. This policy governs the grant application and acceptance process. To the extent practical, this policy follows the intent of the Budget Policy adopted by the Commission on 12/19/13. In all circumstances, any necessary or required budget revision is subject to that Budget Policy.

For purposes of this policy, there are 3 categories of grants with differing controls as follows:

1) **Grants less than $50,000 which requires matching or supplemental UG funds of less than $10,000.**
   The Budget Policy authorizes the County Administrator to manage Department expenditures of less than $10,000. Grants in this category are subject to that policy and the application and acceptance of such grants do not require Commission review or approval. Notice of such application and acceptance will be provided to the Commission as part of the Weekly Business Material.

2) **Grants less than $50,000 which requires matching or supplemental UG funds greater than $10,000 but less than the grant amount.**
   The Budget Policy authorizes the County Administrator to approve certain budget revisions from $10,000 to $50,000 subject to the approval of the Mayor, or Mayor pro-tem if the Mayor is absent.
   a) Grants in this category which are considered a core UG function or service are subject to that policy and the application and acceptance of such grants are within the authority of the County Administrator subject to the approval of the Mayor, or Mayor pro-tem if the Mayor is absent. Such applications will be reported to the appropriate Standing Committee, and notice of such application and acceptance will be provided to the Commission as part of the Weekly Business Material.
   b) Grants in this category which are considered a discretionary function or service as determined by the Mayor, requires Commission action. The

application for such grants is subject to the approval of the appropriate Standing Committee and Commission. If approved by the Commission, the award and acceptance of the grant will be reported to that Standing Committee and notice will be provided to the Commission as part of the Weekly Business Material.

3) **Grants greater than $50,000 which requires matching or supplemental funds greater than $50,000.**

   The application for such grants is subject to the approval of the appropriate Standing Committee and Commission. If approved by the Commission, the award and acceptance of the grant will be reported to that Standing Committee and notice will be provided to the Commission as part of the Weekly Business Material.

Staff Request for Commission Action

Tracking No. 15166

Full Commission Meeting Date: 10/26/2015
Committee: Administration & Human Services

Date of Standing Committee Action: 10/26/15
(If none, please explain): For information only.

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
10/14/2015	Misty Brown, Senior Attorney	x5067	mbrown@wycokck.org	Legal

Item Description:
The Greater KC Chamber of Commerce will make a presentation to the Commission encouraging the prohibition of the sale of tobacco products to anyone under the age of 21. State and local law currently allows anyone over the age of 18 to purchase tobacco products.

Action Requested:
Discuss and direct staff on proposed ordinance change.

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
KCK Leave Behind

HEALTHY KC
IN PARTNERSHIP WITH BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

TOBACCO eighteen twenty-one

Reducing Youth Smoking in KCK & Wyandotte County

The Problem:

- The primary cigarette source for underage smokers is their 18 to 20 year old peers.
- Over 80% of high school seniors are older than 18 when they graduate.
- Adolescent brains are still developing and are uniquely sensitive to nicotine addiction.
- More than 95% of long-term smokers started before age of 21.
- While youth cigarette smoking is slowly declining, e-cigarette use among youth has more than doubled in recent years.
- E-cigarettes contain nicotine, toxic chemicals and carcinogens and are currently available to 18-year-olds.
- Smokers cost up to 40% more than non-smokers in health care costs.
- For private businesses, smoking employees have an excess cost of, on average, $5,816 per year.

Our Proposal:

- **Increase the minimum age of sale and purchase of tobacco products, e-cigarettes, vapor products and paraphernalia to 21.**

The Health Impact:

- Data from Needham, MA shows a nearly 50% reduction in tobacco use by teens since their Tobacco 21 policy change in 2005. This decrease significantly exceeded reductions in peer communities over the same amount of time.
- Fewer smokers before 18 lead to fewer long-term smokers reducing overall smoking rates by an estimated 12%.

Supporters:

- 75% of U.S. adults, including 70% of current smokers.
- Over 80 cities in seven states and the entire state of Hawaii have passed Tobacco 21.
- Health organizations throughout the KC metro area.

How do we do this?

Through simple changes to city ordinances, similar to the ones seen below.

Sec. 22-204. - Furnishing cigarettes to minors.

(a) It shall be unlawful for any person within the city to sell or give to any minor under the age of ~~18~~ 21 years any cigarette, electronic cigarette, or tobacco product. No person shall buy any cigarette, electronic cigarettes, or tobacco product for any person under ~~18~~ 21 years of age.

Staff Request for Commission Action

Tracking No. 15167

Full Commission Meeting Date: 10/26/2015
Committee: Administration & Human Services

Date of Standing Committee Action: 10/26/15
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
10/14/2015	Wilba Miller, Director	x5112	wmiller@wycokck.org	Community Development

Item Description:
Presentation and Discussion of Goals for Community Development Department

Action Requested:
For Discussion Only

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
Community Development Dept. Goals

October 14, 2015

COMMUNITY DEVELOPMENT DEPARTMENT

MEASURABLE GOALS

I. Community Development Block Grant Application for Funding

A. Develop and finalize application for Administration and Human Service Standing Committee review and approval by October 26, 2015

B. Issues requests for 2016 Applications for CDBG Funding by November 6, 2015

C. Successfully complete first utilization of CDBG application process by presenting application evaluations and recommendations to Administration and Human Service Standing Committee on January 19, 2016

II. Customer Service and Transparency

A. Create Community Development Department webpage for Section 3 with the following information: UG Section 3 Policy, UG Section 3 Reports section, and links to HUD Section 3 pages by January 30, 2016

B. Create Community Development Department webpage for Fair Housing with the following information: UG information regarding contracts for deed, tenant videos, fair housing brochure, Regional Fair Housing Plan, links to Human Resources Department, and links to HUD Fair Housing pages by January 30, 2016

Staff Request for Commission Action

Tracking No. 15173

Full Commission Meeting Date: 10/26/2015
Committee: Administration & Human Services

Date of Standing Committee Action: 10/26/15
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
10/15/2015	Gordon Criswell, Assistant County Administrator	x5024	griswell@wycokck.org	Aging

Item Description:
Aging Department measurable goal:

Reduce the number of eligible citizens waiting for services through the Senior Care Act. There are currently 147 seniors waiting for services through the Senior Care Act. Thirty-two seniors have been removed from the waiting list for services since the State's new fiscal year started on July 1, 2015.

Action Requested:
For information only.

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:

Staff Request for Commission Action

Tracking No. 15164

Full Commission Meeting Date: 10/26/2015
Committee: Administration & Human Services

Date of Standing Committee Action: 10/26/15
Full Commission Date: 10/29/15
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
10/14/2015	Wilba Miller, Director	x5112	wmiller@wycokck.org	Community Development

Item Description:
There is currently $350,00 of unallocated CDBG funds available in the calendar year 2016 budget for bricks and mortar projects. In addition, there is another $258,000 from the calendar year 2015 CDBG funds that were denied due to reasonableness of cost to complete the project under federal requirements. This brings the total of unallocated dollars as of September 18, 2015 to $608,000. Staff has discussed options with the Administration and Human Services Standing Committee. Staff has completed an application to be used for soliciting projects and or services for using CDBG funds.

Action Requested:
The final version of the application is being presented for approval and fast tracking to the October 29, 2015 full commission meeting. Staff is also seeking approval to implement the process and timeline to seek new bricks and mortar projects for the allocated dollars from 2015 and 2016.

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
2016 CDBG Application for CDBG Funding, Timeline for 2016 Application for CDBG Funding

Applicant's Name:
Project Name:

2016

Application for CDBG Funding

Unified Government of Wyandotte County / Kansas City, KS
Community Development Department
701 North 7th Street #823
Kansas City, KS 66101
913.573.5100
www.wycokck.org/commdev

The attached application is for Community Development Block Grant (CDBG) funds from the Unified Government of Wyandotte County/Kansas City Kansas.

The signed, original application must be provided to Community Development. No other forms or versions of this application will be accepted. Please answer all questions. Additional sheets may be attached if space is needed to complete a response (however do not answer questions by *only* providing attachments). Other attachments to support the project may also be included.

It is the responsibility of the applicant to review the application prior to submission to ensure it is complete and accurate. A project should be defined in terms of a single activity. An application may be rejected if incomplete, not signed by the proper authority, or does not clearly define the project.

