

**Model Cities**

Phone 288-7051

Room 210 • 5329 N.E. UNION AVENUE

**Portland**

OREGON 97211

*File - Multi-Serv.  
(2930)*

April 28, 1970

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X  
MTH

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

Dear Mayor Schunk:

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

378C

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 accessibility 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.

2. 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.

Project Cost	\$41,306
MNA Employment	3
Beneficiaries	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:

- |   | <u>Cost</u> |
|---|-------------|
| 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.  | \$ 2,500    |
| 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.  | 2,500       |
| 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. | 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 replacement 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.

4,000

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	\$14,148
MNA Employment	4

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 follow-up 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	\$18,766
MNA Employment	2 Community Agents
to establish home for 5 girls	
to 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.

Job Creation: 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

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	\$23,552
MNA Employment	15 trainees, 100% of time - Public Sector
	10 trainees, 50% of time - Private Sector
	1 youth program developer

TOTAL PROJECT COST	\$167,086
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## PROJECT ANALYSIS

MODEL CITIES  
PORTLAND, OREGON

PROJECT TITLE Multi-Service Center (2-185)

PROJECT NUMBER 4-07

PROJECT STATUS ☒ New  
☐ Expanded

OPERATING AGENCY Oregon State Multi Service Center

PLANNING COMPONENT Social Environment

ADMINISTRATIVE NUMBER 1400

PROGRAM ACCOUNT Social Services

CITIZENS' WORKING COMMITTEE Social Services Working Committee

PROJECT FUNDING	100% SUPPLEMENTAL	USING SUPPLEMENTAL	USING CATEGORICAL	OTHER	TOTAL
Anticipated	167,086.00	167,086.00			167,086.00
Affirmed					

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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 low-income 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

- 01 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

- 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

- 01 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:
  - 01 Temporary aid to recipients whose welfare check is delayed
  - 02 Non-welfare recipient, who recently began work, and needs aid 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"

- 01 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
- 03 Establishing of a facility for training sub-professional staff from MN area

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

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

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-MSA pays 100% of cost

02 Placed in private sector, employer pays 50% of cost - MSA-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 MSA 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 and 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 provided \_\_\_\_ 1 month \_\_\_\_ 3 months \_\_\_\_ 6 months \_\_\_\_ 1 year  
\_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F  
\_\_\_\_ Race \_\_\_\_ black \_\_\_\_ white \_\_\_\_ other  
\_\_\_\_ 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:  
\_\_\_\_ a. full pay check wait  
\_\_\_\_ b. exhausted welfare check  
\_\_\_\_ c. emergency shelter or utility deposit needed  
\_\_\_\_ d. replacement of household goods and appliances destroyed in disaster  
\_\_\_\_ 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

\_\_\_\_\_100% funding

\_\_\_\_\_50% funding

\_\_\_\_\_Number upgraded to permanent employment for service to MN

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

\_\_\_\_\_16 years old                      \_\_\_\_\_19 years old                      \_\_\_\_\_22 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. RESIDENT 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
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

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

<u>Budgeted Period</u>	<u>Program</u>	<u>Personnel Services</u>	<u>Services&amp; Supplies</u>	<u>Capital Outlay</u>	<u>Special Payments</u>	<u>Total</u>
6/70 - 9/70	Day Care	21,907	5,186	2,281		\$ 29,374
6/70 - 9/70	Health Clinics					
	- Medical	8,411	945	7,000		7,945
	- Dental		2,650	22,500		33,561
3/70 - 9/70	Supplemental Welfare					
	- Aid to uniting families				2,500	
	- Revolving Loan Fund				9,500	
	- Special Needs				9,500	
	- Miscellaneous Medical				4,000	
	- Contract Services for					
	- Administration of Funds		1,000			1,000
	- Transportation				2,500	
	- Welfare Aides (2)	8,600			28,000	36,640
3/70 - 7/70	Team Concept	11,648	2,500			14,148
3/70 - 7/70	Youth Employment					
	- Program I				17,120	17,120
	- Program II	5,752	480	200		6,432
3/70 - 9/70	Juvenile Foster Home Care	6,766			12,000	18,766
		<u>\$63,124</u>	<u>\$12,761</u>	<u>\$31,981</u>	<u>\$57,120</u>	<u>\$164,986</u>
	Program administration and/or further program enrichment					2,100
					<b>TOTAL</b>	<u>\$167,086</u>

