

ORDINANCE NO. 2010-07-057

**AN ORDINANCE APPROVING A CITY OF URBANA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM SUBRECIPIENT AGREEMENT**

**(Greater Community AIDS Project [GCAP] / Project No. 1011-CSSP-01)**

WHEREAS, On April 19, 2010, the Urbana City Council passed Ordinance No. 2010-04-024 approving the City of Urbana and Urbana HOME Consortium Annual Action Plan FY 2010-2011 authorizing certain activities under the Public Service Activity Program.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF URBANA, ILLINOIS, as follows:

Section 1. That an Agreement providing Three Thousand Two Hundred Five and 00/100 dollars (\$3,205.00) in Community Development Block Grant funds, to provide salary support for the delivery of case management and support services, as well as transitional housing and one-on-one counseling, for persons living with HIV/AIDS, in substantially the form of the copy of said Agreement attached hereto and hereby incorporated by reference, be and the same is hereby authorized and approved.

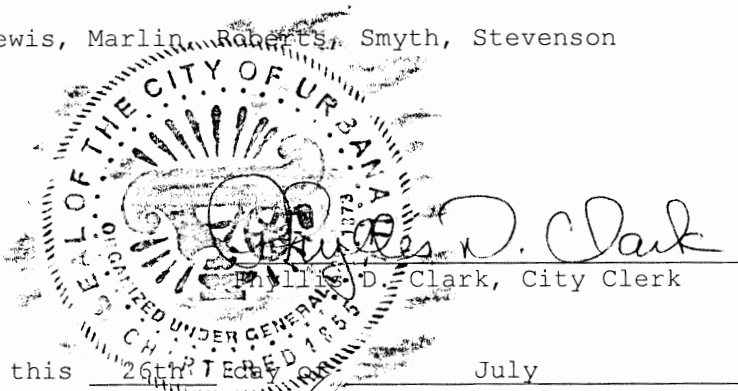
Section 2. That the Mayor of the City of Urbana, Illinois, be and the same is hereby authorized to execute and deliver and the City Clerk of the City of Urbana, Illinois, be and the same is authorized to attest to said execution of said Agreement as so authorized and approved for and on behalf of the City of Urbana, Illinois.

PASSED by the City Council this 19th day of July, 2010.

AYES: Gehrig, Lewis, Marlin, ~~Roberts~~, Smyth, Stevenson

NAYS:

ABSTAINS:



APPROVED by the Mayor this 26th day of July, 2010.

*Laurel Hunt Prussing*  
Laurel Hunt Prussing, Mayor



**CITY OF URBANA  
COMMUNITY DEVELOPMENT BLOCK GRANT**

**AGREEMENT**

**FILED**

**NOV 10 2010**

**Phyllis D. Clark  
City Clerk**

SUBRECIPIENT NAME: Greater Community AIDS Project (GCAP)  
PROJECT NO. 1011-CSSP-01  
PROJECT ADDRESS PO Box 713, Champaign IL 61824  
CFDA No. 14.218

THIS SUBRECIPIENT AGREEMENT, made and entered into by and between the CITY OF URBANA, an Illinois Municipal Corporation (hereinafter the "City"), and Greater Community AIDS Project (GCAP), an Illinois Not-For-Profit Organization (hereinafter the "Subgrantee").

WITNESSETH

WHEREAS, the City has been designated as an entitlement community by the U. S. Department of Housing and Urban Development (hereinafter "HUD") under provisions of the Housing and Community Development Act of 1974, as amended, and, as an entitlement community, the City will receive an entitlement of Community Development Block Grant (hereinafter "CDBG") funds for the period beginning July 1, 2010 and ending June 30, 2011, pursuant to the CDBG Program; and,

WHEREAS, the Urbana City Council has adopted an Annual Action Plan for the year beginning July 1, 2010 and ending June 30, 2011 which allocates a CDBG budget and authorizes establishment of public service/public facilities & improvement activities to be sponsored by non-profit agencies in the area; and,

WHEREAS, the City has the right and authority under said CDBG Program to allocate a portion of its funds to the Subgrantee for purposes of administering such activities; and,

WHEREAS, the City, as a condition of its assistance to the Subgrantee, requires the Subgrantee to file with the City certain attachments which are hereby incorporated and made part hereof.

NOW, THEREFORE, the parties hereby agree as follows:

1. The preamble set forth above is hereby incorporated and made part of the Subgrantee Agreement.
2. The purpose of this Subrecipient Agreement is to pledge FY 2010-2011 CDBG program funds to: The Emergency Assistance Program, which offers funds to persons who are HIV-positive and are referred by their case managers. These monies are paid for past due rent to avoid loss of housing and for medications and health care needs when there are no other resources available.
3. The City agrees to grant to the Subgrantee the sum of **Three Thousand Two Hundred Five and 00/100 Dollars (\$3,205.00)** and the Subgrantee agrees to abide by the CDBG Program and to use said funds for the purpose of carrying out Subgrantee Project No. 1011-CSSP-01 (hereinafter the "Project").