Applications will be reviewed for eligibility. Funding is contingent upon the Unified Governments receipt and availability of federal grants.

Application Instructions:

1. Each applicant must complete the **Applicant Information** (page 4). A copy of the agency's By-laws and/or Articles of Incorporation must be attached.
2. The applicant will identify which one of the following sections best categorizes the project. Questions as to the appropriate sections should be referred to Community Development. Only one section will be completed per project.

   Section A: Public Service Activities (pages 7-10)

   This section is for requests to provide public services for seniors, persons with disabilities, youth and children, battered and abused spouses, abused and neglected children, and other low-income people. Examples of eligible public service activities include legal services, transportation services, substance abuse services, employment training, fair housing, tenant/landlord counseling, child care, health and mental health services, tenant-based rental assistance, and security deposit assistance. Projects requesting funding for staffing costs of public service activities will be included in this section.

   Section B: Public Facilities & Improvements (pages 11-15)

   This section is for requests by public or private nonprofit entities for construction, rehabilitation, or improvements to public facilities including land acquisition. Examples of such facilities include senior centers, centers for persons with disabilities, homeless facilities, youth centers, child care centers, health facilities, and facilities for abused and neglected children. Normal facility repair and maintenance is not eligible.

   Section C: Renovation/Acquisition of Existing Housing (pages 16-20)

   This section is for the acquisition and/or rehabilitation of privately, bank owned or vacant homes, or buildings with two or more residential units, for providing permanent housing for low- and moderate-income households, including the elderly and persons with disabilities.

   Section D: New Housing Construction (pages 21-24)

   This section is for the acquisition of land and/or construction of single-family or multifamily housing.

   Section E: Economic Development (pages 25-27)

   This section is for economic development activities including: Acquiring, constructing, reconstructing, rehabilitating, or installing commercial or industrial buildings, structures, and other real property equipment and improvements, including railroad spurs or similar extensions. These are economic development projects undertaken by nonprofit entities and grantees. Assistance may include grants, loans, loan guarantees, and technical assistance.

3. Applicant shall provide all required signatures and dates on the **Certification** (page 28)
4. Applicant shall answer the Conflict of Interest Questionnaire and provide all required signatures and dates on the **Conflict of Interest Questionnaire** (page 29)
5. All nonprofit organizations are to include an audited financial statement with the application.
6. Submit the Application, Certification and requested documents to the Community Development Department, City Hall room 823. All applications must be received **by noon Friday, December 11, 2015.**

APPLICANT INFORMATION

1) Applicant's name:

2) Applicant's mailing address:

3) Applicant's website:

4) Name of director/owner:

5) Name of contact person, title:

6) Contact information for contact person:

Phone:
E-Mail:
Fax:

7) Does the Applicant have Liability Insurance? Yes ☐ No☐, If yes please attach certificate.

8) Is the Applicant Licensed and Bonded to do work in Kansas City, KS? Yes ☐ No☐, If yes please attach certificates.

9) Does the Applicant have a current Letter of Good Standing from the State? Yes ☐ No☐, If yes please attach letter.

10) Is the Applicant current on all applicable State and Local taxes? Yes ☐ No ☐

11) Please include current Organizational Chart

12) Please include resumes of key staff

13) If the applicant is a partnership or is incorporated, list the names of all partners or all board members and the Board President.

A. What is the term for a board member?
B. When do new board members join?

14. Mission or goals of the organization **(Attach a copy of By-Laws and/or Articles of Incorporation):**

15. Does the applicant define itself as a faith-based organization? Yes ☐ No ☐

16. History of the organization:

17. Prior experience with federal programs/grants, including a summary of the project(s) and timeliness of the project(s):

18. Super Circular 2 CFR 200 requires non-federal entities that expend $750,000 or more in a year in federal awards shall have a single or program-specific audit conducted for that year in accordance with 2 CFR 200.

A) Is the applicant aware of this audit requirement? Yes ☐ No ☐.

B) If the applicant has met the audit threshold in the last three years, or will meet the threshold as a result of this program/activity, the applicant must attach or provide upon completion a copy of the audit results.

THIS COMPLETES THE APPLICANT INFORMATION.

PLEASE PROCEED TO ONE OF THE FOLLOWING SECTIONS FOR YOUR PROJECT:

SECTION A: ***PUBLIC SERVICE ACTIVITIES***

1) Describe in detail your proposed program/activity.

2) What are the anticipated start and completion dates of the activity?

--Start
--Completion

3) Check the box which most accurately describes the program/activity.

- ☐ New program/activity
- ☐ Existing program/activity where the number of those served will not increase
- ☐ Expansion of an existing program/activity where additional persons will be served
- ☐ Other, please describe:

4) What is the specific goal or measurable outcome that will be achieved as a result of the program/activity? (i.e., Why is the program/activity being undertaken and how will it directly benefit the clientele served?)

5) How many individuals will be served in the 12-month period for which funding is being requested?

6) If this is an existing program/activity, how many individuals were served in the previous calendar year (January to December)?

(Please provide breakdown by ethnicity and race.)

Ethnicity	**Race**
Hispanic or Latino	American Indian or Alaska Native
Not Hispanic or Latino	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	American Indian or Alaska Native **AND** White
	Asian **AND** White
	Black or African American **AND** White
	American Indian or Alaska Native **AND** Black or African American
	Other

7) Check the one box that most accurately describes the eligibility of the program/activity.

Check only a, b or c.

a) ☐ The program/activity will have income eligibility requirements to **primarily serve** low- and moderate-income beneficiaries. Check any income levels that apply.
   - ☐ at or below 30% of the area median income (AMI)
   - ☐ at or below 50% AMI
   - ☐ at or below 60% AMI
   - ☐ at or below 80% AMI
   - ☐ over 80% AMI (Ineligible activity if most beneficiaries are over 80% AMI)

b) ☐ The program/activity will be open to **all** persons regardless of income. Is there a recognized boundary for the area served, such as census tracts, block groups, neighborhoods, street boundaries, etc.? ☐ Yes ☐ No
(If yes, please describe boundaries)

c) ☐ The program/activity will **primarily serve** one of the following groups. (Category selected must be consistent with the mission of the organization as evidenced by the By-Laws and/or Articles of Incorporation.) **Check only one box.**
   - ☐ Low/Moderate Income Limited Clientele (i.e. Youth, Homeless) _____
   - ☐ Low/Moderate Income Area Benefit _____

8) Will information on family size and income of the beneficiaries be obtained and verified by your organization? Yes ☐ No ☐

9) Will a fee be charged for services? Yes ☐ No ☐; if yes, attach a copy of the fee schedule.

10) Provide a cost breakdown of the program/activity.

DESCRIPTION	DOLLAR AMOUNT
	$
	$
	$
	$
	$
	$
TOTAL ESTIMATED COST FOR THIS PROGRAM/ACTIVITY	$

11) List and identify by name all funding sources for this program/activity.

DESCRIPTION	DOLLAR AMOUNT
	$
	$
	$
	$
	$
CDBG funding requested for this program/activity	$
TOTAL OF ALL FUNDING SOURCES (Must equal #10 above.)	$

12) Are all other funds identified for this activity available and/or committed? Yes ☐ No ☐; if no, please identify which funds are not, and when they will be.

13) What will be the status of your program/activity if you do not receive CDBG funding, or if you do not receive the full amount requested?

14) Is funding available for cost overruns? Yes ☐ No ☐; if yes, please describe the source and how much is available. If no, how will cost overruns be handled?

15) Environmental Review Status:

Has an Environmental Review been conducted on the project or address (es)? Yes ☐ No ☐

If so what is the date_____ and provide a copy of the Environmental Review.

If not, an Environmental Review ***must*** be conducted prior to any choice limiting action i.e. the purchase of property, disrupting of soil or execution of an agreement.

A request for an Environmental Review can be made to the Community Development Department.

**Please be aware that additional information may be required to determine eligibility of any CDBG activity.*

THIS COMPLETES SECTION A. Public Service Activities

GO TO THE CERTIFICATION ON PAGE 28.

SECTION B: PUBLIC FACILITIES & IMPROVEMENTS

1) Describe in detail your proposed activity.