DAY CARE  
March 1, 1970 to September 1, 1970

Personal Services:

2 Professional Staff @ \$1100/month	\$ 6,600	
6 Assistants @ \$2520/month	12,960	
12% fringe benefits	2,347	\$21,840*

Services and Supplies:

Rent 1200 sq. ft. @ \$.35	\$ 2,520	
Food, Laundry, Insurance, Bookkeeping, etc.	2,666	
		5,186

Capital Outlay:

Stove, Refrigerator and Dishwasher	\$ 600	
Play Equipment (see detailed proposal)	1,681	
		2,281

Total Budget

\$29,374

HEALTH CLINICS  
June 1, 1970 to September 1, 1970

Medical

Services and Supplies:

Rent 900 sq. ft. @ \$.35	\$ 945	
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Capital Outlay:

Equipment (see detailed proposal)	7,000*	
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Total Medical

\$ 7,945

Dental

Personal Services:

Dental Director @ \$20,000/year	\$ 5,600	
2 Dental Assistants @ \$5,020/year	2,811	
		\$ 8,411

Services and Supplies

Rent 700 sq. ft. @ \$.35	\$ 735	
Consumable Supplies	1,500	
Fees	265	
Telephone	150	
		\$ 2,650

Capital Outlay:

Equipment (see detailed proposal)	\$22,500*	\$ 22,500
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Total Dental

\$ 33,561

\* Purchasing will begin March 1, 1970.

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

**Special Payments:**

Revolving Loan Fund	\$ 9,500
Special Needs	9,500
Miscellaneous Medical	4,000
Contracted Services	1,000
Aid to Uniting Families	2,500
Transportation	2,500
Welfare Aides (2)	8,640

Total	<u>\$ 37,640</u>
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**TEAM CONCEPT**  
March 1, 1970 to July 1, 1970

**Personal Services:**

5 Professional @ \$650/month	\$ 11,648*
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Total	<u>\$ 11,648</u>
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Total	<u>\$ 11,648</u>
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**Services and Supplies:**

Travel 12000miles @ \$.10/mile	1200.00	
Consumable Supplies (Desk supplies)	<u>800.00</u>	2,000

Miscellaneous equipment	<u>500</u>	
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	<u>500</u>
	<u>\$ 14,148</u>

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	\$ 800
Other payroll expense	<u>56</u>

Total per trainee	\$ 856
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Special payments (15 trainees)	\$12,840
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Estimated cost per trainee (Private Profit Making Organizations)	
50% of payroll cost	\$ 428

Special payments (10 trainees)	<u>\$ 4,280</u>
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Total Program I	<u><u>\$17,120</u></u>
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Program II - Youth Employment Program Developer

Personal Services:

Youth Employment Program Developer @ \$856/month	\$ 5,136
12% Fringe Benefits	<u>616</u>

\$ 5,752

Services and Supplies:

Transportation 2400 miles @ \$.10/mile	\$ 240
Telephone \$20/month	120
Desk Supplies - 120	<u>120</u>

\$ 480

Capital Outlay:

Equipment	<u>\$ 200</u>
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Total Program II	<u><u>\$ 6,432</u></u>
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JUVENILE FOSTER HOME CARE  
March 1, 1970 to September 1, 1970

Personal Services:

