File multi M del Cities Room 210 • 5329 N.E. UNION AVENUE an Phone 288-7051 **OREGON 97211** 68

April 28, 1970

Hon. Terry Schrunk Mayor of Portland City Hall Portland, Oregon 97204

Dear Mayor Schrunk:

We are today submitting a proposal for expanded services of the Multi-Service Center for Model Neighborhood residents to your office and the City Council for approval. The Multi-Service Center project was developed by a Task Force representing state and private agencies now housed in the Multi-Service Center and the Social Services Working Committee. This project was approved by the Citizens Planning Board February 17, 1970.

This project is designed to bring to the residents of the Model Neighborhood services that are not presently incorporated into the state delivery system which will have an appreciable impact on the welfare services delivered to Model Neighborhood residents. This project also represents considerable coordination and cooperation between the State of Oregon and the Model Cities program which we feel will benefit all parties in the future.

Mr. Lee Kell and I will be available to your office and the Council to answer any questions regarding this project. Since HUD considers this a new project, it will have to be reviewed by HUD; and, we hope the Council will expedite affirmative action on this worthwhile project.

Sincerely yours,

Ken Hampton Acting Director

Enclosure

cc: City Commissioners City Auditor City Attorney

## 

MULTI-SERVICE CENTER

MODEL CITIES PROJECT (3.186)

#### Summary of Model Cities Multi-Service Center (Project 3.186 Revised)

The Multi-Service Center project is designed to supplement and expand the services now offered at the State of Oregon facility, at 4917 N. E. Union. It is a conservative estimate that of the 4,000 plus persons that are serviced by the present center, ninety (90) percent of the number (3600) will avail themselves of the new services to which they otherwise could not, or would not have access.

The establishment of these services at the Multi-Service Center is directed toward developing a coordinative mechanism to facilitate the delivery of several welfare services by assuring the Model Neighborhood citizens the greater accessability to the agencies.

The direct beneficiaries will be the Model Neighborhood low-income residents by diminishing the number of cross-town referrals, that are often required, when agency activities are located in separate structures in distant parts of the City.

This project, in addition to the services provided, will provide employment and training for twenty (20) Model Neighborhood residents, in addition to summer employment and training, in both the public and private sectors, for twenty (20) Model Neighborhood youth. On the succeeding pages follows a sectional break-out of each of the six phases of the project, cost of the project, and employment resulting from inception of the project. The primary objective of this \$167,086 proposal is to expand and enhance social services available to citizens of the Model Neighborhood area. This is accomplished through more effective coordination and improvement and expansion of governmental and community services, and also making them more readily available to those in need of them.

A variety of approaches will be used in achieving this primary objective. These approaches are:

## A. To provide short-hour emergency day care services for up to thirty-six (36) children, from birth to six (6) years.

The Multi-Service Center has determined that in order to be more effective to the clients they serve, from the Model C ties or greater Albina area, that there is a great need for emergency child care while the consumers of the Multi-Service Center are being served.

Project Cost	\$29,374
MNA Employment	8

#### B. To expand medical and dental clinic services.

1. By establishing a branch Pediatrics Department of the University of Oregon Medical School, for children of low-income families, and a preventive medical program for residents, particularly children. Additional services in the clinic will include an immunization clinic, family planning service, and a mental health program.

 By establishing a dental health care facility to develop a total dental care program.

Certain dental services will be provided by instructors and the Director of the clinic to Model Neighborhood clients. Initially, instructors would be on a voluntary assignment. The University of Oregon Dental School will provide dental students, dental instructors, and dental hygienists for the project.

(2)

Project Cost MNA Employment Beneficiaries \$41,306 3

Adults and children of the MNA

#### C. Supplemental Welfare.

The Model Cities, Multnomah County Public Welfare Commission was established as part of a commitment to provide financial assistance and social services to the citizens who live within the boundaries encompassed by the Model Cities program. This pilot project is an approach to give financial assistance to needy recipients and non-recipients of welfare to be aided in time of need when the welfare program falls short, and to conserve and strengthen family life and to help individuals obtain economic and personal independence through:

1. Aid for reuniting families. Parent(s) have arrived in Portland seeking to re-locate and then experience difficulty in accumulating funds with which to send for their children.

2. Emergency transportation. Individuals have been stranded in Portland without funds to continue to their original destination. Some low-income people and welfare recipients have had urgent business in other communities (in and out of state), but have not possessed the funds necessary to make the trip.

3. Loan-aid. Temporary financial assistance will be given to those people who are not eligible for welfare aid. Although repayment will <u>not</u> be a condition for receiving aid, it is recognized that some people will want to repay the money given them. This would help the individual retain a feeling of pride and independence, and the money would again be available to others. Otherwise, the aid would be given, according to need, without undue restriction. Cost

\$ 2,500

2,500

9,500

4. Special needs. Expenditures in this area will apply to both welfare recipients and non-recipient low-income applicants; it is likely that welfare recipients will be greater in numbers. Some examples:

- (a) Temporary aid to the recipients whose welfare check is delayed.
- (b) A non-recipient who recently began work and needs aid until he receives a full paycheck.
- (c) A welfare recipient's funds may be exhausted prior to the end of the month.
- (d) A recipient or a non-recipient may require aid in making a shelter rental or utility deposit.
- (e) Such people may require replacemtn or purchase of household goods or appliances.
  \$ 9,500

5. Miscellaneous medical. Since total medical care for its recipients is a major responsibility of the Welfare Department, it is felt that Model Cities funds should not be utilized to directly assume this responsibility. However, recognizing that Welfare medical funds are sometimes quite limited, it is felt that a substantial amount of Model Cities funds should be available to meet emergency medical needs in areas when public welfare has no medical funds available.

Project Cost	\$37,640		
MNA Employment	2		
Beneficiaries	Residents of MN		

D. The Team Concept.

A service delivery system based upon a team effort and a facility for training sub-professional staff from Model Neighborhood area. This team consists of professional staff from Welfare, Vocational Rehabilitation, Employment Division, and Health.

Project Cost\$14,148MNA Employment4

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Cost

#### E. Specialized Foster Home Care.

An urgent need exists for foster homes for disadvantaged children in the Model Cities area. The Juvenile Court has only one foster home available for children from minority races. The Juvenile Court has made extensive efforts to recruit homes within the Model Cities area, yet residents from the area have not responded to the need.

One aspect of the present foster home program operated by the Juvenile Court is the board and room payment made for the care of the child to the foster family. This payment is based on the needs of the particular child. The present rate is \$100 per month. This rate does not provide the foster parents with a fee for the service which is rendered.

This specialized foster care proposal pays a fee-for-service in addition to the basic foster home board rate as an aid in the recruitment of establishing two foster homes for ten (10) children in the Model Neighborhood.

The community agents will assist the counselor in presenting programs regarding child care to the prospective foster parents and to organize followup meetings with the foster parents to assist them in working with the children under their supervision. The community agents will also perform related clerical duties as an aid to the counselor.

Program Cost\$18,766MNA Employment2 Community Agentsto establish home for 5 girlsto establish home for 5 boys

#### F. Youth Employment

Youth employment is being dealt with under two headings. The first is vocational guidance and the second is job opportunities. The major unmet need is for more job opportunities for youth, full-time, part-time and summer.

<u>Job Creation:</u> We propose that a summer employment program be created with particular emphasis on placement of fifteen (15), sixteen (16), and seventeen (17) year-olds. Under the direction of a summer youth employment

(5)

interviewer and program developer, the Multi-Service Center will sponsor, at one-hundred (100) per cent payroll cost, the employment of eligible youth, to be placed with public agencies and private non-profit organizations.

