



COMMUNITY SERVICES ADVISORY BOARD AGENDA

Wednesday, May 18, 2022
5:30 p.m.

Residents and advisory board members can attend the meeting virtually by joining via the Zoom link below:

[Join Zoom Meeting](https://us06web.zoom.us/j/87084192528)
<https://us06web.zoom.us/j/87084192528>

Meeting ID: 870 8419 2528
Dial by your location
253-215-8782 (Tacoma)

Residents can virtually attend advisory board meetings by watching them live on the city's YouTube channel: <https://youtube.com/user/cityoflakewoodwa>

CSAB MEMBERS

CHAIR
Sarah Yamamoto

VICE-CHAIR
Edith Owen-Wallace

Michael Lacadie
Laurie Maus
Elisapeta Scanlan
Dirk Wooten

STAFF

Shannon Bennett
Mary Dodsworth

COUNCIL LIAISON

Linda Farmer

CALL TO ORDER

PUBLIC COMMENT

MEETING MINUTES:

- Review/approve March 3rd meeting minutes

NEW BUSINESS

- Review 2022-23 Human Services funding priorities
- Review draft application materials and rating criteria

ADJOURNMENT

UPCOMING MEETING DATES - *Please mark your calendars*

- Wednesday, June 15, 2022 5:30 pm
 - Regular Advisory Board meeting

Persons requesting special accommodations or language interpreters should contact 589-2489, as soon as possible in advance of the meeting so that an attempt to provide the special accommodations can be made.



COMMUNITY SERVICES ADVISORY BOARD
Regular Meeting
Wednesday, March 2, 2022
Via Zoom

CALL TO ORDER

Sarah Yamamoto called the meeting to order at 5:42 p.m.

ATTENDANCE VIA ZOOM

Board Members Present: Sarah Yamamoto, Michael Lacadie, Laurie Maus, Edith Owen-Wallace

Board Members Excused: Dirk Wooten, Elizabeth Scanlan

Youth Council Representatives Present: None

City Council Liaison Excused: Linda Farmer

Staff Members Present: Shannon Johnson, Jeff Gumm, Martha Larkin, Dave Bugher

PUBLIC COMMENT

There was no one present who wished to comment.

NEW BUSINESS

- **Review of FY2022 CDBG/HOME Annual Action Plan memo and funding priorities.**

Jeff Gumm, Program Manager reviewed the memo he presented before Council regarding CDBG FY 2022 funding priorities and the Annual Action Plan. He gave detailed information on past funding and he explained that he is estimating next year's funding to increase by approximately 1%.

Mr. Gumm then opened the discussion up for questions. He answered questions about programs and projects that Lakewood could potentially fund in FY 2022 and also about the increasing amount of people impacted by the pandemic. He is proposing that some funds be made available to assist with basic household needs, such as rent, mortgage, utilities and moving expenses.

Ms. Wallace asked if garbage dumping costs could be covered. She said there is more dumping in the Right of Way and pointed out that dump costs are high. Mr. Lacadie echoed her remarks and Mr. Gumm stated that those costs could be paid through a CDBG Emergency Services program on an area benefit basis.

Ms. Yamamoto asked if the City has any proactive plans to help with the updating of water and sewer facilities as mentioned in the City's recent annual housing report to Council. Mr. Bugher stated that General Fund expenditures are part of the work plan. Mr. Gumm added that CDBG has been used for

infrastructure investments in the past, twice in the Tillicum neighborhood for sewer construction. Discussion ensued.

Mr. Gumm then reviewed the timeline for the upcoming Annual Action Plan approval process.

OTHER BUSINESS

Sarah Yamamoto presented on the Lakewood Climate Perception Study
Shannon Bennett presented on the Gateway Arcs request for feedback

ADJOURNMENT

There being no other business, Ms. Yamamoto adjourned the meeting at 6:55 p.m.