2 Community Agents @ \$12,048/year	\$ 6,766*
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Special Payments:

Foster care boarding rate \$100/month x 10 children	\$6,000
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Fees for services to foster parents	
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\$50/month x 10 children	3,000
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Clothing, incidental expenses and school fees	3,000
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	<u>12,000</u>
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Total	
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	<u><u>\$18,766</u></u>
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\* includes 12% fringe benefits

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

BUDGET FOR SUPPLEMENTARY GRANT ACTIVITY

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

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES AGENCY

2. BRIEF DESCRIPTIVE TITLE OF ACTIVITY

Expansion of Services within the  
Multi-Service Center of DAY CARE 3.186

3. 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	Portland, Oregon 97211

4. TYPE OF ENTITY - Is the entity a (Check applicable box or boxes):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> City Department     | <input checked="" type="checkbox"/> Public Agency | <input checked="" type="checkbox"/> Neighborhood-based |
| <input type="checkbox"/> Private (Nonprofit) | <input type="checkbox"/> Private (Profit Making)  | <input type="checkbox"/> Other (Specify)               |

5. 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.

6. 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.

7. 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 project (3.186) of \$167,086.00 (MCA supplemental funds)

## 6. BUDGET

a. COST CATEGORY	b. ESTIMATED COST	c. MCA SHARE (If cost is being shared with others)
(i) Personnel	\$21,907.	\$21,907.
(2) Consultants and Contract Services		
(3) Travel		
(4) Space Rent 1,200 sq. ft. @ \$.35	2,520.	2,520.
(5) Consumable Supplies		
(6) Rental, Lease, or Purchase of Equipment Play 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.

## 9. SUBMISSION:

a. \_\_\_\_\_  
Signature and Title of Authorized Officialb. \_\_\_\_\_  
Date

## 10. APPROVAL:

a. \_\_\_\_\_  
Signature and Title of Authorized HUD Officialb. \_\_\_\_\_  
Date



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PERSONNEL

(Attach This Form to Each Activity Budget Justification)

1. NAME OF CITY DEMONSTRATION AGENCY

MODEL CITIES AGENCY

2. BRIEF DESCRIPTIVE TITLE OF PROJECT OR ACTIVITY

Multi-Service Center (3.186)  
Emergency Day Care

NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

State Multi-Service Center  
4917 N.E. Union Ave.  
Portland, Oregon 97211

c. NUMBER OF PERSONS 4-07-01	b. POSITION OR TITLE	c. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	e. MONTHS TO BE EMPLOYED	f. COST (c x d x e)
4-07-01	2 Child Educ. Teachers	550	100	6	6,600
4-07-02	6 Teacher Assistants	360	100	6	12,960

COST OF FRINGE BENEFITS (Indicate Basis for Estimate)

TOTAL, PERSONNEL	19,560.
FB 12%	2,347.
TOTAL, PERSONNEL	21,907.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

BUDGET FOR SUPPLEMENTARY GRANT ACTIVITY

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

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES AGENCY

2. BRIEF DESCRIPTIVE TITLE OF ACTIVITY

Health Clinic

3. NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

Multnomah County Dental Department  
4917 N.E. Union Ave.  
Portland, Oregon 97211

Multnomah County Medical  
4917 N.E. Union Ave.  
Portland, Oregon 97211

4. TYPE OF ENTITY - Is the entity a (Check applicable box or boxes):

☐ City Department

☒ Public Agency

☒ Neighborhood-based

☐ Private (Nonprofit)

☐ Private (Profit Making)

☐ Other (Specify)

5. 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.

6. 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 Multnomah County Health Department operates a county clinic far removed from MN Area. This clinic will be located in MN to serve MN residents only.

7. 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.