Program Cost MNA Employment \$23,552

15 trainees, 100% of time - Public Sector 10 trainees, 50% of time - Private Sector 1 youth program developer

TOTAL PROJECT COST

\$167,086

## PERSENT ADDRESS

MODEL CITIES POSTEMAD, CREGON

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	PROJECT ANAG	Multi-Service Cepter (5.185)
	PROJACE HER SHER	4-07
	PROJECT STATES	Ež tem
		El Capende d
	OPERATING AGENCY	Overon State Hulti Service Center
×	PLANNING COLPOREST	Social Environment
	ADMINISTRATIVE INSUBER	1400
	PROGRAM ACCOUNT	Social Services
	CITIZENS' WORKING COMMITTEE	Social Services Verbing Committee

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to and a to have the spectrum and a second	100%	USING	USING	an the same of the second s	THE PARTY OF THE P	
( ROJECT LUSPING	SUPPLEMENTAL,	MPPLEMENTAL	CATEGORICAL .	OTHER	TOTAL	-
Anticipates	167,086.00	167,086.00 ·			167,086-00	
Afftrms:		a shares with the second se	o de remainante entrangenteriore la magneticante de la servicio de la destrucción de la destrucción de la destr I Mélentar, C. 10 Nova autoria de la definición des cuesos 1. A destructor especial	and a second	,	

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EXPANDED SERVICE TO THE ALBINA MULTI-SERVICE CENTER -- (3.186)

#### 1. PURPOSES AND BENEFICIARIES

The purpose of this activity is to expand existing services and implement, or rather make available, new welfare services for lowincome residents of the MN who are clients of the State Multi-Service Center. This project will provide employment and advanced training for MN residents.

It is estimated that, of the 4,000 plus persons serviced by the center, 92% of that number (3600) will avail themselves of these new services.

#### 2. CONTENT AND OPERATION

This project will limit itself to those functions hereafter identified as the "functional elements" of the project. Funds requested are for 4-07-01, 4-07-02, 4-07-03, 4-07-04, 4-07-05, 4-07-06. Functional elements are as follows:

4-07-01	Provision for child care facility
4-07-02	Provision for Medical-Dental Clinic
4-07-03	Provision for supplemental welfare service
4-07-04	Provision to implement "team concept"
4-07-05	Provision to establish Foster Homes for Juveniles
4-07-06	Provision to create Youth Summer employment

The following is a list of the major key activities under the functional elements to be performed by the Albina Multi-Service Center.

#### 4-07-01 Provisions for child care facility

Ol Provide service for short-hour care of (2-4) hours in duration

02 Determine staffing personnel to meet required standards and ratio

03 Participation from birth up to 6 years

04 Only clients of Multi-Service Center will be serviced

05 Acquisition of equipment necessary to carry out operation

4-07-02 Provisions for Medical-Dental Clinic

- 01 Recruit and select new personnel from MN and equipment to conduct activity
- 02 Expand much needed pediatric care for children of low-income families in the Model Cities area
- 03 Implement a preventive medicine program for residents of the MC, particularly, children

(1)

- 04 Develop a total Dental Health Program for low-income families in the MN area
- 05 Operate an immunization clinic, family planning service, and Mental Health Program
- 06 Referral, via shuttle bus, to the Oregon Medical School for patients requiring more complete health services
- 07 Priority will be given to children on the basis of health, social need, and age in the MN area

4-07-03 Provisions for supplemental welfare

- Ol Provide assistance to residents of MC area who are not eligible for public welfare aid
- 02 Aid in reuniting families in state, out state situations
- 03 Aid in securing emergency transportation
- 04 Loan-aid--Temporary financial assistance to MC area residents not eligible for welfare aid
- 05 Special needs:
  - Ol Temporary aid to recipients whose welfare check is delayed
  - 02 Non-welfare recipient, who recently began work, and needs sid until he receives a full pay check
  - 03 Welfare recipient whose funds have been exhausted before the end of the month
  - 04 Resident of MN requiring aid to make a shelter rental or utility deposit
  - 05 Residents of MN requiring aid in replacement or purchase of household goods or appliances in emergencies.

4-07-04 Provision to implement "team concept"

- Ol To provide delivery of welfare service based upon team effort, based upon a professional staff from welfare, vocational rehabilitation, employment division, and health
- 02 To culminate integrated case planning for Multi-Service Center clientele
- O3 Establishing of a facility for training sub-professional staff from MN area

4-07-05 Provision for establishing Foster Homes for Juveniles

- Ol To recruit Foster Homes in MC area, particularly for black children
- O2 Determine and secure new staff in implementing program from MN residents

(2)

03 To develop a training arena for upward mobility of MN area residents

4-07-06 Provision to create youth summer employment program

- 01 Providing an unmet need for expanded job opportunities for youth of MC area - full time, part time and summer
- 02 Eligible youth place with public agencies and private agencies for training
  - 01 Public and non-profit agencies-MSC pays 100% of cost
  - 02 Placed in private sector, employer pays 50% of cost MSC-YEM pays 50% of cost
- 03 Emphasis placed on 15, 16, 17, year applicants who experience greater difficulty in securing employment

#### 3. TIMETABLE

The operating agencies will submit an activity schedule when each activity will start and end for the period beginning April 1 through August 31, 1970. These will be acquired from the operating agencies prior to contract agreement and signing.

#### 4. FUNDING

This project will be funded with \$167,086.00 of MCA supplemental funds. It is planned to extend project in future by use of CDA and State of Oregon funds.

#### 5. PROJECT ADMINISTRATION

This program is planned to be operated by a consortium of existing agencies currently operating within the Portland Metropolitan Area. The administrative unit, correlating total combined operations, will be the Director of the State of Oregon's Multi-Service Center.

These agencies are:

- (1) Day Care-Albina Child Care Center
- (2) Health Clinic-Multnomah County Health Department
- (3) Supplemental Welfare-Multi-Service Center
- (4) Team concept-Multi-Service Center
- (5) Juvenile Foster Home-Multnomah County Juvenile Court
- (6) Youth employment-Oregon State Employment System

#### 6. COORDINATION

The operating agencies will be required to submit statements indicating how staff and other resources will be utilized to carry out the functions of the project. A part of this statement will include, a) identification of responsible staff personnel for each key activity, and b) a statement of strategy for the coordination of the resources available.

#### 7. EVALUATION AND MONITORING

This project will be evaluated by the City Demonstration Agency. This project will be monitored through monthly end quarterly reports. The following is a list of the major key activities under the functional elements to be performed by the Albina Multi-Service Center.

4-07-01 Provisions for child care facility

Number of clients served Average age Length of care Sex M F Race black white other Number of MN residents hired and trained	
4-07-02 Provisions for Medical-Dental Clinic	
Number of clients served	
Average age	
Length of service provided1 month3 months6 months1 year	
Sex M F	
Raceblackother	
Number of referrals to Medical School	
Number of immunizations	
Number referred for mental health	
Number receiving medical treatment	
Number receiving dental treatment	
Number of MN residents hired on staff	
4-07-03 Provisions for supplemental welfare aid	
Number receiving aid for reuniting families	
Number receiving loan aid (temporary)	
Special needs numbers because of:	
<ul> <li>a. full pay check wait</li> <li>b. exhausted welfare check</li> <li>c. emergency shelter or utility deposit needed</li> <li>d. replacement of household goods and appliances destroyed in disaster</li> </ul>	
Number of residents of MN employed	
Number receiving miscellaneous medical care	
4-07-04 Provisions to implement "team concept"	
Number of MN residents trained in employment	
Number in new career category	

(4)

100% funding 50% funding Number upgraded to permanent employment for service to MNN 4-07-05 Provision to establish foster homes for juveniles Number of homes secured in MN Number of homes utilized in MN Number of children serviced in MN 4-07-06 Provisions to create youth summer employment Number of jobs created for MN youth Public sector, 100% payroll costs Private sector, 50% payroll costs Number of youths employed from MN Male 15 years old 18 years old 21 years old 16 years old 19 years old 22 years old 17 years old \_\_\_\_\_20 years old Female 15 years old 18 years old 21 years old 22 years old 16 years old 19 years old 17 years old 20 years old Categories of employment professional industrial

technical

8. CITIZEN PARTICIPATION

- a. The Citizens' Planning Board's Working Committee approved this project on February 10, 1970. The Citizens' Planning Board approved this project on February 24, 1970.
- b. All monthly and quarterly progress reports will be presented to the committee and to the board for review and recommendations.
- c. The board will make recommendations to the operating agency O/A,

after review, for adjustments or improvement in the services and training offered.