2) Is the facility owned by the applicant? Yes ☐ No ☐; if no, please provide the name and address of the owner and provide a copy of the lease agreement.

Owner's Name:

Address:

3) What is the specific goal or measurable outcome that will be achieved as a result of the activity? (i.e., Why is the activity being undertaken and how will it directly benefit the clientele served?)

4) How many individuals will be served by the activity in the 12-month period for which funding is being requested?

5) If this is an existing public facility or improvement, how many individuals were served in the previous calendar year (January to December)?

(Please provide breakdown by ethnicity and race.)

Ethnicity	**Race**
Hispanic or Latino	American Indian or Alaska Native
Not Hispanic or Latino	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	American Indian or Alaska Native **AND** White
	Asian **AND** White
	Black or African American **AND** White
	American Indian or Alaska Native **AND** Black or African American
	Other

6) **All projects must include projected timelines as identified below. Projects that do not proceed or meet completion/expenditure timelines may be canceled with the remaining funding being reallocated by Community Development to other eligible programs, projects, or activities**.

Insert dates
--Receipt of all funding commitments identified for this project
--Acquisition (if applicable)
--Plans/specifications prepared
--Solicitation of bids
--Bid award
--Start of construction
--Completion date

7) Check the one box that most accurately describes the eligibility of the activity.

- ☐ New public facility or improvement
- ☐ Existing facility or improvement where the number of beneficiaries will not increase
- ☐ Expansion of a facility or improvement that will permit additional persons to be served
- ☐ Other, please describe:

8) Check the one box that most accurately describes the eligibility of the program/activity.

Check only a, b or c.

a) ☐ The program/activity will have income eligibility requirements to **primarily serve** low- and moderate-income beneficiaries. Check any income levels that apply.

- ☐ at or below 30% of the area median income (AMI)
- ☐ at or below 50% AMI
- ☐ at or below 60% AMI
- ☐ at or below 80% AMI
- ☐ over 80% AMI (Ineligible activity if most beneficiaries are over 80% AMI)

b) ☐ The program/activity will be open to **all** persons regardless of income. Is there a recognized boundary for the area served, such as census tracts, block groups, neighborhoods, street boundaries, etc.? ☐ Yes ☐ No
(If yes, please describe boundaries)

c) ☐ The program/activity will **achieve** one of the **National Objectives**. (Category selected must be consistent with the mission of the organization as evidenced by the By-Laws and/or Articles of Incorporation.) **Check only one box.**

- ☐ Low/Moderate Income Area Benefit
- ☐ Low/Moderate Income Limited Clientele
- ☐ Low/Moderate Income Housing
- ☐ Low /Moderate Income Jobs

9) Will information on family size and income of the beneficiaries be obtained and verified by your organization? Yes ☐ No ☐

10) Will a fee be charged for to use the facility/improvement? Yes ☐ No ☐; if yes, attach a copy of the fee schedule.

11) Provide a cost breakdown for the project. (Davis-Bacon wage rates will likely apply.)

DESCRIPTION	DOLLAR AMOUNT
	$
	$
	$
	$
	$
	$
TOTAL ESTIMATED COST OF THIS ACTIVITY	$

Cost estimates and specifications must be prepared by qualified engineers/architects.

Cost estimate supplied by:
Name: _____
Title: _____
Address: _____
_____

12) List and identify by name all funding sources for this program/activity.

DESCRIPTION	DOLLAR AMOUNT
	$
	$
	$
	$
	$
CDBG funding requested for this program/activity	$
TOTAL OF ALL FUNDING SOURCES (Must equal #11 above)	$

13) Are all other funds identified for this project available and/or committed? Yes ☐ No ☐; if no, please identify which funds are not and when they will be.

14) What will be the status of your project if you do not receive CDBG funding, or if you do not receive the full amount requested?

15) Is funding available for cost overruns? Yes ☐ No ☐; if yes, please describe the source and how much is available. If no, how will cost overruns be handled?

16) Are repair and replacement reserves included in the operating budget? Yes ☐ No ☐; if yes, how much is budgeted annually? If no, how will repairs and needed capital improvements be funded?

17) If the project involves acquisition or expansion of an existing public facility or improvement, is the property zoned properly? Yes ☐ No ☐

18) If the project involves a new or an expansion of an existing public facility or improvement, please include information on the operating budget and include all identified resources.

19) Environmental Review Status:

Has an Environmental Review been conducted on the project or address (es)? Yes ☐ No ☐

If so what is the date_____ and provide a copy of the Environmental Review.

If not, an Environmental Review ***must*** be conducted prior to any choice limiting action i.e. the purchase of property, disrupting of soil or execution of an agreement.

A request for an Environmental Review can be made to the Community Development Department.

**Please be aware that additional information may be required to determine eligibility of any CDBG activity.*

THIS COMPLETES SECTION B. *PUBLIC FACILITIES & IMPROVEMENTS*

GO TO THE CERTIFICATION ON PAGE 28.

SECTION C: RENOVATION/ACQUISITION OF EXISTING HOUSING

1) Property address:

2) Legal description of property:

3) Do you currently own the property? Yes ☐ No ☐; if you do not own the property, do you have an agreement to purchase? Yes ☐ No ☐; if yes, please attach a copy. If you do not own the property, list the name and address of the owner(s).

4) If there are any structures on the property, were they constructed prior to 1978? Yes ☐ No ☐; (Any recipient of CDBG funding must comply with federal regulation **24 CFR Part 35 Subpart J**, pertaining to lead hazard reduction on all residential properties constructed prior to January 1, 1978. After completion of any rehabilitation disturbing lead-based paint hazards, the work site must pass a clearance inspection in accordance with **24 CFR 35.1340**).

5) Assessed or appraised value of the property:

6) How many existing units are in the project?

7) How many units will be in the project upon completion?

8) Will there be temporary or permanent displacement during renovations? Yes ☐ No ☐; if yes, please describe.

9) How many units will be made exclusively to households within the following categories?

at or below 30% of the area median income (AMI)	
at or below 50% AMI	
at or below 60% AMI	
at or below 80% AMI	
above 80% AMI	

10) **All projects must include projected timelines as identified below. Projects that do not proceed or meet completion/expenditure timelines may be canceled with the remaining funding being reallocated by Community Development to other eligible programs, projects, or activities.**

	Insert dates
--Receipt of all funding commitments identified for this project	
--Acquisition (if applicable)	
--Risk Assessment (if applicable)	
--Plans/specifications prepared	
--Solicitation of bids	
--Bid award	
--Start of construction	
--Completion date	

11) Describe the proposed renovations.

12) Attach a site plan and a floor plan of the property showing the existing units as well as the proposed changes.

13) Attach a 15-year operating income and expense projection for the project and rate of return on investment. List the different rents for the different income levels served.

14) Attach a separate sheet to include the following information for each unit. **This information will also be required upon project completion.**

- Unit number
- Unit size (number of bedrooms)
- Unit occupancy (vacant or occupied)
- Household income in relation to median family income
- Number of people in the household
- Race and ethnicity of the head of household
- Household characteristics (elderly, female-head of household, disability, etc.)
- Total existing monthly rent (including utilities)
- Proposed monthly rent (including utilities) after renovations
- Identification of utilities included in rent and utilities to be paid by tenant
- Type of rental assistance, if applicable (Housing Choice Voucher, other assistance, no assistance)

15) Provide a cost breakdown for this project. (Davis-Bacon wage rates may apply to CDBG projects with more than eight units.)

DESCRIPTION	DOLLAR AMOUNT
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL ESTIMATED COST OF THIS ACTIVITY	$

Cost estimates and specifications must be prepared by qualified engineers/architects.

Cost estimate supplied by:
Name: _____
Title: _____
Address: _____
_____

16) List and identify by name all funding sources for this program/activity.

DESCRIPTION	DOLLAR AMOUNT
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
CDBG funding requested for this program/activity	$
TOTAL OF ALL FUNDING SOURCES (Must equal #15 above)	$

17) Are all other funds identified for this project available and/or committed? Yes ☐ No ☐; if no, please identify which funds are not and when they will be.

18) What will be the status of your project if you do not receive CDBG funding, or if you do not receive the full amount requested?

19) Is funding available for cost overruns? Yes ☐ No ☐; if yes, please describe the source and how much is available. If no, how will cost overruns be handled?