22. This Agreement shall be effective as of the date executed by the City.

**CITY**

BY: *[Handwritten Signature]*

DATE: 10/25/10

ATTEST: *[Handwritten Signature]*

DATE: 10/25/10

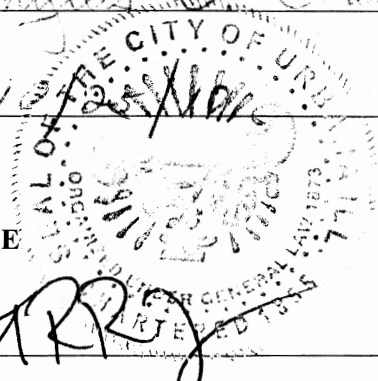
**SUBGRANTEE**

BY: *[Handwritten Signature]*

DATE: 22nd Sept 2010

ATTEST: *[Handwritten Signature]*

DATE: 22nd Sept 2010



**ATTACHMENT B  
ASSURANCES**

The Subgrantee hereby assures and certifies with respect to the grant that:

1. It possesses legal authority to receive CDBG Program funds from the City and to execute the proposed program.
2. Its governing body has duly adopted or passed as an official act a resolution, motion, or similar action authorizing execution of this Agreement, including all understandings and assurances contained herein, and directing and designating the authorized representative of the Subgrantee to act in connection with the Agreement and to provide such additional information as may be required.
3. The City of Urbana's CDBG Program has been developed so as to give maximum feasible priority to activities which will benefit very low-income families. As a subrecipient of CDBG Program funds, Subgrantee agrees to give maximum feasible priority to very low-income families when administering the Subgrantee program described herein.
4. It will comply with the regulations, policies, guidelines, and requirements of OMB Circular A-122 as they relate to the acceptance and use of Federal funds for this federally-assisted program.
5. It will comply with all requirements imposed by HUD concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with OMB Circular A-110.
6. It will comply with all regulations, policies, guidelines, and requirements of OMB Circular A-133 as they relate to audits of non-profit organizations. Audits shall be conducted annually.
7. It will comply with
  - A. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and the regulations issued pursuant thereto (24 CFR Part I), which provide that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Subgrantee received Federal financial assistance and will immediately take any measure necessary to effectuate this assurance.
  - B. Section 109 of the Housing and Community Development Act of 1974, and the regulations issued pursuant thereto (24 CFR 570.601), which provide that no person in the United States shall, on the ground of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with Title I funds.
  - C. Executive Order 11246, and all regulations issued pursuant thereto (24 CFR Part 130), which provide that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of federal or federally-assisted contracts.

Agreement # 1011-CSSP-01


Such contractors and subcontractors shall take affirmative action to insure fair treatment in employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training and apprenticeship.

- D. Section 3 of the Housing and Urban Development Act of 1968, as amended, requiring that to the greatest extent feasible opportunities for training and employment be given lower-income residents of Champaign County and contracts for work in connection with the project be awarded to eligible business concerns which are located in, or owned in substantial part by, persons residing in Champaign County.
- E. Labor Standards. The requirements of the Secretary of Labor in accordance with the Davis-Bacon Act as amended, Sections 103 & 107 of Contract Work Hours and Safety Standards Act (40 U.S.C. 327 *et seq.*) and all other applicable Federal, state and local laws and regulations pertaining to labor standards insofar as those acts apply to the performance of this Agreement. The Subgrantee agrees to comply with the Copeland Anti-Kick Back Act (18 U.S.C. 874 *et seq.*) and its implementing regulations of the U.S. Department of Labor at 29 CFR Part 5. The Subgrantee shall maintain documentation that demonstrates compliance with hour and wage requirements of this part. Such documentation shall be made available to the Grantee for review upon request.
- F. Guidelines for Energy Management / Energy Star. Guidelines have been established regarding energy management using Energy Star and are recommended by both the Dept. Housing & Urban Development and the Illinois Department of Commerce and Economic Opportunity and subgrantees are encouraged to follow these guidelines.
- G. Copyrights. If this contract results in any copyrightable material or inventions, the Grantee and/or grantor agency reserves the right to royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use and to authorize others to use, the work or materials for governmental purposes.
- H. Patent Rights. Agencies shall use standard patent rights clause specified in "rights to Inventions made by Non-Profit Organizations and Small Business Firms" (37 CFR Part 401), when providing support for research and development.
- I. Clean Air/Clean Water. The Subrecipient agrees to comply with the following requirements insofar as they apply to the performance of this Agreement:
  - a. Clean Air Act, 42 U.S.C. , 7401, *et seq.*;
  - b. Federal Water Pollution Control Act, as amended, 33 U.S.C., 1251, *et seq.*, as amended, 1318 relating to inspection, monitoring, entry, reports, and information, as well as other requirements specified in said Section 114 and Section 308, and all regulations and guidelines issued thereunder;
  - c. Environmental Protection Agency (EPA) regulations pursuant to 40 CFR Part 50, as amended.