#### 9. RÉSIDENT EMPLOYMENT

All staffing will be selected from MN residents except where professional or technical qualifications cannot be met by residents of MN area.

10. BUDGET (See attachments.)

	3.	TIMETABLE	
		Phase I	July 1-15, 1968 Concept of Multi-Service Center presented to Social Services Working Committee by member.
÷		Phase II	July 15-20, 1968 Sub-committee formed to investigate and draft proposal
		Phase III	August 1-15, 1968 Drafted proposal presented to Social Environment Working Committee
		Phase IV	August 15, - August 30, 1968 Proposal reviewed and returned to sub-committee for condensing and coordination of services
		Phase V	September 1, - 30, 1968 Working committee approved revised proposal Sent to Citizens' Planning Board
		Phase VI	September 1-30, 1968 Citizens' Planning Board formed a sub-committee for review and analyzation of proposal
		Phase VII	October 1, 1968 - December 1, 1968 Review negotiation with Oregon State Agencies
	14	Phase VIII	December 1968 - October 1969 Continued negotiations with state agencies and revising of proposal. Appointments of MN residents and board members to State Multi-Service Advisory and Policy Boards
		Phase IX	November 1, 1969 - November 30, 1969 Proposal presented to Social Environment Working Committee from State Multi-Service Agency for review and consideration
		Phase X	December 1, 1969 - February 5, 1970 Negotiations, revisions continued by Social Environment Committee Members and Board Members
		Phase XI	February 10, 1970 Final Proposal of Multi-Service Center approved by Social Environment Working Committee
		Phase XII	February 17, 1970 Proposal approved by Citizens' Planning Board
		Phase XIII	Referral to City and HUD

(7)

#### MODEL CITIES PROPOSAL Summary Budget for Multi-Service Center March 1, 1970 to September 1, 1970

Budgeted Period	Program	Personnel Services	Services& Supplies		Special Payments	Total
6/70 - 9/70	Day Care	21,907	5,186	2,281		\$ 29,374
6/70 - 9/70	Health Clinics - Medical - Dental	8,411	945 2,650	7,000 22,500		7,945 33,561
3/70 - 9/70	Supplemental Welfare - Aid to uniting famil - Revolving Loan Fund - Special Needs - Miscellaneous Medica - Contract Services for	1	6 6 6 5. 6 10		2,500 9,500 9,500 4,000	) 17 (홍정 - 800
	<ul> <li>Administration of Fu</li> <li>Transportation</li> <li>Welfare Aides (2)</li> </ul>		1,000		2,500 28,000	1,000 36,640
3/70 - 7/70	Team Concept	11,648	2,500			14,148
3/70 - 7/70	Youth Employment - Program I - Program II	5,752	480	200	17,120	17,120 6,432
3/70 - 9/70	Juvenile Foster Home Care	6,766			12,000	18,766
gana an		\$63,124	\$12,761	\$31,981	\$57,120	\$164,986
	Program administration	and/or furth	her program	n enrichme	nt -	2,100

TOTAL \$167,086

(8)

DAY CARE March 1, 1970 to September 1	, 1970	
Personal Services: 2 Professional Staff @ \$1100/month 6 Assistants @ \$2520/month	\$ 6,600 12,960	
12% fringe benefits	2,347	\$21,840*
Services and Supplies: Rent 1200 sq. ft. @ \$.35 Food, Laundry, Insurance, Bookkeeping, etc.	\$ 2,520 2,666	5,186
Capital Outlay: Stove, Refrigerator and Dishwasher Play Equipment (see detailed proposal)	\$ 600 1,681	<b>2,</b> 281
Total Budget		
HEALTH CLINICS June 1, 1970 to September 1,	, 1970	\$29,374
Medical Services and Supplies: Rent 900 sq. ft. @ \$.35	ş 945	
Capital Outlay: Equipment (see detailed proposal)	7,000*	2
Total Medical		\$ 7,945
Dental Personal Services: Dental Director @ \$20,000/year 2 Dental Assistants @ \$5,020/year	\$ 5,600 2,811	\$ 8,411
Services and Supplies Rent 700 sq. ft. @ \$.35 Consumable Supplies Fees Telephone	\$ 735 1,500 265 150	<b>A A CCA</b>
Capital Outlay: Equipment (see detailed proposal)	\$22,500*	\$ 2,650 \$ 22,500
Total Dental		\$ 33,561

\* Purchasing will begin March 1, 1970.

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1

#### SUPPLEMENTAL WELFARE March 1, 1970 to September 1, 1970

Special	Payments:		19		
R	evolving Loan Fund			\$	9,500
S	pecial Needs				9,500
M	iscellaneous Medical				4,000
C	ontracted Services			82	1,000
<b>A</b> :	id to Uniting Families				2,500
	ransportation				2,500
W	elfare Aides (2)				8,640
		Total		ŝ	37 640
		Total		ş	37.640

TEAM CONCEPT March 1, 1970 to July 1, 1970

Personal Services:		
5 Professional @ \$650/month		\$ 11,648*
	Total	\$ 11,648
	Total	\$ 11,648
Services and Supplies: Travel 12000miles @ \$.10/mile Consumable Supplies (Desk supplies)	1200.00 00	2,000
Miscellaneous equipment	<u>· 500</u>	
		500
	5	\$ 14,148

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(10)

#### YOUTH EMPLOYMENT March 1, 1970 to September 1, 1970

Program I - Job Creation

Special Payments:				
Estimated cost per trainee (Public Agencies and Private Non-Profit) \$2.00/hour x 40 hours/week x 10 weeks Other payroll expense	\$	800 56		
Total per trainee	\$	856		
Special payments (15 trainees)			\$12,840	
Estimated cost per trainee (Private Profit Making Organizations) 50% of payroll cost	\$	428	2	
Special payments (10 trainees)			\$ 4,280	
Total Program I				\$17,120
Program II - Youth Employment Program	n De	eveloper		
Personal Services: Youth Employment Program Developer @ \$856/month 12% Fringe Benefits			\$ 5,136 616	
			\$ 5,752	
Services and Supplies: Transportation 2400 miles @ \$.10/mile Telephone \$20/month Desk Supplies - 120	\$	240 120 120	3	а.
			\$ 480	
Capital Outlay: Equipment			<u>\$ 200</u>	
Tetal Dressen II				6 6 6 200

Total Program II

\$ 6,432

#### JUVENILE FOSTER HOME CARE March 1, 1970 to September 1, 1970

	\$ 6,766*
\$6,000	
3,000	
3,000	
	12,000
	\$18,766

\* includes 12% fringe benefits

1

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

#### BUDGET FOR SUPPLEMENTARY GRANT ACTIVITY

Form Approved Budget Bureou No. 63-R1211

(Use This Form as a Budget for Each Activity (Including Relocation) Funded Under Section 105 of Title 1 of the Demonstration Cities and Metropolitan Development Act of 1966)