Sarah Yamamoto, Chair

Date

DRAFT

Human Services 5 Strategies

Emotional Support Youth

Direct Services for youth and children

Housing& Homeless Prevention

Preventing homelessness in our community

Crisis Stabilization & Advocacy

Making community connections and referrals to advocacy and support groups

Access to Health Care & Behavioral Health

Access to healthcare services

Access to Food

Providing or distributing food to Lakewood youth and families in a variety of ways

AGENCY NAME:

PROGRAM/PROJECT NAME:

NEW OR EXISTING PROGRAM?: NEW EXISTING

PROGRAM AREAS (CHOOSE ONE):

- Emotional Supports & Youth Programming:** "Direct services for children and youth"
- Access to Food:** "Providing or distributing food to Lakewood youth and families in a variety of ways"
- Access to Health & Behavioral Healthcare:** "Access to healthcare services"
- Housing Assistance & Homelessness Prevention:** "Preventing homelessness in our community"
- Crisis Stabilization & Advocacy:** "Making community connections and referrals to advocacy and support services"

Number of Lakewood clients served by this program in 2019:

Number of Lakewood clients to be served in 2020:

What percentage of the total number of clients served by this program in 2020 are anticipated to be Lakewood residents?:

PROGRAM DESCRIPTION (ONE - THREE SENTENCES):

Organizations selected to receive human services funding must be able to:

- Provide proof of general liability insurance coverage of at least \$1 million
- Provide quarterly reports and invoices with back up documentation
- Provide your 501(c)3 determination letter
- Provide E-verify determination letters as necessary
- Commit to an annual site visit by City of Lakewood staff
- Retain client records for seven years

CITY OF LAKEWOOD 2021 HUMAN SERVICES FUNDING APPLICATION

BUDGET AT A GLANCE:

City of Lakewood Funds Requested:	\$
Other Program Funds:	\$
Total Program Budget:	\$

CARES Act Relief Fund Disclosure

If your organization has received or will receive any funding from the CARES Act for 2020, please describe the source of those funds, the program(s) supported, and the duration of the funding:

The 2020 annual agency budget:

AUTHORIZATION TO APPLY: To the best of my knowledge and belief, all information in this application is true and correct. The applicant's governing body has duly authorized this document and if funded will comply with all contractual obligations.

Authorized Representative:

Title:

Date Approved:

Applicants must answer the following questions and provide the requested information in response to this funding application. Please be sure to complete the entire application, including the required budget forms and attachments.

A. Organizational Information

- 1) Provide the organization name, mailing address, physical office address, phone number (include area code) and e-mail address. If the applicant's organization also has a separate office location within Lakewood, please provide information for both the primary and Lakewood office locations.

Organization Legal Name:

Mailing Address:

Physical Street Address (if different from mailing address):

Main Business Phone Number:

Website:

- 2) Provide the name(s) and title(s) of the person(s) authorized to execute a contract on behalf of the organization.

Executive Officer Name and Title:

Email Address:

Phone Number:

- 3) Provide the name(s) and title(s) of the person(s) who serves as the organization's primary point of contact (if different).

Contact Name and Title:

Email Address:

Phone Number:

- 4) Provide the names and number of years the agency has been in business under current or previous names or additional assumed business names.

- 5) Provide the federal tax identification number for the applicant's organization.

B. SUMMARY OF SERVICES

1) PROGRAM DESIGN

1a) Provide a detailed description of the program services to be provided.

- 1b) Describe which City of Lakewood’s Human Services funding strategy best fits this program design and why.

- 1c) What percentage of Lakewood residents directly impacted or served by this program are children (0-15 years) and/or youth (16-24 years)?
- 0-50% 51-75% >75%

- 1d) What are your outreach or engagement strategies to Lakewood residents? Or, how do Lakewood residents find you?

2) SERVICE COORDINATION & PARTNERSHIPS

- 2a) Does your organization collaborate with others and/or link clients to other resources in the community, such as health and behavioral health services, employment services, veterans' services, benefits advocacy and others? If so, how is this achieved and to what services?

3) EFFECTIVE PRACTICES

3a) Describe the program's measurable outcomes. What are the enduring benefits for Lakewood residents and communities?

3b) How do you ensure the quality of this program? How do you incorporate client voice?

4) ACCESSIBILITY & ELIGIBILITY

4a) What criteria is used to determine eligibility for program participation?

4b) How is this program tailored or adapted to reach diverse populations through language, other communications, or physical accommodations?

4c) Describe your organization's commitment to diversity, equity, and inclusion.

4d) What client data is collected for this program and how is it collected?

C. PROGRAM BUDGET

CITY OF LAKEWOOD 2021 HUMAN SERVICES FUNDING APPLICATION

1a) Budget Narrative - Provide comments on the Grant Request below or provide more details that are relevant for the reviewer to better understand the program budget:

1b) Grant Request

Category	Amount Requested this Application (\$)
Personnel	
Admin	
Direct Costs	
Other	
Total	

D. ATTACHMENTS

(Using the checklist below, please attach the following documents to your application.)