Agreement # 1011-CSSP-01

- J. Disbarment & Suspension. The Subrecipient certifies that it is not Disbarred or Suspended or otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549. The Subgrantee shall establish procedures to ensure that any award made to contractors or subcontractors at any tier, is not in violation of the non-procurement debarment and suspension common. The Subgrantee shall verify and document that none of its contractors or subcontractors are debarred, suspended, or otherwise excluded from participation through the effective use of the List of Parties Excluded from Federal Procurement or Non-procurement programs ("List".) The Subgrantee may request assistance from the City of Urbana to access the List and document results to the file, or verify by using the following website ([www.epls.gov](http://www.epls.gov)) or any other approved method.
8. It will establish safeguards to prohibit employees from using positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
9. It will comply with the provisions of the Hatch Act which limit the political activity of employees. No federally appropriated funds have been paid or will be paid, by or on behalf of Subgrantee, to any person for influencing or attempting to influence an officer or employee of any agency including the City, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- If any funds other than federally appropriated funds have been paid, or will be paid to any person for influencing or attempting to influence an officer or employee of any agency including the City, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, Subgrantee will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
10. It will give HUD and the Comptroller General through any authorized representative access to and the right to examine all records, books, papers, or documents related to the grant.

These assurances are signed with regard to Subgrantee Project No. 1011-CSSP-01 of the Urbana CDBG Program.

  
\_\_\_\_\_  
Signature: Subgrantee Chief Executive Officer

  
\_\_\_\_\_  
Attest

22nd Sept 2010  
\_\_\_\_\_  
Date

**ATTACHMENT C  
STATEMENT OF SPECIAL CONDITIONS**

Subgrantee understands and agrees that it is a subrecipient of Urbana CDBG Program and is eligible to receive funds for Subgrantee Project No. 1011-CSSP-01 pursuant to this Agreement.

The following conditions, in addition to those established in the Agreement itself, and other attachments thereto, and federal, state, county and city laws, regulations, and procedures pertinent to this project, have been set forth and must also be complied with in order for Subgrantee to receive CDBG Program Assistance for Subgrantee Project No. 1011-CSSP-01.

1. This Agreement is contingent upon Subgrantee operating the Scope of Service herein outlined during the period July 1, 2010 - June 30, 2011.

**SCOPE OF SERVICE**

As stated in the Application submitted by the Subrecipient, which is incorporated herein as part of this Subrecipient Agreement and attached as Attachment D: Subrecipient Application.

2. Subgrantee shall be responsible for administering the program herein described, utilizing funds from the CDBG Program in a manner satisfactory to the City and consistent with any standards required as a condition of providing these funds. Such program shall include the following activities eligible under the CDBG Program.

A. Program Delivery

The Subgrantee shall provide a suitable living environment which includes increasing access to quality services, by providing financial assistance to persons who are HIV-positive and are referred by their case managers, which includes payment for past due rent to avoid loss of housing, for medications and health care needs when there are no other resources available, and to assist with transportation to medical appointments, court dates, and out-of-town appointments.

B. General Administration

The Subgrantee shall provide all necessary staffing, materials, meeting sites, and anything else necessary to facilitate the services/project described above. Subgrantee shall maintain records related to the number of persons served under this grant along with documentation of income eligibility, as well as appropriate financial documentation of the expenses of the program and how funds received under this Agreement are disbursed.

3. Subgrantee certifies that activities carried out with funds provided under this Agreement shall meet one of the CDBG Program's National Objectives which is to benefit low-income persons as defined in 24 CFR Part 570.208. Therefore Subgrantee understands and agrees that activities funded under this Agreement shall benefit families/individuals within the following income guidelines. Income limits are subject to periodic revision by HUD.

<u>Family Size</u>	<u>Income Not To Exceed</u>	<u>Family Size</u>	<u>Income Not To Exceed</u>
1	<u>\$22,750</u>	5	<u>\$35,050</u>
2	<u>\$26,000</u>	6	<u>\$37,650</u>
3	<u>\$29,250</u>	7	<u>\$40,250</u>
4	<u>\$32,450</u>	8	<u>\$42,850</u>