NAME OF CITY DEMONSTRATION AGENCY         PORTLAND MODEL CITIES AGENCY         BRIEF DESCRIPTIVE ITLE OF ACTIVITY         Expansion of Services within the Multi-Service Center of DAY CARE         NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY         4-C Agency         ALD in a Child Care Services         4917 N.E. Union         Portland, Oregon 97211         Portland, Oregon 97211         TYPE OF ENTITY - Is the entity a (Check applicable box or baxes):         City Department         Private (Nonprofit)         Private (Nonprofit)         Previous APPLICATION - Hos this activity, in substantially its present form, ever been the subject of a previous application for Federal financial assistance?         MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement.         MAINTENANCE CF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts.         In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916,00.         METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entiles) and the method of allocation.         Th	20 20			1 1	11. A <sup>10</sup>		
PORTLAND MODEL CITIES AGENCY         BRIEF DESCRIPTIVE TITLE OF ACTIVITY         Expansion of Services within the Multi-Service Center of DAY-CARE         NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY         4-C Agency         Albina Child Care Services         4917 N.E. Union         58 N.E. Morris Street         Portland, Oregon 97211         POPTLand, Oregon 97211         TYPE OF ENTITY - Is the entity o (Check applicable box or baxes):         City Department         Y Public Agency         Private (Nonprofit)         Private (Nonprofit)         Previous APPLICATION - Hos this activity, in substantially its present form, ever been the subject of a previous applica- tion for Federal financial assistance?         MO       YES         MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts.         In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00.         METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing entity (or entities) and the method of allocation.         The project will be funded at \$29,374. It will be part of a Multi-Service	NAME OF CITY DEMONSTRATION AGENCY						
BRIEF DESCRIPTIVE TITLE OF ACTIVITY         Expansion of Services within the Multi-Service Center of DAY CARE         NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY         4-C Agency         Albina Child Care Services         4917 N.E. Union         Portland, Oregon 97211         POTLand, Oregon 97211         TYPE OF ENTITY - Is the entity a (Check applicable bax or baxes):         City Department         Private (Nonprofit)         Private (Nonprofit)         PREVIOUS APPLICATION - Has this activity, in substantially its present form, ever been the subject of a previous application for Federal financial assistance?         MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement.         MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916,00.         METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entities) and the method of allocation.         The project will be funded at \$29,374.       It will be part of a Multi-Service		3		1.	100 M.C	1	
Expansion of Services within the Multi-Service Center of DAY CARE       3.186         NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY       4-C Agency       Albina Child Care Services         4917 N.E. Union       58 N.E. Morris Street       Portland, Oregon 97211         TYPE OF ENTITY - Is the entity o (Check applicable box or boxes):       Image: City Department       Image: Neighborhood-base         City Department       Image: Private (Nonprofit)       Private (Profit Making)       Other (Specify)         PREVIOUS APPLICATION - Hos this activity, in substantially its present form, ever been the subject of a previous applica- tion for Federal financial assistance?         Image: No       YES       If "YES", attach on explanatory statement.         MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts.         In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00.         METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entities) and the method of allocation.         The project will be funded at \$29,374. It will be part of a Multi-Service	PORTLAND MODEL CITIES AGENCY						
Multi-Service Center of DAY CARE       3.186         NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY       4-C Agency         ALDING Child Care Services       4917 N.E. Union         S8 N.E. Morris Street       Portland, Oregon 97211         Portland, Oregon 97211       Portland, Oregon 97211         TYPE OF ENTITY - Is the entity o (Check applicable box or boxes):       Image: City Department         City Department       Image: City Oregon in the entity of the	BRIEF DESCRIPTIVE TITLE OF ACTIVITY	11.			-)	1	
4-C Agency       Albina Child Care Services         4917 N.E. Union       58 N.E. Morris Street         Portland, Oregon 97211       Portland, Oregon 97211         TYPE OF ENTITY - Is the entity a (Check applicable bax or baxes):            City Department           Y Public Agency             City Department           Y Public Agency             Private (Nonprofit)           Private (Profit Making)             PREVIOUS APPLICATION - Has this activity, in substantially its present form, ever been the subject of a previous application for Federal financial assistance?             MO           YES             MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts.             In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00.             METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entities) and the method of allocation.         The project will be funded at \$29,374. It will be part of a Multi-Service		3.186				*	
4917 N.E. Union       58 N.E. Morris Street         Portland, Oregon 97211       Portland, Oregon 97211         TYPE OF ENTITY - Is the entity a (Check applicable box or boxes):            City Department           Public Agency             Private (Nonprofit)           Private (Profit Making)             Previous APPLICATION - Has this activity, in substantially its present form, ever been the subject of a previous application for Federal financial assistance?             MO           YES             MO           YES             MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts.             In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00.             METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entities) and the method of allocation.         The project will be funded at \$29,374. It will be part of a Multi-Service	NAME, ADDRESS AND ZIP CODE OF OPERATING ENTI	TY					
Portland, Oregon 97211       Portland, Oregon 97211         TYPE OF ENTITY - Is the entity a (Check applicable box or boxes):            City Department             City Department             Private (Nonprofit)             Private (Nonprofit)             Previous applications - Has this activity, in substantially its present form, ever been the subject of a previous application for Federal financial assistance?             Mo             Mo             YES             Mo             Yes             MaintENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts.             In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00.             MAETHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entities) and the method of allocation.             The project will be funded at \$29,374. It will be part of a Multi-Service	4-C Agency	Albina (	Child Care	Services		2	
Portland, Oregon 97211       Portland, Oregon 97211         TYPE OF ENTITY - Is the entity a (Check applicable box or boxes):	4917 N.E. Union	58 N.E.	Morris Str	eet			
TYPE OF ENTITY - Is the entity o (Check applicable box or baxes):         City Department       Image: Private (Profit Making)         Private (Nonprofit)       Private (Profit Making)         PREVIOUS APPLICATION - Has this activity, in substantially its present form, ever been the subject of a previous application for Federal financial assistance?         NO       YES         If "YES", attach an explanatory statement.         MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts.         In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00.         METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entities) and the method of allocation.         The project will be funded at \$29,374.       It will be part of a Multi-Service	Portland, Oregon 97211	Portland	l. Oregon 9	7211			
<ul> <li>Private (Nonprofit)</li> <li>Private (Profit Making)</li> <li>Other (Specify)</li> <li>PREVIOUS APPLICATION - Has this activity, in substantially its present form, ever been the subject of a previous application for Federal financial assistance?</li> <li>NO</li> <li>YES</li> <li>If "YES", attach an explanatory statement.</li> </ul>	TYPE OF ENTITY - is the entity a (Check applicable			5			i inter an
<ul> <li>PREVIOUS APPLICATION - Has this activity, in substantially its present form, ever been the subject of a previous application for Federal financial assistance?</li> <li>NO YES If "YES", attach an explanatory statement.</li> </ul> MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts. In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00. METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing entity (or entities) and the method of allocation. The project will be funded at \$29,374. It will be part of a Multi-Service	City Department	X Public Agen	cy a	$\gamma_{\rm e} \sim$	🗶 Nei	ghborhcod-ba	sec
<ul> <li>tion for Federal financial assistance?</li> <li>NO YES If "YES", attach an explanatory statement.</li> </ul> MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts. In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00. METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entities) and the method of allocation. The project will be funded at \$29,374. It will be part of a Multi-Service	Private (Nonprofit)	Private (Pro	(it Making)		🔲 Oth	er (Specify)	
<ul> <li>tion for Federal financial assistance?</li> <li>NO YES If "YES", attach an explanatory statement.</li> </ul> MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts. In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00. METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entities) and the method of allocation. The project will be funded at \$29,374. It will be part of a Multi-Service							۰.
<ul> <li>tion for Federal financial assistance?</li> <li>NO YES If "YES", attach an explanatory statement.</li> <li>MAINTENANCE OF EFFORT - Any activity which is an extension to the Model Neighborhood or an upgrading of existing services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts.</li> <li>In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00.</li> <li>METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing antity (or entities) and the method of allocation.</li> <li>The project will be funded at \$29,374. It will be part of a Multi-Service</li> </ul>							
<pre>services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts. In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00. METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing entity (or entities) and the method of allocation. The project will be funded at \$29,374. It will be part of a Multi-Service</pre>	_¥	n explanatory stater	nent.				
<pre>services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts. In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00. METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing entity (or entities) and the method of allocation. The project will be funded at \$29,374. It will be part of a Multi-Service</pre>					- u	8	
<pre>services must be accompanied by an explanatory statement which shows that the extension or upgrading being funded by this budget is an addition to and not a substitution of local efforts. In addition to this project, the State of Oregon is presently operating a Multi-Service Center in the MN Area at a cost of \$267,916.00. METHOD OF ALLOCATION - If cost is to be shared by others add an explanatory statement which identifies the sharing entity (or entities) and the method of allocation. The project will be funded at \$29,374. It will be part of a Multi-Service</pre>							
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(or entities) and the method of allocation. The project will be funded at \$29,374. It will be part of a Multi-Service					rating a		1
(or entities) and the method of allocation. The project will be funded at \$29,374. It will be part of a Multi-Service							-
	(or entities) and the method of allocation. The project will be funded at \$29	,374. It wil	1 be part o				
			2			2	