- A list of the Board of Directors that identifies the principle officers and includes members' full names and occupations or affiliations
- A copy of the most recent available Board of Directors meeting minutes
- Internal Revenue Service (IRS) tax-exempt determination letter for applicant organizations with a 501 (c) 3 tax status
- A copy of the organization's last I-990 tax filing or end-of-year financial statement
- A copy of the agency's 2020 operating budget (income and expense)

Submitting the Application

Organizations are encouraged to submit applications electronically via email to the Lakewood human services coordinator at sbennett@cityoflakewood.us by 5:00 pm Saturday, August 22nd 2020.

Applicants will receive an acknowledgement of receipt. If you are unable to submit the application electronically contact the human services coordinator for alternatives.

Human Services Department: 253-983-7774

CITY OF LAKEWOOD

2021-2022 HUMAN SERVICES PROPOSAL RATING SHEET

RATER'S INITIALS

RATER'S TOTAL

ORGANIZATION'S NAME

- I.) Program primarily serves Lakewood residents** 0
- (2) More than 75% of participants served are Lakewood residents
 - (1) 50-75% of participants served are Lakewood residents
 - (0) Less than 50% of participants served are Lakewood residents
- II.) Is the organization's total operating budget less than \$1 million?** **0**
- (2) Yes
 - (0) No
- 1a) Provide a detailed description of the program services** **0**
- (2) Provides a clear description of program offerings easy to follow
 - (1) Some details are missing from the description or difficult to follow
 - (0) Unclear program description
- 1b) Best fit with City of Lakewood's Human Services funding strategy** **0**
- (6) Demonstrates understanding of the strategy and a clear plan to move the needle
 - (3) Demonstrates some understanding of the strategy or a clear work plan related to it
 - (0) Does not demonstrate sufficient understanding of, or alignment with, the strategy
- 1c) Primarily serves Lakewood children and/or youth** **0**
- (4) More than 75%
 - (2) 50-75%
 - (0) Less than 50%
- 1d) Lakewood residents will have access to these services?** **0**
- (2) Offers program services in Lakewood to ensure access for Lakewood
 - (1) Clearly describes how outreach in Lakewood happens
 - (0) Not clear how and where clients are contacted and connect to services
- 2a) Collaboration and client connections** **0**
- (2) Demonstrates effective collaboration and client connection
 - (1) Demonstrates some collaboration and client connection
 - (0) Does not demonstrate sufficient collaboration or client connection
- 3a) Community need statement and justification for services** **0**
- (6) Convincingly demonstrates need and impact
 - (3) Somewhat demonstrates need and impact
 - (0) Does not demonstrate sufficient need or impact
- 3b) Quality Assurance and Client Voice** **0**
- (2) Demonstrates the program is of high quality and client-centered
 - (1) Somewhat demonstrates the program is of high quality and client-centered
 - (0) Does not sufficiently demonstrate quality or inclusion of client voice

4a) Program eligibility and outreach	0
<ul style="list-style-type: none"> (2) There are clear criteria to determine eligibility or client referral source (1) Screening or client referrals occur outside the agency's control (0) Not clear who is eligible 	
4b) Making accommodations for diverse populations	0
<ul style="list-style-type: none"> (2) Clear intent to address all potential barriers for accessing services (1) Program is able to address some but not all potential barriers (0) Not clear on barriers and how accommodations are made 	
4c) Commitment to equity	0
<ul style="list-style-type: none"> (2) Demonstrates strong commitment to equity (1) Demonstrates some or moderate commitment to equity (0) Does not demonstrate sufficient commitment to equity 	
5a) Collection and tracking client data.	0
<ul style="list-style-type: none"> (2) There is a clear and formal process to collect, monitor and report data (1) The data collection process is informal, incomplete or time limited (0) The data collection process does not exist or very limited 	
6a) Budget Narrative	0
<ul style="list-style-type: none"> (2) Provides a clear description and demonstrates appropriate use of funds (1) Provides a somewhat clear description or appropriate use of funds (0) Does not provide a clear description and appropriate use of funds 	
6b) Program Budget	0
<ul style="list-style-type: none"> (2) Budget is consistent with the budget narrative (0) Budget has errors or is inconsistent with the budget narrative 	
Grand Total (40 possible)	0
(Please transfer this score to the top of the front page)	