This will be a \$41,306 project. Part of a Multi-Service (3.186) CDA project of \$167,086.00 (MCA supplemental funds)

## 9. SUBMISSIONS

b. \_\_\_\_\_ Date \_\_\_\_\_

## 10. APPROVAL:

b. \_\_\_\_\_ Date \_\_\_\_\_

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PERSONNEL

(Attach This Form to Each Activity Budget Justification)

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES AGENCY

2. BRIEF DESCRIPTIVE TITLE OF PROJECT OR ACTIVITY

Children's Medical-Dental Center

NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY  
Multnomah County Health Department  
4917 N.E. Union Avenue  
Portland, Oregon 97211

a. NUMBER OF PERSONS 4-07-02	b. POSITION OR TITLE	c. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	e. MONTHS TO BE EMPLOYED	f. COST (c x d x e)
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	1,255.

COST OF FRINGE BENEFITS (Indicate Basis for Estimate)

TOTAL, PERSONNEL	7,510.
12% Fringe Benefits	901.
TOTAL, PERSONNEL	8,411.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

BUDGET FOR SUPPLEMENTARY GRANT ACTIVITY

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

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES AGENCY

2. BRIEF DESCRIPTIVE TITLE OF ACTIVITY

Emergency Welfare Aid

3. NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

Model Cities Welfare  
4917 N.E. Union Ave.  
Portland, Oregon 97211

4. TYPE OF ENTITY - Is the entity a (Check applicable box or boxes):

☐ City Department

☒ Public Agency

☒ Neighborhood-based

☐ Private (Nonprofit)

☐ Private (Profit Making)

☐ Other (Specify)

5. 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.

6. 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 Model Cities Area at a cost of \$267,916.00.

7. 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.

This will be a \$37,640.00 project. It will be part of Multi-Service (3.186) CDA project of \$167,086. (MCA supplemental funds)

## 6. BUDGET

a. COST CATEGORY	b. ESTIMATED COST	c. MCA SHARE (If cost is being shared with others)
(1) Personnel	1 yr. 17,280.00	6 mo. 8,640.*
(2) Consultants and Contract Services	1 yr. 1,000.00	6 mo. 1,000.
(3) Travel		
(4) Space		
(5) Consumable Supplies		
(6) Rental, Lease, or Purchase of Equipment		
(7) Other: A. Aid Reuniting Families	1 yr. 5,000.00	6 mo. 2,500.
B. Revolving Loan Fund	1 yr. 19,000.00	6 mo. 9,500.
C. Special Needs	1 yr. 19,000.00	6 mo. 9,500.
D. Miscellaneous Medical	1 yr. 11,000.00	6 mo. ; 4,000.
E. Transportation (Emerg.)	1 yr. 5,000.00	6 mo. 2,500.
* includes 12% <sup>TOTAL</sup> Fringe Benefits		\$37,640.00

## 9. SUBMISSION:

a. \_\_\_\_\_  
Signature and Title of Authorized Officialb. \_\_\_\_\_  
Date

## 10. APPROVAL:

a. \_\_\_\_\_  
Signature and Title of Authorized HUD Officialb. \_\_\_\_\_  
Date

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PERSONNEL

(Attach This Form to Each Activity Budget Justification)

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES AGENCY

2. BRIEF DESCRIPTIVE TITLE OF PROJECT OR ACTIVITY

Supplemental Welfare

NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

a. NUMBER OF PERSONS 4-07-03	b. POSITION OR TITLE	c. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	e. MONTHS TO BE EMPLOYED	f. COST : (c x d x e)
4-07-01	Welfare Aide	360.00	100%	6	2,160.
4-07-02	Welfare Aide	360.00	100%	6	2,160.

COST OF FRINGE BENEFITS (Indicate Basis for Estimate)

TOTAL, PERSONNEL	4,320.
12% FB	518.
TOTAL, PERSONNEL	4,838.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

BUDGET FOR SUPPLEMENTARY GRANT ACTIVITY

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

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES AGENCY

BRIEF DESCRIPTIVE TITLE OF ACTIVITY

INTEGRATED TEAM WELFARE

3. NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

State Multi-Service Center  
4917 N.E. Union Avenue

Portland, Oregon 97211

4. TYPE OF ENTITY - Is the entity a (Check applicable box or boxes):

☐ City Department

☒ Public Agency

☒ Neighborhood-based

☐ Private (Nonprofit)

☐ Private (Profit Making)

☐ Other (Specify)

5. 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.