Page 2

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6. BUDGET		
g. COST CATEGORY	b. ESTIMATED COST	c. KCA SHARE (If cost is being shared with others)
(i) Personnei	\$21,907.	\$21,907.
(2) Consultants and Contract Services		
(3) Travel		
(/ Space Rent 1,200 sq. ft. @ \$.35	2,520.	2,520.
(5) Consumable Supplies		•
(6) Rental, Lease, or Purchase of Equipment Stove, Refrigerator, Dishwasher	1,681. 600.	2,281.
(7) Other: Food		
Laundry	2,666.	2,666
Insurance		
Bookkeeping		
TOTAL *includes 12% F.B.	29,374.	29,374.
SUBMISSION:		
oSignature and Title of Author.	zed Official b.	Date
0- APPROVALI		
Construction and Phylic of the state	b	D-t-
<ul> <li>Signature and Title of Authorized</li> </ul>	α που Οβιείαι	Date
HUD-7041 (10-66) HU	D-Wash., D.C.	
	(14)	· · · · · · · · · · · · · · · · · · ·

#### U.S. DEPARTMENT OF HODSING AND URGAN DEVELOPMENT

Form Approved Budget Bureou Noy 63+R1211

#### PERSONNEL

(Attach This Form to Each Activity Dudget Justification)

MODEL CITI	ES AGENCY TYPLE OF PROJECT OF ACTIVITY tice Center (3.186)				1
MODEL CITI	ES AGENCY TYPLE OF PROJECT OF ACTIVITY tice Center (3.186)			52 12	1
	ice Center (3.186)				
DRIZE DESCRIPTIVE	ice Center (3.186)				
				ann a lath ann an brainn ann an an d-Anac	Nel terrene a selectore en esta presenta
Multi-Serv Emergency	Day Care		*		2
State Mult 4917 N.E.	D ZIP CODEOF OPERATING ENTITY i-Service Center Union Ave. Oregon 97211	ų <b>.</b>			•
- NUMBER OF FERSONS 4-07-01	6. POSITION OR TITLE	C. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	•. MONTHS TO BE EMPLOYED	f, COST ; (e×d×e)
4-07-01 2	Child Educ. Teachers	550	1.00	6	6,600
4-07-02 6	Teacher Assistants	360	100	6	12,960
	1 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
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	COST OF FRINCE DEN	ZFITS (Indicats B	asis for Estimate)		•
			TOTAL, PERSO	DNNEL	19,560.
÷.	*		FB 12%	· · · ·	2,347.
	,	Г	TOTAL, PERSON	INEL	21,907.
				· · ·	
J -7640 (10-65)	, i i	UD-Wesh., D.C.		· · · ·	23370

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					Form Approve Budget Bureau	
	U.S. DEPARTMEN	T OF HOUSING AND	URBAN DEVELOP	MENT	e.	
a ta a	BUDGET FOR	SUPPLEMENT	ARY GRANT	ACTIVITY		
	(Use This Form as a B Funded Under Section Metrop		he Demonstration		at.	
					n <sup>61</sup> .	• ;   <sup>7</sup>
						1
NAME OF CITY DEMONSTRA	TION AGENCY		- <b>+</b> ''			
PORTLAND MODEL C	CITIES AGENCY	· · · ·				1
BRIEF DESCRIPTIVE TITLE						
Health Clinic	e e e e				- p	
	6 B	w = -w	2	8	I	1 1
NAME, ADDRESS AND ZIP CO	DE OF OPERATING EN	τιτγ	19 19 19 19 19 19 19 19 19 19 19 19 19 1	1	1	. 1
Multnomah County 4917 N.E. Union	Ave.	491	tnomah Count 7 N.E. Union	Ave.		1
Portland, Oregon TYPE OF ENTITY - is the e			tland, Orego	<u>n 97211</u>		
City Department	t)	X Public Age	rofit Making)		X Neighbor	τ.
PREVIOUS APPLICATION tion for Federal financial a		n substantially its	present form, ever	been the subje	ect of a previou	s applica-
NO YES	If "YES", attach	an explanatory stat	ement.		as de	
						111
				•		1./
MAINTENANCE OF EFFORT services must be accompan budget is an addition to and	ied by an explanatory s	statement which sho				
In addition to t a county clinic to serve MN resi	far removed from					त्ते । संग्र
	-	h.	•			
METHOD OF ALLOCATION - (or entities) and the method	l of allocation.					ng entity
This will be a \$ project of \$167,				(3.186) C	DA.	
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	x	ų.	11 1	C Trade		

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8. BUDGET C. MCA SHARE (If cost is being shared with others) a. COST CATEGORY 6. ESTIMATED COST (1) Personnel 8,411.\* 8,261. (2) Consultants and Contract Services 265. 265. (3) Travel Medical - 900 sq. ft. @ \$.35 945. (4) Space Dental - 700 sq. ft. @ \$.35 ÷...\* 735. .. 1,680. (5) Consumoble Supplies 1,500. 1,500. 7,000. Dental (6) Rental, Lease, or Purchase of Equipment 22,500. 29,500. Medical (7) Other: Telephone, 150 1.50. . . • 11 12%, Fringe Benefits 41,506. 41,506. 20 9. SUBMISSION: 9 Signature and Title of Authorized Official Date APPROYAL ۱. Alging S -1 ١. Signature and Title of Authorizedii HUD Official Data HUD-Wash, D.C. HUD-7041 (10-68) (17)

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#### U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Form Approved Budget Bureau Noy 63-R1211

## PERSONNEL

(Attach This Form to Each Activity Budget Sustification)

			4		Ľ,
I. NAME OF CITY	DEMONSTRATION AGENCY	Ę.	¥		<u>}.</u>
PORTLA	ND MODEL CITIES AGENCY			1	
2. BRIEF DESCRIF	TIVE TITLE OF PROJECT OR ACTIVITY		**************************************	Alaman ini karipista dilan yara di kara	
Childr	en's Medical-Dental Center	and the second sec			
Multnor 4917 N	S AND ZIP CODE OF OPERATING ENTITY mah County Health Department E. Union Avenue nd, Oregon 97211	4	20 20		•
•• NUMBER OF PERSONS 4-07-02	5. POSITION OR TITLE	C. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	• MONTHS TO BE EMPLOYED	{. COST (c × d × o) b
4-07-01	Dental Director	1,667	100%	3	5,000
4-07-02	Dental Assistant	418.33	100%	3	1,255.
4-07-03	Dental Assistant	418.33	100%	3 .	i,255.
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	a a consequencia de la			•	
¢ *					ji ji
	and a straight in	· · · ·		1	l i
	•	. 1			
	<u> </u>			- 2.4	
	COST OF FRINCE BEN	EFITS (Indicate Bo	usis for Estimate)		• • {
			TOTAL, PERSO	ONNEL	7,510.
12% Fringe Benefits					901
	· ·	с Ц	TOTAL, PERSON	INEL	8,411.
HUD-7043 (10-68)	H	UD-Wosh D.C. (18)			233701