20) Environmental Review Status:

Has an Environmental Review been conducted on the project or address (es)? Yes ☐ No ☐

If so what is the date_____ and provide a copy of the Environmental Review.

If not, an Environmental Review ***must*** be conducted prior to any choice limiting action i.e. the purchase of property, disrupting of soil or execution of an agreement.

A request for an Environmental Review can be made to the Community Development Department.

**Please be aware that additional information may be required to determine eligibility of any CDBG activity.*

THIS COMPLETES SECTION C. ***RENOVATION/ACQUISITION OF EXISTING HOUSING***

GO TO THE CERTIFICATION ON PAGE 28.

SECTION D: NEW HOUSING CONSTRUCTION

1) Property address:

2) Legal description of property:

3) Do you currently own the property? Yes ☐ No ☐; if you do not own the property, do you have an agreement to purchase? Yes ☐ No ☐; if yes, please attach a copy. If you do not own the property, list the name and address of the owner(s).

4) Assessed or appraised value of the property:

5) How many units will be in the project upon completion?

6) How many units will be made exclusively to households within the following categories?

at or below 30% of the area median income (AMI)	
at or below 50% AMI	
at or below 60% AMI	
at or below 80% AMI	
above 80% AMI	

7) All projects must include projected timelines as identified below. Projects that do not proceed or meet completion/expenditure timelines may be canceled with the remaining funding being reallocated by Community Development to other eligible programs, projects, or activities.

	Insert dates
--Receipt of all funding commitments identified for this project	
--Acquisition (if applicable)	
--Plans/specifications prepared	
--Solicitation of bids	
--Bid award	
--Start of construction	
--Completion date	

8) Describe the proposed project.

9) Attach a proposed site plan and floor plan of the property.

10) Attach a 15-year operating income and expense projection for the project and rate of return on investment.

11) Attach a separate sheet to include the following information for each unit.
- Proposed monthly rent/sales price of each unit
- Occupancy restrictions for each unit (household income in relation to the median family income)
- Project characteristics (i.e., congregate care for the elderly, etc.)
- Identification of utilities included in rent and utilities to be paid by tenant

This following information will be required upon project completion.
- Unit number
- Unit size (number of bedrooms)
- Unit occupancy (vacant or occupied)
- Household income in relation to median family income
- Number of people in the household
- Race and ethnicity of the head of household
- Household characteristics (elderly, female-head of household, disability, etc.)
- Total existing monthly rent (including utilities)
- Proposed monthly rent (including utilities) after renovations
- Identification of utilities included in rent and utilities to be paid by tenant
- Type of rental assistance, if applicable (Section 8 certificate or voucher, other assistance, no assistance)

12) Provide a cost breakdown for this project. (Davis-Bacon wage rates may apply to CDBG projects with more than eight units.)

DESCRIPTION	DOLLAR AMOUNT
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL ESTIMATED COST OF THIS ACTIVITY	$

Cost estimates and specifications must be prepared by qualified engineers/architects.

Cost estimate supplied by:
Name: _____
Title: _____
Address: _____
_____

13) List and identify by name all funding sources for this program/activity.

DESCRIPTION	DOLLAR AMOUNT
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
CDBG funding requested for this program/activity	$
TOTAL OF ALL FUNDING SOURCES (Must equal #12 above)	$

14) Are all other funds identified for this project available and/or committed? Yes ☐ No ☐; if no, please identify which funds are not and when they will be.

15) What will be the status of your project if you do not receive CDBG funding, or if you do not receive the full amount requested?

16) Is funding available for cost overruns? Yes ☐ No ☐; if yes, please describe the source and how much is available. If no, how will cost overruns be handled?

17) Environmental Review Status:

Has an Environmental Review been conducted on the project or address (es)? Yes ☐ No ☐

If so what is the date_____ and provide a copy of the Environmental Review.

If not, an Environmental Review ***must*** be conducted prior to any choice limiting action i.e. the purchase of property, disrupting of soil or execution of an agreement.

A request for an Environmental Review can be made to the Community Development Department.

**Please be aware that additional information may be required to determine eligibility of any CDBG activity.*

THIS COMPLETES SECTION D. ***NEW HOUSING CONSTRUCTION***

GO TO THE CERTIFICATION ON PAGE 28.

SECTION E: ***ECONOMIC DEVELOPMENT***

1) Describe in detail your proposed activity.

2) Check the one box that most accurately describes the eligibility of the activity.

- ☐ Special economic development activity
- ☐ Economic development undertaken by a community based development organization
- ☐ Technical assistance to a business
- ☐ Microenterprise development
- ☐ Technical assistance to a business
- ☐ Commercial rehabilitation
- ☐ Public facilities and improvements
- ☐ Job training
- ☐ Other, please describe:

3) Check the one box that most accurately describes the objective.

- ☐ Economic activity that benefits a low or moderate income area (i.e. at least 51 percent of the occupants of the defined neighborhood have incomes at or below 80 percent of the median family income)
- ☐ Economic activity that benefits a microenterprise where the owner of the business has an income at or below 80 percent of the median family income
- ☐ Economic activity designed to create or retain permanent jobs, at least 51 percent of which will be made available to or held by persons whose income is at or below 80 percent of median family income.
- ☐ Economic development activity, such as commercial rehabilitation, which will aid in the prevent of elimination of slum or blighted
- ☐ Other, please describe:

4) What is the specific goal or measurable outcome that will be achieved as a result of the activity?

5) How many jobs will be created or maintained by the activity in the 12-month period for which funding is being requested?

6) Will information on family size and income of the beneficiaries be obtained and verified by your organization? Yes ☐ No ☐

7) All projects must include projected timelines as identified below. Projects that do not proceed or meet completion/expenditure timelines may be canceled with the remaining funding being reallocated by Community Development to other eligible programs, projects, or activities.

Insert dates	
	--Receipt of all funding commitments identified for this project
	--Acquisition (if applicable)
	--Plans/specifications prepared
	--Solicitation of bids
	--Bid award
	--Start of construction
	--Completion date

8) Provide a cost breakdown for the project. (Davis-Bacon wage rates will likely apply.)

DESCRIPTION	**DOLLAR AMOUNT**
	$
	$
	$
	$
	$
	$
	$
TOTAL ESTIMATED COST OF THIS ACTIVITY	$

9) List and identify by name all funding sources for this program/activity.

DESCRIPTION	DOLLAR AMOUNT
	$
	$
	$
	$
	$
	$
CDBG funding requested for this program/activity	$
TOTAL OF ALL FUNDING SOURCES (Must equal #8 above)	$

10) Are all other funds identified for this project available and/or committed? Yes ☐ No ☐; if no, please identify which funds are not and when they will be.

11) What will be the status of your project if you do not receive CDBG funding, or if you do not receive the full amount requested?

12) Is funding available for cost overruns? Yes ☐ No ☐; if yes, please describe the source and how much is available. If no, how will cost overruns be handled?

13) Environmental Review Status:

Has an Environmental Review been conducted on the project or address (es)? Yes ☐ No ☐

If so what is the date_____ and provide a copy of the Environmental Review.

If not, an Environmental Review ***must*** be conducted prior to any choice limiting action i.e. the purchase of property, disrupting of soil or execution of an agreement.

A request for an Environmental Review can be made to the Community Development Department.

**Please be aware that additional information may be required to determine eligibility of any CDBG activity.*

THIS COMPLETES SECTION E. *ECONOMIC DEVELOPMENT*

GO TO THE CERTIFICATION ON PAGE 28.

CERTIFICATION

Warning: If you knowingly make a false statement on this form, you may be subject to civil penalties under Section 1001 of Title 18 of United States Code. In addition, any person who knowingly and materially violates any required disclosures of information is subject to civil penalty not to exceed $10,000 for each offense.

I certify that I have read and understand all the instructions related to this application and the information provided is true and correct.

_____ / _____		_____ / _____	
Signature of Director/Owner	Date	Signature of Board President	Date

Certification must be signed by any and all owners.

_____ / _____		_____ / _____	
Signature of Owner	Date	Signature of Owner	Date
_____ / _____		_____ / _____	
Signature of Owner	Date	Signature of Owner	Date
_____ / _____		_____ / _____	
Signature of Owner	Date	Signature of Owner	Date

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees, consultants and public officials of the Unified Government from participation on behalf of the Unified Government in any transaction in which they have an apparent or actual financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, its staff, program beneficiaries or any of the applicants Board of Directors would be in conflict of interest.