6. 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 program in the MN Area at a cost of \$267,916.00.

7. 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.

This will be a \$14,148 project. It is part of Multi-Service (3.186) project of \$167,086.00 (MCA Supplemental funds)



## 8. BUDGET

a. COST CATEGORY	b. ESTIMATED COST	c. MCA SHARE (If cost is being shared with others)
(1) 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:		
* Includes 12% Fringe <sup>TOTAL</sup> Benefits	14,148.	14,148.

## 9. SUBMISSION:

a. \_\_\_\_\_  
Signature and Title of Authorized Officialb. \_\_\_\_\_  
Date

## 10. APPROVAL:

a. \_\_\_\_\_  
Signature and Title of Authorized HUD Officialb. \_\_\_\_\_  
Date

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PERSONNEL

(Attach This Form to Each Activity Budget Justification)

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES AGENCY

2. BRIEF DESCRIPTIVE TITLE OF PROJECT OR ACTIVITY

TEAM CONCEPT - (Multi-Service Center)

NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

State Multi-Service Center  
4917 N.E. Union Avenue  
Portland, Oregon 97211

e. NUMBER OF PERSONS	b. POSITION OR TITLE	c. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	e. MONTHS TO BE EMPLOYED	f. COST (c x d x e)
4-07-04					
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.

COST OF FRINGE BENEFITS (Indicate Basis for Estimate)

TOTAL, PERSONNEL	10,400.
12% Fringe Benefits	1,248
TOTAL, PERSONNEL	11,648.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

BUDGET FOR SUPPLEMENTARY GRANT ACTIVITY

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

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES

2. BRIEF DESCRIPTIVE TITLE OF ACTIVITY

FOSTER HOME CARE

NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

Multnomah Juvenile Court  
1401 NE 68th Street  
Portland, Oregon 97213

4. TYPE OF ENTITY - Is the entity a (Check applicable box or boxes):

☐ City Department

☒ Public Agency

☒ Neighborhood-based

☐ Private (Nonprofit)

☐ Private (Profit Making)

☐ Other (Specify)

5. 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.

6. 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 Multnomah County Juvenile Dept. has a Foster Home program, but has difficulty in securing homes for black children within the MN Area. This project will service the MN only.

7. 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.

This will be a \$18,766.00 project which is a part of the CDA Multi-Service project (3.186) from MCA supplemental funds.

## 8. BUDGET

a. 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 fees	3,000.00	3,000.00
(6) Rental, Lease, or Purchase of Equipment		
(7) Other: a. Services to Foster Parents	3,000.00	3,000.00
* includes 12% Fringe <sup>TOTAL</sup> benefits	18,766.00	18,766.00

## 9. SUBMISSION:

a. \_\_\_\_\_  
Signature and Title of Authorized Officialb. \_\_\_\_\_  
Date

## 10. APPROVAL:

a. \_\_\_\_\_  
Signature and Title of Authorized HUD Officialb. \_\_\_\_\_  
Date

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

## PERSONNEL

(Attach This Form to Each Activity Budget Justification)

1. NAME OF CITY DEMONSTRATION AGENCY

2. BRIEF DESCRIPTIVE TITLE OF PROJECT OR ACTIVITY

3. NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

a. NUMBER OF PERSONS	b. POSITION OR TITLE	c. AVERAGE SALARY MONTH	d. PERCENT OF TIME ON UNDERTAKING	e. MONTHS TO BE EMPLOYED	f. COST (c x d x e)
4-07-05					
01	Community Agent	503.50	100	6	3,021.
02	Community Agent	503.50	100	6	3,021.