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11.5. D	EPARTMENT OF HOUSING AND	URBAN DEVELOPHE		Jdgot Bureau No. 63-R1211
BUDC	GET FOR SUPPLEMENT	ARY GRANT AC	TIVITY	
(Use This F Funded Ur	form as a Budget for Each Act ader Section 105 of Title I of t Metropolitan Development	he Demonstration Ci	ocation) ties and	
	£		) <b>(</b> '.	
1. NAME OF CITY DEMONSTRATION AGENC	Y			
PORTLAND MODEL CITIES AG	ENCY		1	
2. BRIEF DESCRIPTIVE TITLE OF ACTIVIT	Ŷ			
Emergency Welfare Aid			4	
<ol> <li>NAME, ADDRESS AND ZIP CODE OF OPEN Model Cities Welfare</li> <li>4917 N.E. Union Ave. Portland, Oregon 97211.</li> </ol>	RATING ENTITY	1		
4. TYPE OF ENTITY - Is the entity a (Che	ck applicable box or boxes):	5 S	1	l <sup>i</sup>
City Department	X Public Ag	ency	h. IX	Neighborhood-based
Private (Nonprofit)	Privote (P	rofit Making)		Other (Specify)
5. PREVIOUS APPLICATION - Has this tion for Federal financial assistance?	activity, in substantially its	present form, ever be	en the subject o	f a previous applica-
X NO YES IF "YE	S'', attach an explanatory stat	ement.		
6. MAINTENANCE OF EFFORT – Any activ services must be accompanied by an ex budget is an addition to and not a subst	planatory statement which sha			
In addition to this proj a Multi-Service Center i	ect, the State of Or n the Model Cities A	egon is presen rea at a cost	tly operati of \$267,916	ng .00.
7. METHOD OF ALLOCATION - If cost is t		explanatory statemen	t which identifie	s the shoring entity
(or entities) and the method of allocatic This will be a \$37,640.00 CDA project of \$167,086.	project. It will	be part of Mul	ti-Service	(3.186)
- oba project of \$107,000.	(non suppremental :			
	8. A (20)			a .
	e .			
HUD-704) (10-36)			ż	•

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5. BUDGET			-			
۵. CO	DST CATEGORY	b.	b. ESTIMATED COST		(If cos	MCA SHARE t is being shared with others)
(1) Personnel		1 yr.	17,280.00		6 то.	8,640.*
(2) Consultants and Cont	tract Services	l yr.	1,000.00	ť v	6 mo.	1,000.
'3) Travel						
(4) Space						
(5) Consumable Supplies	1			1	*	
(6) Rental, Lease, or Pur	rchase of Equipment	-	*	v	927 - 5	
(7) Under:	Reuniting Families Diving Loan Fund	1 yr. 1 yr.	5,000.00	3. <b>7</b> .	6 mo.	2,500.
C. Spec	ial Needs	<u>1 yr.</u>	19.000.00		<u>6 mo</u>	9,500.
D. Misc	ellaneous Medical	l yr.	11,000.00		<u>6 mo.</u> ;	4,000.
E. Tran	sportation (Emerg.)	l yr.	5,000.00	t vi	6 mo.	2,500.
* includes	12% Fringe Benefits		3. 			\$37,640.00
9. SUBMISSION:	(1 <b>4</b> )	e	1			A Contraction of the second se
0.	Signature and Title of Author	orized Official		D•'	Date	
	20 			1.1		
10. APPROVAL:	-13	I		4		
a	Signature and Till of A of		vial	b	Dat	
	Signature and Title of Authori	izea nun vijio		k ŝ∮	Dat	<b>c</b>
HUD-7041 (10-68)		HUD-Wosh., D.C	•			236907-P

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#### U.S. DEPARTMENT OF HOUSING AND URDAN DEVELOPMENT

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Form Approved ..... Budget Bursou Nay 63-R1211

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## PERSONNEL

(Attach This Form to Each Activity Budget Justification)

	Υ.				
NAME OF CITY	DEMONSTRATION AGENCY	· .		j	
PORTLAN	D MODEL CITIES AGENCY				
. DRIEF DESCHIP	TIVE TITLE OF PROJECT OR ACTIVITY	· · ·	9-1-1-1		
Supplem	nental Welfare		· · · ·		
	AND ZIP CODEOF OPERATING ENTITY		,		<u>.</u>
		C.		1 1 1 1 1 1	
<ul> <li>NUMBER OF PERSONS</li> <li>4-07-03</li> </ul>	5. POSITION OR TITLE	C. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	•. MONTHS TO BE EMPLOYED	f, COST ; (e K d K e)
4-07-01	Welfare Aide	360.00	100%	6	2,160.
4-07-02	Welfare Aide	360.00	100%	6	2,160.
		1 1 7 14 14 <b>1</b> 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
• •					
	i i i i i i i i i i i i i i i i i i i			•	
				•	
	· ·		-		
	COST OF FRINCE DEN	EFITS (Indicate 8	asis for Estimate)		•
		1 · · ·	TOTAL, PERSO	NNEL	4,320.
· •	· · · · · · · · ·		12% FB		518.
		с. Ц <sup>1</sup> Ц	TOTAL, PERSON	NEL	4,838.
		÷			
		1			1.3
.00-7043 (10-66)	н	UD-Washy D.C.			23370
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#### U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

#### BUDGET FOR SUPPLEMENTARY GRANT ACTIVITY

11

(Use This Form as a Budget for Each Activity (Including Relocation) Funded Under Section 105 of Title 1 of the Demonstration Cities and Metropolitan Development Act of 1966)

-			
1. NAME OF CITY DEMONSTRATION AGENCY		1	
ORTLAND MODEL CITIES AGENCY			·
BRIEF DESCRIPTIVE TITLE OF ACTIVITY	S.		
		. 1	1
NTEGRATED TEAM WELFARE			
NAME, ADDRESS AND ZIP CODE OF OPERATIN	IG ENTITY		1. 1. p. (* 1
tate Multi-Service Center 917 N.E. Union Avenue		1	
ort land, Oregon 972 11-	plicable box or boxes):	·····	
City Department	Public Agency		Neighborhood-base
Private (Nonprofit)	Private (Profit Making)		Other (Specify)
PREVIOUS APPLICATION - Has this activ	vity, in substantially its present form, ev	er been the subject	of a previous applica-
tion for Federal financial assistance?		14 11	18 28
X NO YES IF "YES", a	ttach an explanatory statement.	1	
	4	11	
		1	J. 11
MAINTENANCE OF EFFORT - Any activity w	hich is an extension to the Model Neighh	arbood or an upgrar	ting of existing
services must be accompanied by an explana	tory statement which shows that the exte		
budget is an addition to and not a substitution	on of local efforts.	1	
n addition to this project, the	State of Oregon is present!	y operating a	a Multi-Service
rogram in the MN Area at a cost	of \$267,916.00.	1	
	· · · · · · · · · · · · · · · · · · ·		112
METHOD OF ALLOCATION - If cost is to be :	shared by others add an explanatory state	ement which identif	ies the sharing entity
(or entities) and the method of allocation.	7		
his will be a \$14,148 project. MCA Supplemental funds)	It is part of Multi-Service	e (3.186) proj	ject of \$167,086
	· · · · · · · · · · · · · · · · · · ·	1 1	
	5 C	- [	· · · ·
	f.	1	1 -
	i.	-1	W 0.