**Agreement # 1011-CSSP-01**

4. In addition to the normal administrative services required as part of this Agreement, Subgrantee agrees to provide the following levels of program service and documentation:
  - A. Total Number of Persons To Be Served: 300
  - B. Subgrantee shall be responsible for documenting the number of persons served by submitting Certifications of Income in a form provided by the City at the time requests for reimbursement of funds are submitted.
5. It is expressly agreed and understood that the total amount to be paid by the City under this Agreement shall not exceed \$3,205. Drawdowns for the payment of eligible expenses shall be made against the line item budget specified below. The City shall make payments to the Subgrantee as reimbursement of expenses related to the administration and expenses of the program activities as stated in Article 2. The City shall make payment to Subgrantee within 21 calendar days of receipt of an acceptable billing from Subgrantee. Acceptable billing shall include such documentation as outlined herein.
6. LINE ITEMS AND DOCUMENTATION NEEDED:  
K09-1-5300-3900
  - A. **The initial request for reimbursement submitted by the Subgrantee to the City shall include the following supporting documentation: cancelled checks, and paid receipts or copies of invoices.**
  - B. **FOR Public Service Grants: With each subsequent request for reimbursement, Subgrantee shall submit copies of Certification of Income forms signed by the parents/guardians of the youth served (or other such documentation as agreed upon between the City and the Subgrantee). Ethnic information for each person served shall also be submitted.**
  - C.. **FOR Public Facility Grants: The Subgrantee shall submit a copy of the Contractor's Statement and Certified Payrolls as required to comply with Davis Bacon regulations; an Architects Inspection report that indicates percentage of project completion and other supporting documents as required by the City.**
7. Subgrantee agrees that funds received from the City pursuant to this Agreement shall be used to cover program costs. Subrecipient shall report semi-annually for periods ending December 31<sup>st</sup> and June 30<sup>th</sup> all program income generated by activities carried out with CDBG funds made available under this Agreement. Subgrantee may use such income during the contract period for activities permitted under this Agreement and shall reduce requests for funds by the amount of any such program income balances. Any and all program income (including investments thereof) on hand when this Agreement expires, or received after the Agreement's expiration, shall be returned to the City.
8. Subgrantee agrees to submit quarterly Progress Reports to the City in an agreed upon format. Progress Reports shall be due October 31<sup>st</sup>, January 31<sup>st</sup>, April 30<sup>th</sup>, and no later than July 31<sup>st</sup>. Final billing requests shall not be processed for payment until a final Progress Report is submitted.
9. Subgrantee agrees to maintain financial records in accordance with the applicable Federal OMB Circulars A-110 and A-122 and to separately and accurately identify use of CDBG Program funds pursuant to this Agreement.

Agreement # 1011-CSSP-01

10. Records maintained by Subgrantee pursuant to this Agreement shall be available for inspection upon request by the City and HUD.

Name of Subgrantee: Greater Community AIDS Project (GCAP)

Address: PO Box 713, Champaign IL 61824

Signed by: Karen M. Remussen

Title: OPERATIONS DIRECTOR

Date: 22nd Sept 2010

Agreement # 1011-CSSP-01

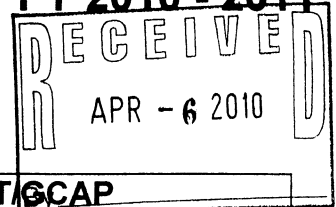
**ATTACHMENT D:  
SUBRECIPIENT APPLICATION**



**APPLICATION FOR FUNDING  
CITY OF URBANA/CUNNINGHAM TOWNSHIP  
CONSOLIDATED SOCIAL SERVICE PROGRAM**

**FY 2010 - 2011**

③



**A. AGENCY INFORMATION**

1.	Applicant Organization/Legal Name:	<b>GREATER COMMUNITY AIDS PROJECT/GCAP</b>
2.	Program to be Funded:	<b>EMERGENCY ASSISTANCE GRANTS</b>
3.	Amount Requested:	<b>\$7500</b>
4.	Contact Person & Title:	<b>KAREN RASMUSSEN, OPERATIONS DIRECTOR</b>
5.	Address:	<b>P O BOX 713, CHAMPAIGN IL 61824 208 W. JOHN ST., CHAMPAIGN IL 61820</b>
6.	Telephone No:	<b>217-351-2437</b>
7.	FAX No:	<b>217-351-2194</b>
8.	E-mail Address:	<b>Karen@gcapnow.com</b>
9.	Year Established / Incorporated:	<b>1985</b>
10.	Fiscal Year of Agency:	<b>JULY 1 – JUNE 30</b>
11.	Funding Received from Urbana:	<input type="checkbox"/> Funded in Year: _____ <input checked="" type="checkbox"/> Funded FY0910 <input type="checkbox"/> Not Funded FY0910 <input type="checkbox"/> Never Applied for Funding <input checked="" type="checkbox"/> No. of Years Funded: <b>at least 5 years</b>