## COST OF FRINGE BENEFITS (Indicate Basis for Estimate)

TOTAL, PERSONNEL	6,041.
12% Fringe Benefits	725.
TOTAL, PERSONNEL	6,766.00

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

BUDGET FOR SUPPLEMENTARY GRANT ACTIVITY

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

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES AGENCY

2. BRIEF DESCRIPTIVE TITLE OF ACTIVITY

3. YOUTH EMPLOYMENT

3. NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

Multi-Service Center  
4917 N.E. Union Avenue

Portland, Oregon 97211

4. TYPE OF ENTITY - Is the entity a (Check applicable box or boxes):

☐ City Department

☒ Public Agency

☒ Neighborhood-based

☐ Private (Nonprofit)

☐ Private (Profit Making)

☐ Other (Specify)

5. 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.

6. 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 operates a training center at 220 N.E. Russell Street but does not enroll the youth of these ages for summer employment. This project will cover them alone in MN.

7. 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.

This will be a \$23,552 project. Part of Multi-Service (3.186) project of \$167,086.00 (MCA supplemental funds)

## 8. BUDGET

a. COST CATEGORY	b. ESTIMATED COST	c. MCA SHARE (If cost is being shared with others)
(1) Personnel	5,752.00*	5,752.00*
(2) Consultants and Contract Services		
(3) Travel      State Car (mileage) \$.10/mile, 2400 miles	240.00	240.00
(4) Space		
(5) Consumable Supplies      Desk Supplies	120.00	120.00
(6) Rental, Lease, or Purchase of Equipment Desk & Chair		
(7) Other:		
a. Telephone installation & service	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
TOTAL		
* includes 12% Fringe	23,552.	23,552.00

## 9. SUBMISSION:

a. \_\_\_\_\_  
Signature and Title of Authorized Officialb. \_\_\_\_\_  
Date

## 10. APPROVAL:

a. \_\_\_\_\_  
Signature and Title of Authorized HUD Officialb. \_\_\_\_\_  
Date

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PERSONNEL

(Attach This Form to Each Activity Budget Justification)

1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND MODEL CITIES AGENCY

2. BRIEF DESCRIPTIVE TITLE OF PROJECT OR ACTIVITY

Youth Employment

3. NAME, ADDRESS AND ZIP CODE OF OPERATING ENTITY

State of Oregon Employment Service  
220 N.E. Russell St.  
Portland, Oregon 97212

g. NUMBER OF PERSONS 4-07-06	h. POSITION OR TITLE	i. AVERAGE SALARY MONTH	j. PERCENT OF TIME ON UNDERTAKING	k. MONTHS TO BE EMPLOYED	l. COST (c x d x e)
01	Youth Employment Program Developer	856.00	100%	6	5,136.00

COST OF FRINGE BENEFITS (Indicate Basis for Estimate) 12% 616.00

TOTAL, PERSONNEL 5,752.00

TOTAL, PERSONNEL 5,752.00



## BUDGET SUMMARY

Page 1 of 3

## 1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND, OREGON

## 2. BUDGET

a. UNDERTAKINGS	b. ESTIMATED COST	c. MCA SHARE
(1) Program Administration (Year ) 1969 - 1970	\$ 489,600	\$ 391,680
(2) 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
* (d) 3.81 Res. Dev. Program Design	50,000	50,000
* (e) 3.121 Pre-NDP Planning	181,744	181,744
* (f) 3.141 Police Comm. Relations	264,892	128,346
(g) 3.121 (b) Pre-NDP Plan. #2	396,501	396,501
(h)		
(i)		
(j)		
(k) SUB TOTAL		1,260,893
(l)		
* (m) 3.43 Pre School Expansion	485,376	48,538
* (n) 3.44 Secondary & Cont. Ed.	1,485,959	25,907
* (o) 3.142 Police Intern Program	126,977	22,326
* (p) 3.143 Elem. Police Education	49,332	16,444
* (q) 3.160 Youth Activ. Planning	37,330	37,330
* (r) 3.185 Consumer Protection	62,590	31,295
* (s) 3.186 Multi-Service Center	167,128	167,128
* (t) 3.201 Trans-Service Center	171,786	57,205
SUBTOTAL		
(3) TOTAL		

(Grant For First Year  
Action \$1,262,987.00)

## 3. SUBMISSION

a.