8. BUDGET		
a. COST CATEGORY	<b>b.</b> ESTIMATED COST	c. MCA SHARE (1f cost is being shared with others)
(i) Personnel	11,648.00	11,648.*
(2) Consultants and Contract Services		
(3) Travel 12,000 miles\$.10 per mile	1,200.00	1,200.00
(4) Space		
(5) Consumable Supplies (Desk)'s	800.00	800.00
(6) Rental, Lease, or Purchase of Equipment	500.00	500.00
(7) Other:		ļ'
	6	
• 		
* Includes 12% Fringe Benefits	14,148.	14,148.
9. SUBMISSION:		
aSignature and Title of Auth	prized Official b.	Date
	31	
10. APPROVAL:		
DSincture and Title of Audres	b	Date
Signature and Title of Authori	22 	236907-P
HUD-7041 (10-68)	HUD-Wash., D.C.	20901-P

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			1		- 
16 172	U.S. DEPARTMEN	IT OF HOUSING AND DRUS	AN DEVELOPMENT		
	851	PERSONNEL	· · · ·		
	(Attoch This Fe	am to Each Activity Dail	of Justification)		2 ÷
		· .	• 1		
TE NAME OF CITY	DEMONSTRATION AGENCY	a. <sup>16</sup> 1	i j	1	
Line and the second	DEL CITIES AGENCY	-			· ·
2. BRIZE DUSCKI	PTIME TITLE OF PROJECT OR ACTIV	ATY -	· . · ·		
TEAM CONCEP	T - (Multi-Service Center	<b>;)</b>			
	S AND ZIP CODE OF OPERATING ENT	GTY .	1		
State Multi 4917 N.E. U - Portland, O			-		
<ul> <li>NUMBER OF PERSONS</li> </ul>	5. POSITION OR TITLE	C. AVERACE Salary Month	d. PERCENT OF TIME ON UNDERTAKING	• MONTHS TO BE EMPLOYED	f. COST (c×d×p)
-4-07-04				i 'ì	
01	Community Agent	650.	100	4	2,600.
02	Community Agent.	650.	100	4	2,600
03	Community Agent	650.	100	4	2,600.
04	Community Agent,	650.	100	- 4	2,600.
n * 				1 <b>H</b>	
	•		•		
	COST OF FRING	E DEREFIVS (Indicate 3	usis for Estimate)		
An and a state when the state of the state o		n an	TOTAL, PERSO	ONNEL	10,400.
	· · · · ·	1 1	12% Fringe	Benefits	1,248
	5 m		TOTAL, PERSON	NEL	11,648.
			1.		
		n : HUD-Wash, D.C.			23370:

, <b>k</b>				Form Approved
				Budget Bureau No. 63-R1211
с. с С. с	. DEPARTMENT OF HOUS	ING AND URBAN DEVE	Поркент	
BL	IDGET FOR SUPPLE	EMENTARY GRAN	IT ACTIVITY	
	is Form as a Budget for E I Under Section 105 of Ti Metropolitan Deve			
No. 19		a		
1. NAME OF CITY DEMONSTRATION AGE	INCY			
PORTLAND MODEL CITIES			5 5 5 F	1- 1-
2. BRIEF DESCRIPTIVE TITLE OF ACTI	VITY	·		-
JSTER HOME CARE	. []	9		
NAME, ADDRESS AND ZIP CODE OF O Multnomah Juvenile Court 1401 NE 68th Street Portland, Oregon 97213			· · ·	
4. TYPE OF ENTITY - Is the entity a (	Check applicable box or l	boxes)1		1.
City Department		ublic Agency	1	Neighborhood-based
Private (Nonprofit)	Pr	ivate (Profit Making)		Other (Specify)
S. PREVIOUS APPLICATION - Has to tion for Federal financial assistance NO YES If "			aver been the sul	ject of a previous applica-
<ol> <li>MAINTENANCE OF EFFORT - Any a services must be accompanied by ar budget is an addition to and not a service of the service of th</li></ol>	explanatory statement w	hich shows that the e		
In addition to this project but has difficulty in secu will service the MN only.		-	- /	
<ol> <li>METHOD OF ALLOCATION – If cost (or entities) and the method of alloc</li> </ol>		add an explanatory st	lotement which id	entifier the sharing entity
This will be a \$18,766.00 (3.186) from MCA supplement		a part of the (	CDA Multi-Se	rMice project
••••				
HUD-7041 (10-68)				

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8. BUDGET	5	
•. COST CATEGORY	b. ESTIMATED COST	c. MCA SHARE (If cost is being shared with others)
(1) Personnel	6,766.00	6,766.00
(2) Consultants and Contract Services		
(3) Travel		
(4) Space Foster Care Home Boarding, 10 children 100 per/month	6,000.00	6,000.00
(5) Consumable Supplies Clothing, incidental expenses, school fee		3,000.00
6) Rental, Lease, or Purchase of Equipment		5 - 6
(7) Other: a. Services to Foster Parents	3,000.00	3,000.00
	· · · · · · · · · · · · · · · · · · ·	
TOTAL includes 12% Fringe benefits	18,766.00	18,766.00
9. SUBMISSION:		
aSignature and Title of Author	rized Official b	Date
0. APPROVAL:		
٥.	k.	
Signature and Title of Authoriz	ed HUD Official	Date
HUD-7041 (10-68) - HI	UD-Wash., D.C.	236907-P

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5. 81. 2013		ERSONNEL		Form Aj Budgat	njiavad Buraau Nay 63-R1211 1
	(Attach This Form to t	Each Activity Doó	cot Justification)		
1. NASE OF CITY	DEMONSTRATION AGENCY		171		
2. EKIEF DESCK.	TIVE TITLE OF PROJECT OR ACTIVITY				<i>i</i> .
I. NAME, ADDRES	S AND ZIP CODE OF OPERATING ENTITY	P.			
<ul> <li>NUMBER OF PERSONS</li> <li>4-07-05</li> </ul>	5. POSITION OR TITLE	C. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	• MONTHS TO BE EMPLOYED	f, COST (c×d×e)
01	Community Agent	50350	1.00	6	3,021,
02	Community Agent	503.50		6	3.021
• .	· · ·				
	<u> </u>				
· *		· .	1.4		•
	•		•		
	, , , ,				;
	COST OF FRINCE DENI	EFITS (Indicate B	asis for Estimate)	2: 2:	
	-		YOTAL, PERSO	ANEL	6,041.
•		н.,	12% Fringe B	enefits	725.
			TOTAL, PERSON	1 - L	6,766.00
NJD-7045 (10-60)		JD-Wash & D.C.			233701
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			Form Approved Budget Burcau N	lo. 63-R1211
U.S. DEPART	MENT OF HOUSING AND URBAN D	EVELOPMENT		0 15 3
BUDGET F	OR SUPPLEMENTARY GR	RANT ACTIVITY		a
Funded Under Sec	a Budget for Each Activity (Incl ction 105 of Title 1 of the Demon tropolitan Development Act of 19	stration Cities and		
			1) 1	
1. NAME OF CITY DEMONSTRATION AGENCY			a para garana dan anti-da anti-	643.4572644954 <u>92</u>
PORTLAND MODEL CITIES AGENCY	I		÷	
2. BRIEF DESCRIPTIVE TITLE OF ACTIVITY				
JUTH EMPLOYMENT	а в С			
3. NAME, ADDRESS AND ZIP CODE OF OPERATING	ENTITY			1
Multi-Service Center 4917 N.E. Union Avenue Portland, Oregon 97211 4. TYPE OF ENTITY - Is the entity o (Check appl		·		* 14 
4. TYPE OF ENTITY - Is the entity a [Check appl	licable box of boxes):	•		- E 2
City Department	X Public Agency	* ( <sub>1</sub> . * * *	X Neighborho	od-based
Private (Nonprofit)	🛄 Private (Profit Makin	ng)	Other (Spec	:ify)
5. PREVIOUS APPLICATION - Has this activit tion for Federal financial assistance?	y, in substantially its present fo	rm, ever been the subje	ct of a previous a	spplica-
X NO YES IF "YES", atta	ach an explanatory statement.			11*
	8			
6. MAINTENANCE OF EFFORT – Any activity white services must be accompanied by an explanato budget is an addition to and not a substitution	ry statement which shows that th			
In addition to this project, the S Russell Street but does not enroll project will cover them alone in M	. the youth of these ag			N.E. This
7. METHOD OF ALLOCATION - If cost is to be sh (or entities) and the method of allocation.	ared by others add an explanator	y statement which iden	tifies the sharing	entity
This will be a \$23,552 project. P (MCA supplemental funds)	art of Multi-Service (	3.186) project (	of \$167,086.	00

a. COST CATEGORY 5. ESTIMATED COST (If cost is being shared with others) 5,752.00\* 5,752.00\* (2) Consultants and Contract Services State Car (mileage) \$.10/mile. 2400 miles 240.00 240.00 (5) Consumable Supplies Desk Supplies 120.00 120.00 (6) Rental, Lease, or Purchase of Equipment Desk & Chair a. <u>Telephone installation & service</u> 120,00 120.00 b. Special Payments (15 trainees) 100% 12.840.00 12,840.00 Special Payments (10 trainees) 50% 4,280.00 4,280.00 . .