**PLEASE ATTACH THE FOLLOWING REQUIRED INFORMATION**

<input checked="" type="checkbox"/>	Agency Mission Statement / Purpose	<b>ATTACHMENT A</b>
<input checked="" type="checkbox"/>	Years in Operation	<b>ATTACHMENT B</b>
<input checked="" type="checkbox"/>	Brief Overview of Agency Services & Programs	<b>ATTACHMENT C</b>
<input checked="" type="checkbox"/>	Organization Chart	<b>ATTACHMENT D</b>
<input checked="" type="checkbox"/>	List of Agency Board Members/Officers	<b>ATTACHMENT E</b>
<input checked="" type="checkbox"/>	Copy of Agency Board Meeting Minutes	<b>ATTACHMENT F</b>
<input checked="" type="checkbox"/>	Experience with Federal/State/Local Grant Programs	<b>ATTACHMENT G</b>
<input checked="" type="checkbox"/>	Actual Agency and/or Program Budget for current fiscal year (FY0910)	<b>ATTACHMENT H</b>
<input checked="" type="checkbox"/>	A Preliminary Agency and/or Program Budget for next fiscal year (FY1011)	<b>ATTACHMENT I</b>
<input checked="" type="checkbox"/>	All Agency and/or Program Staff positions by job title, # in each position, & current annual salary amount range	<b>ATTACHMENT J</b>
<input checked="" type="checkbox"/>	Internal Revenue Service Department of the Treasury: Tax Exemption Letter / Proof of 501 (c)(3) status	<b>ATTACHMENT K</b>
<input checked="" type="checkbox"/>	Illinois Department of Revenue Tax Exemption Letter: FEIN Number	<b>ATTACHMENT L</b>

\*DEADLINE FOR SUBMISSION OF THE APPLICATION IS 4:00P.M., FRIDAY, APRIL 9, 2010.

**B. PROGRAM INFORMATION**

B1. Describe in detail the program you are requesting to be funded: THE EMERGENCY ASSISTANCE GRANT PROGRAM FUNDS ARE OFFERED TO PERSONS WHO ARE HIV-POSITIVE AND ARE REFERRED BY THEIR CASE MANAGERS. THESE MONIES ARE PAID FOR PAST DUE RENTS TO AVOID LOSS OF HOUSING, FOR PAST DUE UTILITIES TO AVOID DISCONNECTION OF SERVICES, AND FOR MEDICATIONS AND HEALTH CARE NEEDS WHEN THERE ARE NO OTHER RESOURCES AVAILABLE. IN SOME CASES, MONIES ARE AVAILABLE FOR A CURRENT RENT OR UTILITY PAYMENT IF A PERSON IS IN A PROGRAM THAT REQUIRES THEM TO REMAIN CURRENT IN THEIR PAYMENTS TO CONTINUE. FUNDS HAVE ALSO BEEN USED IN THE PAST TO ASSIST WITH TRANSPORTATION TO MEDICAL APPOINTMENTS, COURT DATES, AND OUT-OF-TOWN APPOINTMENTS NECESSARY TO FURTHER AN INDIVIDUAL'S CASE MANAGEMENT.

B2 Explain how the funding awarded to your Agency will be use, if funded: THE EMERGENCY ASSISTANCE GRANT PROGRAM WILL CONTRIBUTE FUNDS FOR OVERDUE UTILITY BILLS OR PAST DUE RENT/MORTGAGE PAYMENTS. OFTEN THESE BILLS ARE PAID FOR CLIENTS FOR CURRENT BILLING PERIODS TO AVOID LATE FEES AND/OR DAMAGE TO THEIR CREDIT RATING AS IN THE CASE OF HOUSEHOLDS ON AMERIN IP'S BUDGET BILLING PLAN. MONIES RECEIVED UNDER THIS GRANT WIL BE USED ONLY FOR URBANA RESIDENTS. THIS FUNDING WOULD ALSO SERVE AS LEVERAGE FOR OTHER GRANT-WRITING PURPOSES, AND POSSIBLY AS MATCH FOR OTHER GRANT AWARDS.

B3. Program is a:  New Program  Continuation of Existing Program, started: 1985

o If continuation of existing program, describe the quantifiable increase anticipated in service level: NEW CLIENTS ARE CONTINUALLY BEING REFERRED TO GCAP FOR ASSISTANCE FROM THE 13-COUNTY CONSORTIA OF WHICH THE CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT IS A PART. HOWEVER, ANY CDBG FUNDING RECEIVED FOR THIS PROPOSAL WILL BE ALLOCATED TO ONLY NEW CLIENTS FROM URBANA WHICH MIGHT BE ESTIMATED AT 20-25% OF THE CURRENT NUMBER SERVED; i.e. 7-10 NEW HOUSEHOLDS, OR FOR PROGRAM-RELATED COSTS/STAFFING. ADDITIONAL FUNDING (CUNNINGHAM TOWNSHIP/URBANA GENERAL FUNDS) WOULD BE USED TO SERVE EXISTING URBANA RESIDENTS.