Signature and Title of Authorized Official

b. March 27, 1970  
Date

## 4. APPROVAL

a.

Signature and Title of Authorized HUD Official

b.

Date

## BUDGET SUMMARY

Page 2 of 3

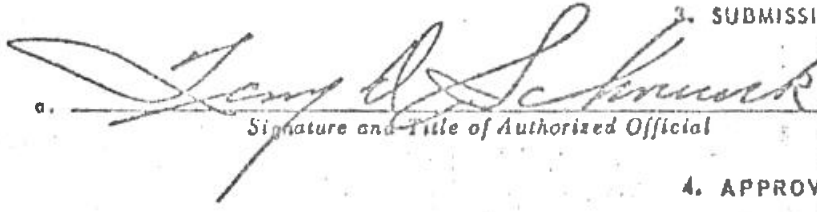
## 1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND, OREGON

## 2. BUDGET

a. UNDERTAKINGS	b. ESTIMATED COST	c. MCA SHARE
(1) Program Administration (Year ) 1969-1970 Page 2		
(2) Projects and Activities		
(c) 3.45 Cascade Center	851,000	851,000
(b) 3.21 Employ. Relations Comm.	62,366	62,366
(c) 3.22 Operation Step-Up	336,626	336,626
(d) 3.31 Comm. Development Prog.	201,880	201,880
(e) 3.101 Comm. Legal Services	169,216	79,182
(f) 3.181 Total Care for Aged	303,395	60,787
(g) 3.182 Compre. Child Care	657,678	164,419
(h) 6.735 Evaluation	242,528	242,528
(i) Citizens' Participation	57,094	57,094
(j) 3.62 (b) Mental Retardation	254,442	22,047
(k)		
(l)		
(m)		
(n) Approved projects No M.C.A. Money		
(o)		
* (p) 3.82 House Counseling	26,500	
* (q) 3.83 Rehabilitation of Housing	104,300	
* (r) 3.84 Demo. Vacant Structures	289,900	
* (s) 3.122 N.D.P.	1,233,673	
* (t) 3.123 Relocation Study	20,000	
<b>SUBTOTAL</b>		
(3) TOTAL		

## 3. SUBMISSION

a.   
Signature and Title of Authorized Official

b. March 27, 1970  
Date

## 4. APPROVAL

a. \_\_\_\_\_  
Signature and Title of Authorized HUD Official

b. \_\_\_\_\_  
Date

## BUDGET SUMMARY

Page 3 of 3

## 1. NAME OF CITY DEMONSTRATION AGENCY

PORTLAND, OREGON

## 2. BUDGET

## a. UNDERTAKINGS

## b. ESTIMATED COST

## c. MCA SHARE

## (1) Program Administration

(Year ) 1969-1970 Page 3

## (2) Projects and Activities

\*(a) 3.144 Summer Inst. Law &amp; Justice 39,290

\*(b) 3.184 Juven. Care &amp; Foster Homes 287,706

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

(k)

(l)

(m)

(n)

(o)

(p)

(q)

(r)

(s)

(t)

## SUBTOTAL

\$2,484,102

## (3) TOTAL

\$3,745,000

## 3. SUBMISSION

a.  Signature and Title of Authorized Officialb. March 27, 1970  
Date

## 4. APPROVAL

a. \_\_\_\_\_  
Signature and Title of Authorized HUD Officialb. \_\_\_\_\_  
Date