23,552.

10. APPROVAL:

9. SUBMISSION:

\* includes 12% Fringe

8. BUDGET

(1) Personnel

(3) Travel

(4) Space

(7) Other:

Signature and Title of Authorized HUD Official

Signature and Title of Authorized Official

TOTAL

236907-P

23,552.00

Date

HUD-Wash., D.C.

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C. MCA SHARE

		1.5.5		Form A Budget	pprovod Eurocu Nay 63-21;
5	U.S. DEPARTMENT OF 1	OUSING AND URB	AN DEVELOPMENT		
	P	ERSONNEL			
	(Attach This Form to	Each Activity Bod	got justification)		· 14
		100 Q			
The Million of the state is an advected by a state of the state of the state	ی . این این می از این			0 8 A	
1. NAME OF CITY	DEMONSTRATION AGENCY		5		÷
PORTLAN	ID MODEL CITIES AGENCY				
2. BRIEF DESCRIP	TIVE TITLE OF PROJECT OR ACTIVITY	·		an a	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Youth E	Cmployment	. 5	80 mm 2000		
State c	AND ZIP CODE OF OPERATING ENTITY of Oregon Employment Service . Russell St.				
	d, Oregon 97212	.6	•	22	
•. NUMBER OF PERSONS 4-07-06	5. POSITION OR TITLE	C. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	•. MONTHS TO BE EMPLOYED	f. COST (c×d×e)
01	Youth Employment Program	856.00	100%	6	5,136.00
	Developer				
-		1 1 1 1 1 1 1	· · · · · · · ·		
•					
					1. 1.1
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-					
	. N. A. M. M.	i.			
	COST OF FRINGE DEN	EFITS (Indicate B	asis for Estimato)	1 2%	616.00
		0. <sup>10</sup>	TOTAL, PERSO	NNEL	5,752.00
۴	d en ser de de	1		e en a	
199		к Ч	• TOTAL, PERSON	NEL	5,752.00
. 8					A state and a set of some diversity of the set of the s

#### U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Form Approved Budget Bircon No. 6(#R1211

Page 1 of 3

#### BUDGET SUMMARY

1.	NAME	OF	CITY	DEM	ORST	RATI	ON /	GENCY

PORTLAND, OREGON			î
	2. BUDGET		
o. UNDERTAKINGS	b. ESTIMATED COST	C. MCA SHARE	
(1) Program Administration			anan na sa
(Year ) 1969 - 1970	\$ 489,600	\$ 391,680	14
" Projects and Activities	!		
#(a) 3.42 Education Aides	135,633	98,392	
* (b) 3.61_Health Insurance	21, 000	7,000	
*(c) 3.62 (a) Mental Retardation	28,080	7,205	2
* (d) 3.81 Rea. Dev. Program Design		50,000	
* (c) 3.121 Pre NDP Planning	181,744	181,744	
*(1) 3.141 Police Comm. Relations	264.892	128,346	
(9) 3,121 (b) Pre-NDP Plan, #2	396,501	396,501	
(h)		and the second sec	
(i)			
(j)			
(k) SUB TOTAL	-	1,260,893	armater coar anno 1
(1)			
*(m) 3.43 Pre School Expansion	485, 376	48,538	
*(n) 3.//4 Secondary & Cont. Ed.	1,485,959	25,907	
*(0) 3,142 Police Intern Program	126,977	22,326	
*(P) 3.1/3 Flom. Police Education	49,332	16,444	
*(g) 3.160 Youth Activ. Planning	37,330	37,330	10.0
* (r) 3.185 Consumer Protection	62,590	31,295	
*(s) 3.186 Multi-Service Center	167,128	167,128	
*(1) 3.201 Trans Service Center	171,786	57,205	
		and a shall be shall be a shall b	
SUBTOTAL			
(3) TOTAL			
(Grant For First Year Action \$1,262,987.00)	O. SUBRISSION	, Murch 27, 1970	
Signatury and Title of Authorized C	Official	. Date	•
	- "一些"的"我们的"我们"。	NG5	
	4. APPROVAL		
	医二丁基甲酸酮酸医胡丁		1. 1
	b		
Signature and Title of Authorized HUI	D Official	Dete	
HUD-7044 (10-60) *projects approved by HUD	HUD-Yeshi, D.C. 1		
	ででに要求すりたくないです。	in the second	

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# BUDGET SUMMARY

Page 2 of 3

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		· · · · · · · · · · · · · · · ·		1
• NAME OF CITY DEMONSTRATION AGENCY PORTLAND, OREGON		iq.		4
	2. BUDGET			1
a, UNDERTAKINGS	b. ESTIMATED COST		c. MCA SHARE	
) Program Administration (Year ) 1969-1970 Page 2				
?) Projects and Activities				
(c) 3.45 Cascade Center (b) 3.21 Employ, Relations Comm, (c) 3.22 Operation Step-Up (d) 3.31 Comm. Development Prog. (c) 3.101 Comm. Legal Services (i) 3.181 Total Care for Aged (o) 3.182 Compre. Child Care (h) 6.735 Evaluation (i) Citizens' Participation (i) 3.62 (b) Mental Retardation (k) (i)	851,000 62,366 336,626 201,880 169,216 303,395 657,678 242,528 57,094 254,442	· · · · · · · · · · · · · · · · · · ·	851,000 62,366 336,626 201,880 79,182 60,787 164,419 242,528 57,094 22,047	
(m) (n) <u>Approved projects</u> No (o) * (p) 3.82 <u>House Counseling</u> * (q) 3.83 <u>Rehabilitation of Housin</u> * (r) 3.84 <u>Demo. Vacant Structures</u> * (s) 3.122 <u>N.D.P.</u> * (t) 3.123 <u>Relocation Study</u> SUBTOTAL	M.C.A. Money 26,500 104,300 289,900 1,233,673 20,000			
3) TOTAL		Barria References		
a. Sighature and Title of Authorized O	4. APPROVAL	b	March 27, 1970 Date	
Signature and Title of Authorized HUL 1UD-7044 (10-68)	) Official HUD-Wash., D.C.		Dure	
	(32)	yn i		

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Budget Bureau No. 63-R1211

BUDGET	SUMMARY
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Page 3 of 3

1. NAME OF CITY DEMONSTRATION AGENCY PORTLAND, OREGON					
	2, BUDGET				
a, UNDERTAKINGS	b. ESTIM	ATED COST		c. MCA SH/	RE , , , ,
1) Program Administration (Year ) 1969–1970 Page 3				******	
2) .Projects and Activities			+		
* ( <u>9) 3.144 Summer Inst. Law &amp; Justi</u> * ( <u>b) 3.184 Juven, Care &amp; Foster Ho</u> (c) ( <u>d)</u> ( <u>e)</u>	ce39,29 cs287,70	0			
$ \begin{array}{c} (i) \\ (g) \\ (h) \\ (i) \\ (i) \\ (k) \\ \end{array} $					· · · · · · · · · · · · · · · · · · ·
				•	
(s) (t) SUBTOTAL				\$2,484,1	02
3) TOTAL				\$3,745,0	00
e. Signafure and Title of Authorized O	3. SUBMISSIO	N	ь. <u>Ма</u> л	¢ :ch 27, 1970 Date	
a	4. APPROVA	L.	b		
Signature and Title of Anthonized 1102 (UD-7044 (10-60)	) Official HUD-Nashy D.C	• • A. ( <sup>1</sup>	te to	Dote	
	, (33)				