B4. Identify the number of recipients your program has the capacity to serve: DETERMINED BY AVAILABLE FUNDING AND REFERRALS @ \$500/CLIENT/YEAR

- Identify the actual total number of persons you are currently serving: 108 HOUSEHOLDS/171 PERSONS (JULY 2009-MARCH 2010; PROGRAM WILL CONTINUE THROUGH JUNE 2010 SO ADDITIONAL EXPENSES WILL BE INCURRED FOR NEW AND CURRENT CLIENTS)
- Of the total number served, identify the number of persons from Urbana currently being served: 24 HOUSEHOLDS/35 PERSONS

B5. Does your organization have a waiting list?  Yes  No

- If yes, identify the number of persons on the waiting list: \_\_\_\_\_

B6. Is there a fee to participate in the program?  Yes  No

- If yes, indicate how much and for what purpose: \_\_\_\_\_

B7. Primary population served: (Please check all that apply):

- Early Childhood (pre-kindergarten)  Adults
- K-12  Families with children under 18
- Young adults (18-25)  Senior Citizens (ages 65+)

B8. Which of the following services will this funding support? (Please check all that apply)

- Education  Employment/Job Training  Health & Medical/Mental Health
- Housing/Shelter  Food and Nutrition  Other (please specify): \_\_\_\_\_

B9. Using the table below, answer the following questions:

FAMILY SIZE	EXTREMELY LOW INCOME 30% MFI	LOW INCOME 50% MFI	MOD INCOME 80% MFI
1	\$13,700	\$22,800	\$36,500
2	\$15,650	\$26,100	\$41,700
3	\$17,600	\$29,350	\$46,950
4	\$19,550	\$32,600	\$52,150
5	\$21,100	\$35,200	\$56,300
6	\$22,700	\$37,800	\$60,500
7	\$24,250	\$40,400	\$64,650
8	\$25,800	\$43,050	\$68,850

a. How many persons in each category does your program serve? b. Of those, how many live in Urbana?

Extremely Low \_\_\_\_\_ 86 \_\_\_\_\_

Live in Urbana \_\_\_\_\_ 19 \_\_\_\_\_

Low Income \_\_\_\_\_ 16 \_\_\_\_\_

Live in Urbana \_\_\_\_\_ 3 \_\_\_\_\_

Moderate Income \_\_\_\_\_ 3 \_\_\_\_\_

Live in Urbana \_\_\_\_\_ 0 \_\_\_\_\_

B10a. From **CONSOLIDATED PLAN FOR PROGRAM YEARS 2010-2014: GOALS, STRATEGIES, & ACTIVITIES (Attachment A)**, list the specific strategy or strategies your program addresses.

○ **GOAL 2: Address barriers to obtaining affordable housing**

Strategy: Address issues faced by certain special populations, such as seniors and individuals in need of supportive service/substance abuse treatment

Strategy: Provide assistance for affordable permanent housing for persons with targeted disabilities.

○ **GOAL 5: Support community efforts to provide services and training for low- and moderate-income residents**

Strategy: Encourage and support appropriate area social service agencies to provide additional economic assistance for persons who pay out-of-pocket expenses for medical and psychological services, perhaps by developing a centralized process to contact pharmaceutical companies with requests for donations of medicines

Strategy: Support efforts by local service providers to area youth to increase supportive services available to at-risk youth.

Strategy: Support agencies that provide services to victims of domestic violence.

○ **GOAL 6: Provide support for existing agencies delivering services to homeless individuals and families and encourage the expansion of local services to meet community homeless needs.**

Strategy: Support the existing network of local homeless services.

Strategy: Take steps to stabilize households at risk of homelessness

b. Describe briefly how your program addresses each strategy as noted above:

- **GCAP'S EMERGENCY GRANT ASSISTANCE PROGRAM PROVIDES MONIES FOR HOUSEHOLDS WHO ARE BEHIND IN RENT/UTILITY PAYMENTS AND FACING EVICTION/DISCONNECTION, OR WHO MAY NOT HAVE THE NECESSARY FUNDS FOR A CURRENT RENT/UTILITY PAYMENT. THIS STABILIZING FACTOR CONTRIBUTES TO KEEPING A FAMILY OR AN INDIVIDUAL HOUSED.**
- **FUNDING AVAILABLE TO THIS PROGRAM PROVIDES FOR MEDICAL/HEALTH-RELATED PAYMENTS FOR HIV+ INDIVIDUALS. THIS STABILIZING FACTOR GIVES AN ASSISTED HOUSEHOLD AN OPPORTUNITY TO PAY OTHER EXPENSES FROM A LIMITED INCOME.**

B11. Use **Appendix B: Performance Measures**, as a guide for the following questions:

a. Describe the impact of your activity and the outcome(s) you hope to achieve: \_\_\_\_\_

OBJECTIVE: PROVIDE DECENT HOUSING BY ASSISTING HOUSEHOLDS WITH CURRENT OR PAST DUE RENTS OR UTILITY PAYMENTS. THIS PROGRAM WILL CONTRIBUTE TO MAINTIANING INDIVIDUALS AND/OR FAMILIES IN THEIR CURRENT LIVING SITUATIONS, THUS AVOIDING HOMELESSNESS.