A. Is there, any member(s) of the applicant's staff or any member (s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a Unified Government employee, consultant, or a member of the Unified Government Board of Commissioners?

Yes_____ No_____
If yes please list the name(s) below:

_____ _____

_____ _____

B. Will the CDBG funds requested by the applicant be used to award a subcontractor to any individual(s) or business affiliated(s) who currently is or has/have been within one year of the date of this application a Unified Government employee, consultant, or a member of the Unified Government Board of Commissioners?

Yes_____ No_____
If yes please list the name(s) below:

_____ _____

_____ _____

C. Is there, any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a Unified Government employee, consultant, or a member of the Unified Government Board of Commissioners?

Yes_____ No_____
If yes please list the name(s) below:

_____ _____

_____ _____

If you have answered "YES" to any of the above, the Community Development Department will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: _____

Name of Applicant's Authorized Official: _____

Authorized Official's Title:_____

Signature of Authorized Official: _____Date:_____

IMPORTANT

- ✓ **Return original application to Community Development by <u>ENTER DATE HERE.</u>**
- ✓ **Applicants must provide a copy of the agency's By-laws and/or Articles of Incorporation.**
- ✓ **Applicants must provide a copy of the agency's current Board Roster.**
- ✓ **Nonprofit organizations must include an audited financial statement with their application.**
- ✓ **Please be aware that additional information may be required to determine eligibility of any CDBG activity.**

Timeline - CDBG APPLICATION PROCESS

February, 2014	Development of **UG Citizen, Community Organization & Commissioner Funding Proposal Form by Finance Department/Prepared by the Budget Office** to be used for UG and CDBG application process. The form was used for 2014 and 2015 application process.
June 25, 2015	CDBG Budget Committee made recommendations about the proposal process to the CDBG Committee of the Whole • Suggested proposals for funding be limited to specific commission priority such as housing redevelopment in order to concentrate resources • Suggested that all agencies apply during the proposal process, including agencies with annual funding (for all fund sources)
July 16, 2015	Full Commission Budget Workshop – discussion from Commission regarding the application process including the application document, publicizing of proposal process, possible separation of UG and CDBG application process, targeting use of CDBG funds, etc.
September, 2015	CD staff began development of draft 2016 Application for CDBG Funding
Sept. 18, 2015	**CDBG funds available for reallocation include $258,000 from ABC 26th Street project and $350,000 from the Redevelopment Housing/Economic Development (Bricks & Mortar) for a total of $608,000**
Sept. 28, 2015	Discussion of the reallocation of CDBG funds for brick and mortar projects. Review of timelines for Highland Crest Redevelopment project, Argentine Betterment Corporation Project located at 1351 S. 26th Street, Redevelopment Housing/Economic Development Bricks and Mortar funds (previously named Argentine & Highland Crest Economic Development project) timeline for CDBG application process and presentation of example of 2016 application for CDBG funding. Standing Committee directed staff to finalize the 2016 Application for CDBG Funding. Standing

	Committee also developed timeline for implementation of grant application process.
Oct. 26, 2015	Administration and Human Services Standing Committee review of finalized 2016 Application for CDBG Funding. Staff are also requesting Committee approval to fast track RFA to Full Commission for approval on October 29, 2015. Staff is also requesting approval to implement the application process plan (see attached).

2016 CDBG APPLICATION PROCESS

TIMELINE:

Week of November 2, 2015

Issue request for 2016 Applications for CDBG Funding as described in marketing plan below

December 11, 2015

Deadline for application Submission

December 12, 2015 through January 6, 2015

Staff evaluates and ranks application submissions

January 19, 2016

Staff presents evaluations and recommendations for funding to Administration and Human Services Standing Committee

MARKETING PLAN:

Advertise: The Echo, Call, KC Globe, Dos Mundos, KC Hispanic News

Online: Unified Government website, UG ENews, Wyandotte Daily News, Kansan

Notify: UG Commission and Administration

- Liveable Neighborhoods
- Wyandotte Economic Development Corporation
- Chamber of Commerce
- Black Chamber of Commerce
- Hispanic Chamber of Commerce
- United Way
- Housing Organizations including CHWC, Heartland Habitat for Humanity, Mt. Carmel Redevelopment, Northeast Economic Development Corporation
- Continuum of Care organizations
- Other organizations as suggested

Staff Request for Commission Action

Tracking No. 15144

Full Commission Meeting Date: 10/26/2015
Committee: Administration & Human Services

Date of Standing Committee Action: 10/26/15
Full Commission Date: 11/12/15

(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
10/06/2015	Terry Brecheisen, Director	x6707	tbrecheisen@wycokc.org	Health Department

Item Description:
The Unified Government Public Health Department's WIC program has applied for a $3,000.00 Kansas Based Breastfeeding Promotion Projects grant from the Impact Funding Team organization. The funds received from this one year grant will be used to purchase incentives and refreshments for the monthly breastfeeding support group, and for upgrades to WIC's breastfeeding room. The goal is to increase breastfeeding initiation and duration rates. No cash match required.

Action Requested:
Approval of grant application.

Budget Impact: (if applicable)
Amount: $0.00
Source:
Included In Budget:
Other (explain): Grant funding request

Attachments List:
Application

NEW THIS WEEK: **GRANT TITLE: Kansas-Based Breastfeeding Promotion Projects**

TYPE OF GRANT: Private

GRANTING AGENCY: Impact Funding Team

DUE DATE: September 14, 2015

PROGRAM DETAILS: projects designed to increase breastfeeding rates among residents of Kansas.

One-year grants of up to $3,000 will be awarded to projects designed to improve breastfeeding rates — initiation, duration, or both — in the state. Supported activities should fall within the best breastfeeding practices laid out in the Centers for Disease Control's Guide to Strategies to Support Breastfeeding Mothers and Babies. Priority will be given to programs that involve multiple Kansas communities; provide benefits beyond the grant year; and that address cultural and racial disparities.

AWARD PERIOD: One year

AWARD AMOUNT: Up to $3,000

ELIGIBLE AGENCIES: Kansas-based organizations with tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and/or qualifying as public charities under provisions of Section 509(a)(1) and (2) are eligible to apply. Governmental entities of the State of Kansas and its local units of government also are eligible to apply.

LINK: http://impactfundingteam.org/wp2/?page_id=388

NEW THIS WEEK: **GRANT TITLE: Minority HIV/AIDS Research Initiative (MARI) to Build HIV Prevention, Treatment and Research Capacity**

TYPE OF GRANT: Federal

GRANTING AGENCY: Centers for Disease Control and Prevention

DUE DATE: October 14, 2015

PROGRAM DETAILS: The overall objective of this teaching/mentored award program is to prepare qualified individuals for careers that have a significant impact on the HIV/AIDS-related research needs of the nation, especially in highly-affected minority communities. The objective of the Minority HIV/AIDS Research Initiative (MARI) Award

Impact Funding Team

2015 Breastfeeding Grants proposal form - Print page [click here to return to form]

A. Contacts and Project Basics

Applicant organization name

Unified Government of Wyandotte County WIC Program

Applicant organization contact information

Ashley Hart
Breastfeeding Coordinator
619 Ann Ave
Kansas City, KS 66101
Wyandotte County

Ph.913-573-8811
Fax 913-573-6768

ahart@wycokck.org
http://www.wycokck.org/Internetdept.aspx?id=678&menu_id=958&banner=15284

Org. type: Governmental
If other, describe:

Fiscal agent organization (if applicable) contact information

Unified Government of Wyandotte County
John Werner
Fiscal Officer
619 Ann Ave
Kansas City, KS 66101
Wyandotte County

Ph.913-573-6738
Fax 913-321-7932

jwerner@wycokck.org
none

Org. Type: Government

Grant project director contact information

Notes/comments: Grant Project Director is also the Primary contact. Please use the previous information for contacting the Grant Project Director.

,

Ph.

Mobile

Project basics

Project title: The Lactation Club Funding

Request amount: $3000

Funding start date: 1/1/2016
Funding end date: 12/31/2016

Will project continue after grant ends? Yes
If project will continue, how will long-term funding be developed?