OUTCOME: THIS PROGRAM WILL PROVIDE ASSISTANCE THAT ALLOWS AN INDIVIDUAL WHO IS HIV-POSITIVE TO CONTINUE IN THEIR CURRENT LIVING SITUATION, ACCESS MEDICAL NEEDS, RECEIVE TRANSPORTATION AS NEEDED, IMPROVE THEIR FINANCIAL STABILITY, AND WILL ENCOURAGE THEIR CONTINUED PARTICIPATION WITH CASE MANAGEMENT SERVICES.

b. Explain how you will measure the long-term impact of the activity on Clients and/or the Community: COMMON INDICATORS:

1. AMOUNT OF MONEY LEVERAGED: THIS APPLICATION SUPPORTS ONLY URBANA RESIDENTS; FUNDING FROM OTHER SOURCES CONTRIBUTE TO ASSISTANCE FOR OTHER PARTICIPANTS.

2. NUMBER OF PRESONS SERVED, 3. INCOME LEVELS, AND 4. DEMOGRAPHICS: A DATA BASE IS MAINTAINED BY THE AGENCY FOR EACH GRANT YEAR THAT PROVIDES THIS INFORMATION TO FUNDERS

c. Explain the indicators you will use to measure the impact on the Community or on the lives of persons assisted:

1. CASE MANAGERS WILL BE INTERVIEWED TO MEASURE THE IMPACT ON THEIR CLIENTS

2. A SAMPLE CLIENT SATISFACTION SURVEY WILL BE ADMINISTERED AT THE END OF THE PROGRAM YEAR TO MEASURE A PERSONAL ASSESSMENT OF THE IMPACT ON THEIR LIFE.

B12. Will this funding help build capacity in your organization and promote a long-term benefit in the organization or to the individuals that it serves, (i.e can it be leveraged to get other grant funds, does it help build self-sufficiency in your clients?) Please explain: THIS FUNDING IS USED AS LEVERAGE FOR OTHER GRANTS WHICH ALSO SUPPORT THE PROGRAM. SINCE IT ASSISTS ONLY URBANA CITIZENS, OTHER FUNDING CAN BE USED TO SUPPORT PERSONS FROM OTHER AREAS. HOWEVER, THIS FUNDING HAS ALSO SERVED TO ENCOURAGE OTHER LOCAL GOVERNMENTS OR



ORGANIZATIONS TO FUND THAT PORTION OF THE PROGRAM WHICH BENEFITS THEIR RESIDENTS, i.e. THE VILLAGE OF RANTOUL AND THE UNITED WAY OF COLES COUNTY NOW CONTRIBUTE TO THIS PROGRAM WITH BENEFITS ALLOCATED TO THEIR PARTICULAR RESIDENTS.

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**C. BUDGETARY INFORMATION**

C1. ATTACH the following to this application:

- o Your actual agency budget for the current fiscal year (FY0910)  
**SEE ATTACHMENT H**
- o A preliminary agency budget for the fiscal year for which you are applying for funds (FY1011).  
**SEE ATTACHMENT I**

C2. Categories which should be addressed in each budget include the following:

Administration		Programming		
Personnel Services:	Materials & Supplies:	Contractual Services:	Capital Outlay:	Case Management:
Salaries & wages, overtime payments, social security, health insurance, fringe benefits	Office supplies, building maintenance supplies, printed materials, gas, oil, food, etc.	Maintenance contracts, printing, postage, insurance, utilities, vehicle repairs, rent, travel and training costs	Vehicles, office and building equipment and furniture	Staff time for services to clients; case management services provided

C3. What percentage of your organization's budget is allocated to Administration compared to Programming? (See above)

Administration: 19\* % Programming 81\* %

**\*While this is the anticipated budget amount, actual administration expenses vs. actual program expenses in the most recently completed audit proved that actual administration percentage was 6 percent for FY 2008.**

C4. What percentage of your program is part of the overall agency budget? 25 %

C5. Please explain how partial funding will impact your agency or program: \_\_\_\_\_

**FEWER PERSONS WILL BE SERVED**

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**D. REVENUE FUNDING SOURCES**

D1. List the name of all funding sources and amount received for the Agency and/or Program for each fiscal year listed; include all government funding from Federal, State, County, and other Cities.

Funding Source	Amount Received	
	FY0809	FY0910
City of Urbana/Cunningham Township	7000	7000
<b>DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY*</b>	<b>10,000</b>	<b>10,000</b>
<b>FEMA/EMERGENCY FOOD AND SHELTER PROGRAM PH 26*</b>	<b>5,740</b>	<b>0</b>
<b>FEMA/EMERGENCY FOOD AND SHELTER PROGRAM PH 27*</b>	<b>0</b>	<b>5,867</b>
<b>BROADWAY CARES*</b>	<b>5,000</b>	<b>5,000</b>
<b>HOPWA</b>	<b>20,000</b>	<b>20,000</b>
<b>UNITED WAY ALLOCATIONS</b>	<b>18,500</b>	<b>Second Year of allocation</b>
<b>C-U PUBLIC HEALTH DISTRICT</b>	<b>20,000</b>	<b>15,000</b>
<b>*THESE AMOUNTS REFLECT THE TOTAL FUNDING FOR THE ENTIRE AGENCY WHICH SERVES MULTIPLE COUNTIES.</b>		
Total Revenue Sources	86,240	62,867
<b>GCAP USES ITS GENERAL FUNDS (FUNDRAISING REVENUES) TO SUPPORT ANY PROGRAM DEFICIENCIES IN ORDER TO CONTINUE PROGRAM SERVICE DELIVERY.</b>		