The funding for our WIC program does not allow us to purchase incentives or refreshments for our breastfeeding support groups. Once items are purchased and the support group becomes stabilized, additional funding might not be necessary. We would still seek further funding for refreshments and incentives, but at a much lower cost.

Population to be served:

We serve 6,500 women, infants and children in Wyandotte County. About 50% of our clients are pregnant and breastfeeding moms. We are about 62% white, 26%, Black, 9% Asian, and 1% American Indian, with 50% Hispanic ethnicity. Our Asian population is due to the high number of refugees housed here in Wyandotte County. Our refugee and immigrant population primarily comes from Burma and Bhutan.

Geographic area to be served:
Our WIC program is located in the urban core of Kansas City, KS and we are housed in the Public Health Department. The majority of our clients live in the urban area of Wyandotte County and a smaller portion of our clients live in the rural area of the county.

Project summary:

Increase our duration breastfeeding rate for the Wyandotte County WIC Program by enhancing our breastfeeding support group and making improvements to our breastfeeding room. We believe that if we had access to more breastfeeding incentives we could increase attendance to the support groups and therefore increase our duration breastfeeding rate. We would like to update our breastfeeding room to create a more comfortable environment for our WIC moms to breastfeed.

B. Narrative section

Applicant organization's mission, history, and experience

The Mission of the Kansas WIC program is "To improve the nutritional well-being and health status of Women who are pregnant, postpartum or breastfeeding; Infants up to age one and Children up to age five." Our vision is to have healthy moms, full-term breastfed infants and healthy children. We believe that breastfeeding is important not only for the health of the baby, but for mom as well.

The Wyandotte County WIC Program has received the Breastfeeding Peer Counselor Grant since 2005. The goal of the grant was to improve the breastfeeding initiation and duration rates of our WIC clinic. In 2004, our breastfeeding initiation rate was 51% and the duration rate was 13%. In 2015, our breastfeeding initiation rate is 72% and our duration rate is 24%. In order to achieve this increase our Breastfeeding Peer Counselors (BFPC) contact our mothers during their pregnancy, right before they deliver, and then once the baby is born. The BFPC is available to them for help with breastfeeding for the first year of their infant's life. The BFPC program has been a great asset to our WIC program because it has helped us increase our initiation and duration rates. We still have a ways to go to meet the Healthy People 2020 goal of 81.9% initiation rate and 60.6% continuing to breastfeed at six months.

The BFPCs teach a breastfeeding class and host our English and Spanish support groups. We have had great success with our breastfeeding classes, having at least a 50% show rate at every class, which is offered weekly. The success we have seen with our prenatal classes has helped us increase our initiation rate. We are struggling with increasing our duration rate; attendance has been very poor.

Project description

Project type

We want to focus on increasing our breastfeeding duration rate by increasing the attendance for our breastfeeding support groups. If we could increase the number of moms attending our breastfeeding support groups, then the moms would breastfeed for a longer period of time. We would like to be able to purchase incentives in order to entice participants to the support groups. The incentives would support mom to breastfeed including: nursing bras, cover-ups, and milk storage bags. We would like to provide refreshments for the clients that attend the support groups.

Also, we would like to update our Breastfeeding room for our clients. We already have a space designated as a breastfeeding room. We have two rocking chairs and an infant scale available in the room. We would like to make some improvements by adding side tables for the rocking chairs, put a clock on the wall, have a sound machine available, and have Boppy Pillows available for mom in order to provide more support during the feedings. We would like to put up some new posters on the wall, including posters depicting moms from different cultures and ethnicities.

Broad goals and strategies

Goals:

1. Increase our breastfeeding support group monthly attendance.
2. More mothers will take advantage of our breastfeeding room to breastfeed their babies.

Strategies:

1. Advertise and provide incentives to the breastfeeding support group attendees including: nursing bras, cover ups, milk storage bags and coolers, etc.

2. Update our breastfeeding room in order to create a more welcoming environment for clients to breastfeed their babies.

Project personnel and their qualifications

The project head would be Ashley Hart, Breastfeeding Coordinator for the Wyandotte County WIC Program. She has a Master's degree in Dietetics and Nutrition, is a Registered Dietitian, and is a Certified Breastfeeding Educator.

The Breastfeeding Peer Counselors include: Monica Palomeque-Murillo and Julie Walker. Both have experience in breastfeeding their babies for at least year, and they both are Certified Breastfeeding Educators.

Project outcomes and measures

Outcomes expected through this project and how progress will be measured

Please describe the outcomes expected through this project and how progress toward those outcomes will be measured.

By increasing our support group attendance we hope to see an increase in our duration breastfeeding rate. We have done well in the last few years of maintaining our initiation rate, but have not seen much of an increase in our duration rate. We believe that if we received funding for our support group and our breastfeeding room, we could get more of our WIC mothers to breastfeed for a longer period of time. Also, we could get closer to the Healthy People 2020 goal of a 60.6% duration rate.

The Wyandotte County Health Rankings are among the lowest in the state of Kansas. We believe that by increasing our duration rate, we could improve the health of our county by decreasing the incidence of chronic disease and obesity.

Project timeline

January 2016: procurement of breastfeeding support group incentives. Start giving out incentives at the January Support Group.

February-December 2016: Continue to give out incentives at the monthly support groups. In February of 2016, we would make improvements to our breastfeeding room.

C. Project Budget

Income
#1. $3000 | Impact Funding Team Grant

Expenses

#1. $324 | Breastfeeding Cover Ups

Purchase 48 cover ups (2 per support group each month) x $6.75 (Mommie's Only Club Maternity Fashions)= 324.

#2. $960 | Nursing Bras

Purchase 48 bras (2 per support group each month) x $20= $960.

#3. $180 | Milk Storage Bags

Purchase 12 packages x $15= $180.

#4. $446 | Healthy Baby Bag- Milk Storage Coolers

Purchase 140 Milk Storage Coolers x $3.19 (Fresh Baby)= 446.60

#5. $96 | Plastic Gift Bags

Purchase plastic gift bags to put breastfeeding information/magnets/pens, etc. Purchase 12 packages of bags x $8.00= $96.00.

#6. $112 | Breastfeeding Pens

Purchase 8 packages of pens x $14.00 (Noodle Soup)= 112.00.

#7. $140 | Milk Storage Magnents

Purchase 200 magnets x $0.70 (Noodle Soup)= 140.00

#8. $60 | Breastfeeding Peer Counselor Shirts

Purchase 2 shirts for 2 Breastfeeding Peer Counselors x $15.00= $60.00.

#9. $360 | Refreshments for Support Group

Purchase refreshments for the Breastfeeding Support group- $30x 12 months= $360.

#10. $20 | Water Pitcher

Purchase a large water pitcher for support group.

#11. $60 | Boppy Pillows

Purchase 2 Boppy Pillows to be utilized by Breastfeeding Peer Counselors in helping moms to Breastfeed.

#12. $30 | Boppy Pillow Covers

Purchase 2 Boppy Pillow covers.

#13. $30 | Sound Machine for Breastfeeding Room

Purchase a sound machine for the breastfeeding room.

#14. $60 | Side Tables for Breastfeeding Room

Purchase 2 small side tables at $30 a piece.

#15. $60 | Table Cloths

Purchase 3 table cloths, 2 cloth for new side tables and 1 table cloth for our existing table.

#16. $60 | Picture Frames

Purchase 2 picture frames for two posters (we already have the posters).

In-kind Support

#1. $2600 | Breastfeeding Peer Counselors

#2. $4800 | Breastfeeding Coordinator/Administration

D. Attachments

(please list all attachments you will be forwarding with your proposal)

Staff Request for Commission Action

Tracking No. 15161

Full Commission Meeting Date: 10/26/2015
Committee: Administration & Human Services

Date of Standing Committee Action: 10/26/2015
Full Commission date 11/12/2015
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
10/14/2015	Terry Brecheisen, Director	x6707	tbrecheisen@wycokc.org	Health Department

Item Description:
The UG Public Health Department has applied for a March of Dimes "Baby and Me Tobacco Free" grant in the amount of $4,999.00. This program will provide evidence based tobacco cessation to pregnant women in Wyandotte County. This program will use incentives to entice women to cease using tobacco products during pregnancy and for 12 months post delivery to increase the probability of long term tobacco cessation and a smoke free healthy environment for the infant.
No match required

Action Requested:
Approval of grant application

Budget Impact: (if applicable)
Amount: $0.00
Source:
Included In Budget:
Other (explain): Grant funding request

Attachments List:
Grant application

Project Cover Sheet/Overview (2 pages)

Applicant Organization: Unified Government Wyandotte County/Kansas City, Kansas Public Health Department (UGPHD)

Address: 619 Ann Ave
City: Kansas City_____ State: Kansas_____ Zip: 66101_____

Project Title: UGPHD Baby and Me Tobacco Free Program_____

Contact Name : Terrie Garrison_____

Phone: 913-573-6726_____Fax:913-573-6781_____

E-mail: tgarrison@wycokck.org_____

Institution Type (choose one):
[ ] Clinic
[ ] Community-based Organization
[ ] Educational Institution
[x] Health Department (State/Local)
[ ] Other For-Profit Organization
[ ] Professional Association
[ ] Other _____
Have you previously received March of Dimes grant funding for the same project in the last 5 years?
[ ] No [X] Yes, please specify years 2014-2015

Is this a proposal for a multi-year project? [X] No [ ] Yes, please specify # years_____

Please provide a brief synopsis of your project (2-3 sentences are sufficient):
The UGPHD will provide an evidence based tobacco cessation program, Baby and Me Tobacco Free (BMTF), to pregnant women within the Wyandotte County community. This program incentivizes pregnant women to cease using tobacco products during pregnancy and for 12 months post delivery to increase the probability of long term tobacco cessation and a smoke free healthy environment for the infant.

Please list the **one primary March of Dimes priority funding area** that the proposal addresses (funding priority areas listed in Section II):
Address racial/ethnic/low socio-economic disparities in Kansas preterm birth and infant mortality rates by increasing health education and information/referral services available to pregnant women who use tobacco, alcohol or drugs.

Please list the **one primary and one secondary purpose category** that the proposal addresses (categories listed in Appendix B above):

Primary: Prenatal education and social support_____
Secondary: Risk reduction education/services (smoking cessation)_____
Approximately how many **unduplicated** individuals will be served during year one? 100_____

Does this project target adolescents (17 and under)? [ ] Yes [X] No

Does this project aim to reduce disparities? [X] Yes [ ] No

Select the race/ethnicity of the *majority* of individuals expected to be served by this project (if applicable):

RACE:

[X] White
[X] Black or African American
[ ] American Indian or Alaska Native
[ ] Asian
[ ] Native Hawaiian or Other Pacific Islander
[ ] Other

ETHNICITY:

[X] Hispanic

Please indicate what will be measured and reported on throughout the project:
[X] Change in knowledge [X] Change in behavior [ ] Change in birth outcomes
[ ] Other _____

Does the budget include funds for a consultant or other subcontract? [ ] Yes [X] No

Does the budget include funds to conduct an evaluation? [ ] Yes [X] No

Will your agency or an evaluator be collecting personal health information (PHI) from any individuals? [X] Yes [ ] No

Will your agency or an evaluator be seeking the following?
[ ] Full review by an Institutional Review Board (IRB)
[ ] Expedited review by an Institutional Review Board (IRB)
[X] No review by an Institutional Review Board (IRB)

Total amount requested: $4,999.99 Cost per individual: $49.99

Is your agency willing to accept partial funding? [ ] Yes [X] No

If awarded, check should be made out to: Unified Government Treasurer

Terrie Garrison — 10/09/2015 — Terrie Garrison, Deputy Director
Signature – Project Director | Date | Type Name and Title

APPLICATION SUBMISSION CHECKLIST

Please refer to the following checklist to ensure that your application submission is complete.

☑ Application (narrative section) is no longer than 5 pages.

☑ Project narrative includes all five required components.

☑ Priority area is clearly identified and project objective/s and activities are tightly focused on the selected priority area.

☑ Grant amount requested falls within the allowable range, and requested line items fall within allowable cost items.

☑ Budget totals have been checked for accuracy.

☑ Application includes all required attachments

- Completed and signed Cover Sheet (indicate one priority area)
- Completed and signed Budget Form
- Completed Objectives, Methods/Activities & Outcomes Form

☐ Submission includes 2 copies-one pdf electronically and one mailed to:
Shalae Harris, Interim Director of Program Services & Government Affairs
March of Dimes Greater Kansas Chapter
4400 College Blvd., Ste. 180
Overland Park, KS. 66211

Applications must be received by 5:00PM on October 9, 2015.
Late applications will not be accepted. No exceptions.

Project Narrative

A. Project Need: Wyandotte County has been ranked the unhealthiest county in Kansas according to the University of Wisconsin Population Health Institute County Health rankings of 2011_96th of 98 counties ranked. These rankings were based on morbidity/mortality rates, health behaviors, clinical care, social and economic factors, as well as the physical environment. There has been significant evidence that shows smoking during pregnancy contributes to premature births, low birth weight rate and stillbirths and that continued smoking during the postpartum period increases the child's risk of allergies/asthma, respiratory and ear infection as well as sudden infant death syndrome. According to the Kansas Department of Health and Environment Office of Vital Statistics 2011-2013 report 10.7 percent of pregnant women in Wyandotte County report smoking sometime during their pregnancy, that along with Wyandotte County's percent of live births with low birth weight (< 2500grams) at 8.0 as compared to Kansas at 7.2 and the national benchmark of 6.0, infant mortality rate of 8.46 per 1,000 live births compared to Kansas at 6.3 per 1000 live births and the healthy people 2020 goal of 6.0 per 1000, there is a demonstrated need for a pregnancy/postpartum smoking cessation program such as Baby and Me Tobacco Free within Wyandotte County.

B. Description:

a. Project Impact: The health of a county, state or country is dependent on many things and not just one entity or program will completely change the health of a community, however as a community many programs/entities are necessary to impact a problem to improve anything. This program will not fully reverse the poor maternal and infant health outcomes in Wyandotte County; it will however be a positive step to the health improvement of our most vulnerable populations and an ignition to other programs/entities to impact the array of health problems faced by this county's maternal/infant/ child population. By following best clinical practices guidelines this program will collaborate with

community partners that serve the prenatal population and will ask, advise, assess and assist clients to quit using tobacco products not just during pregnancy but for a lifetime.

b. Target Population: The population that will be targeted for this program is any pregnant Wyandotte County woman that indicates to her health care provider a willingness to quit utilizing tobacco. We hope to provide the education and quitline resources to 100 pregnant tobacco users and have 50% of those start the program and successfully quit and remain tobacco free for a full 12 months postpartum.

c. Project Progress: Program evaluation will be conducted using the evaluation tools available through the Kansas Quitline, and the CO testing conducted as part of the program. All data points collected will be shared with the Kansas City March of Dimes and Kansas Department of Health and Environment (KDHE) as part of their state-wide program evaluation plan. In addition to these tools, the UGPHD will measure process outcomes by asking participants to complete attendance sheets, overall satisfaction surveys, and teacher satisfaction surveys.

d. Capacity and Sustainability: The Unified Government Public Health Department's vision is to lead the way to a healthier community and cleaner environment through community partnerships and the support of the Unified Government, toward this end the UGPHD will be the lead agency for this project. The UGPHD has been the recipient of the Title V maternal and child block grant since its' inception and continues to provide pregnancy testing and counseling, prenatal education classes and referrals to prenatal care providers and other resources both in-house , Women, Infant and Children (WIC)services and in the community, Early Head Start (Project Eagle).

The Program Manager for Clinical Services will be responsible for this project to include supervision of the education coordinator, and other staff as needed. Shirley Chase is a Healthy Start Home Visitor for the UGPHD and has worked with the pregnant population of Wyandotte County for 15 years. Shirley will be assigned as the education coordinator for this program to include provision of the education classes, performing the required testing of the participants, and assisting with data collection and reporting requirements of the grant.

The goal of this project is to assist pregnant women and their partners to discontinue the use of tobacco products to improve the birth outcome of their baby, to provide a healthier living environment for the newborn child, and a healthier long-term lifestyle for the family, to this end some of the UGPHD current Title V MCH funding and Chronic Disease Risk Reduction funds could be utilized for continuation of this program. This grant will provide funding for CO testing supplies and participant incentives. The evaluation results from this initial program we hope will enable us to provide evidence that educational and incentive based programs do make a difference in the overall health of our families and community and that will allow us to leverage this information to other potential funders in the community that has a mission to improve the health of the community and/or maternal-child health specifically. We will also work with the local chapters of the Rotary, Kiwanis, and other social services groups and women's church groups for donations and incentives.

e. Collaborating Organizations: This project has as its primary agency the UGPHD which has a rich history of collaborating with both public and private entities in the community to promote the health and well-being of the county population. Each of these agencies/individuals will provide the following: Kansas University Medical Center Departments of Obstetrics and Gynecology and Family Practice, as well as Swope Health Wyandotte the community's Federally Qualified Health Center (FQHC) will disseminate program information to their prenatal patient population and provide referrals to the program. The UGPHD has many other collaborative partners in the community that will provide supportive services such as Wyandot, Inc, for mental health services, community safety net clinics for primary care services such as Duchesne clinic, as well as other community service agencies, and churches.

C. Project Objective, Methods/Activities& Outcomes Form:

Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Additional information about objectives and outcomes can be found in Appendix C.

Description of Objective and Activities to Achieve Objectives	**Person/ Agency Responsible**	**Start/End Dates**	**Number of Individuals *Expected* to be Served/ Reached/ Educated**	**Description of *Expected* Outcomes/Impact**
OBJECTIVE # 1 **By November 2016, at least 50% of the participants that complete the Baby and Me Tobacco Free program will have successfully ceased using tobacco as evidenced by CO testing.**	BMTF Instructor	12/01/15 to 11/30/16	50	Information provided through the BMTF education program and the support resources from the Kansas Quitline will aid participants in lifestyle changes to become permanently tobacco free.
4. Activity Actively recruit pregnant women that report using tobacco products before and during pregnancy to participate in the program.	Pregnancy test providers; WIC program; BAM Classes	12/01/15 through 11/30/16	100	Informational program flyers will be distributed to all programs within the UGPHD that works with pregnant women to include but not limited to WIC, MIECHV and Title V MCH.
5. Activity Provide the BMTF education classes and Kansas Quitline referral to every program participant.	BMTF Instructor	12/01/15 through 11/30/16	100	Program participants will actively participate and utilize the Kansas quitline resource and support tools as reported by the Quitline data.
6. Activity Complete monthly CO testing on program participants and provide BMTF diaper voucher incentives to individuals that successfully pass the testing.	BMTF Instructor	12/01/15 through 11/30/16	50	The BMTF instructor will maintain a spreadsheet with each participant's monthly CO levels and vouchers earned/given; also the National BMTF program tracks the redemption of the incentive vouchers.
Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data. Results from participants CO testing, follow up information from the Kansas Quitline and participant's evaluation of the program will all be tools utilized to evaluate the success of the program. Baseline data will be collected throughout the first year of this program.				

D. Project Visibility: Impact measures will be communicated annually to all partners involved with the UGPHD's MCH Title V program to include but not limited to the Fetal Infant Mortality Review program (FIMR), the Becoming a Mom initiative, MIECHV program, and Women Infant and Children Food Supplemental program (WIC). All data collected during the program evaluation will be shared with the Kansas City March of Dimes and Kansas Department Health & Environment in order to supplement the state-wide impact assessment of the Baby and Me Tobacco Free® program and the Kansas Quitline service. March of Dimes will be represented on all materials used in the promotion of the Baby and Me Tobacco Free ® program. This will hold true for the Baby and Me Tobacco Free materials, the March of Dimes' materials as well as any materials created in-house to supplement the program advertisement and implementation. In addition, all communication with community partners concerning the planning, implementation, or impact of the program will include a reference to March of Dimes.

E. Budget:

a. **Salary:** The budgeted salary amount is for the instructor to teach the Baby and Me Tobacco Free curriculum and administering and documenting the CO testing, and distribution of the diaper voucher incentive to those that qualify.

i. Shirley Chase Healthy Start Home Visitor: $1,333.33/month x .0125, 2 hours per month = $16.66 x 12 months per year = $199.99

b. **Expendable Supplies:** $25.00 per diaper voucher x 12 months = $300.00 per client, 16 clients complete full 12 months tobacco free = $4800.00

Budget Form and Written Justification. Complete the budget form and provide a one-page written budget justification to detail the items on the budget form. Please include the calculation(s) used to estimate costs. The attached budget form is not acceptable without a written budget justification.

If you are submitting a multi-year proposal, include a copy of your agency's most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet.

BUDGET (see application guidelines for an explanation of allowable/not allowable expenses)	PROPOSED Year 1	Year 2 (if submitting a multi-year proposal)	Year 3 (if submitting a multi-year proposal)
A. Salaries (include name, position, and FTE)			
Instructor Shirley Chase $1,333.33/month x .0125=16.66 x12 = $199.99	$199.99		
Sub-total A	**$0**	**$0**	**$0**
B. Materials and Supplies			
BMTF Diaper Vouchers $25.00 per voucher	$4800.00		
Sub-total B	**$0**	**$0**	**$0**
C. Equipment			
Sub-total C	**$0**	**$0**	**$0**
D. Other Expenses/Fees			
Sub-total D	**$0**	**$0**	**$0**
TOTAL COSTS (Sub-total A+B+C+D)	**$4,999.99**	**$0**	**$0**
Indirect Costs 10% (only for proposals $25,000 or over)			
TOTAL AMOUNT REQUESTED	**$4,999.99**	**$0**	**$0**

Terrie Garrison 10/09/2015 Terrie Garrison, Deputy Director

Signature - Primary Staff Person | Date | Type Name and Title

Staff Request for Commission Action

Tracking No. 15172

Full Commission Meeting Date: 10/26/2015
Committee: Administration & Human Services

Date of Standing Committee Action: 10/26/15
Full Commission Date: 11/12/15
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
10/15/2015	Ken Moore, Deputy Chief Counsel	x5070	kjmoore@wycokck.org	Administrator's Office

Item Description:
New policy authorizing administrative approval of grants.

Information forthcoming.

Action Requested:

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
Grant Application and Acceptance Policy

GRANT APPLICATION and ACCEPTANCE POLICY

(Draft 10/26/15)

The Unified Government is presented and seeks the opportunity to utilize grant funds to supplement and expand the core and discretionary operations and services it provides. This policy governs the grant application and acceptance process. To the extent practical, this policy follows the intent of the Budget Policy adopted by the Commission on 12/19/13. In all circumstances, any necessary or required budget revision is subject to that Budget Policy.

For purposes of this policy, there are 3 categories of grants with differing controls as follows:

1) **Grants less than $50,000 which requires matching or supplemental UG funds of less than $10,000.**
   The Budget Policy authorizes the County Administrator to manage Department expenditures of less than $10,000. Grants in this category are subject to that policy and the application and acceptance of such grants do not require Commission review or approval. Notice of such application and acceptance will be provided to the Commission as part of the Weekly Business Material.

2) **Grants less than $50,000 which requires matching or supplemental UG funds greater than $10,000 but less than the grant amount.**
   The Budget Policy authorizes the County Administrator to approve certain budget revisions from $10,000 to $50,000 subject to the approval of the Mayor, or Mayor pro-tem if the Mayor is absent.
   a) Grants in this category which are considered a core UG function or service are subject to that policy and the application and acceptance of such grants are within the authority of the County Administrator subject to the approval of the Mayor, or Mayor pro-tem if the Mayor is absent. Such applications will be reported to the appropriate Standing Committee, and notice of such application and acceptance will be provided to the Commission as part of the Weekly Business Material.
   b) Grants in this category which are considered a discretionary function or service as determined by the Mayor, requires Commission action. The

application for such grants is subject to the approval of the appropriate Standing Committee and Commission. If approved by the Commission, the award and acceptance of the grant will be reported to that Standing Committee and notice will be provided to the Commission as part of the Weekly Business Material.

3) **Grants greater than $50,000 which requires matching or supplemental funds greater than $50,000.**

   The application for such grants is subject to the approval of the appropriate Standing Committee and Commission. If approved by the Commission, the award and acceptance of the grant will be reported to that Standing Committee and notice will be provided to the Commission as part of the Weekly Business Material.