D2. List the name of the funding source and the requested amount for next fiscal year (FY 1011). Enter the type of funding received from funding source: **Cash (C), In-kind (I), or Grant (G)**. Enter the status of the funding commitment by entering the appropriate option from the following list of choices: **Funding Secured (FS), Awaiting Final Approval (AFA), Awaiting Response (AR), or Status Unknown (SU)**.

Funding Source	Requested Amount (FY1011)	Type	Commitment Status
Requested from City of Urbana/Cunningham Township	7,500	G	SU
<b>FEMA/EMERGENCY FOOD AND SHELTER PROGRAM*</b>	<b>7,202</b>	<b>G</b>	<b>FS</b>
<b>DEPT OF COMMERCE AND ECONOMIC OPPORTUNITY*</b>	<b>15,000</b>	<b>G</b>	<b>AR</b>
<b>IL DEPT OF PUBLIC HEALTH/HOPWA</b>	<b>20,000</b>	<b>G</b>	<b>FS</b>
<b>VILLAGE OF RANTOUL</b>	<b>1,750</b>	<b>G</b>	<b>FS</b>
<b>UNITED WAY OF COLES COUNTY</b>	<b>5,000</b>	<b>G</b>	<b>AR</b>
<b>*THESE REQUESTED AMOUNTS REFLECT THE TOTAL REQUESTS FOR THE ENTIRE AGENCY WHICH SERVICES MULTIPLE COUNTIES.</b>			
Total Agency/Program Anticipated Budget for FY0910	56,452	G	

**E. AUTHORIZATION AND SIGNATURE SHEET**

- E1. We, the undersigned duly-authorized agents of (name of organization) \_\_\_\_\_
- A. Do hereby state, to the best of our knowledge, the information contained in this application for the City of Urbana/Cunningham Township Consolidated Social Service Funding (CSSF) grant is true and correct.
  - B. Understand the City of Urbana General/Cunningham Township funds are disbursed on a quarterly basis and that the Community Development Block Grant (CDBG) portion of the CSSF funds are disbursed on a reimbursement basis, and assure that the funds will be administered appropriately.
  - C. Understand the laws and regulations of the US Department of Housing & Urban Development (HUD), the City of Urbana, and/or Cunningham Township will govern any CSSF funding resulting from this application.
  - D. Agree to enter into an Agreement with the City of Urbana for its FY 2010-2011 CSSF grant and will adhere to all Program requirements, as stated in Contract/Agreement.
- E2. If a grant is awarded on the basis of this application, all project information detailed in the application will be implemented accordingly, becoming a part of the Contract/Agreement, and the project shall commence within ninety (90) days of new grant period, which begins July 1, 2010, once contracts/agreements are approved by the appropriate City Commission and the Urbana City Council/Cunningham Township Board.

**CHIEF AGENCY OFFICIAL:**

KAREN RASMUSSEN  
Name (Print)

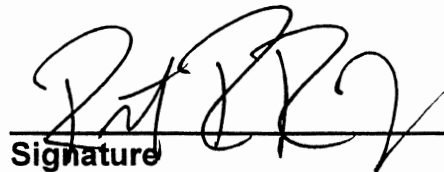
  
Signature

OPERATIONS DIRECTOR  
Title

3.31.10  
Date

**CHAIRPERSON / BOARD MEMBER OF BOARD:**

ROBERT ROWE  
Name (Print)

  
Signature

CHAIRPERSON  
Title

3.31.10  
Date

ATTACHMENT A

MISSION STATEMENT:

**To address the needs of those affected by HIV and AIDS, and to educate the public about HIV and AIDS.**

VOLUNTEERS

**GCAP** is primarily a volunteer organization. We depend upon members of the community to help carry out our services. To volunteer, or for information on volunteer opportunities, call: 217-351-2437 or write: volunteer@gcapnow.com

Membership Contributions

**GCAP** relies on the generosity of the community to carry on its mission. Membership privileges include receiving our **G-CAPsule** newsletter, other important mailings and participation in the Annual Meeting. Please consider making a *tax deductible contribution* to help in our important work.

\_\_\_\_\_ \$50.00 Annual Membership Fee

\_\_\_\_\_ Other contribution

\_\_\_\_\_ Total

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you would prefer to receive our newsletter and other important items electronically please provide your e-mail address below:

\_\_\_\_\_

Please make checks payable to **GCAP** and send to:  
P.O. Box 713, Champaign, IL 61824

For more information call, 217-351-2437

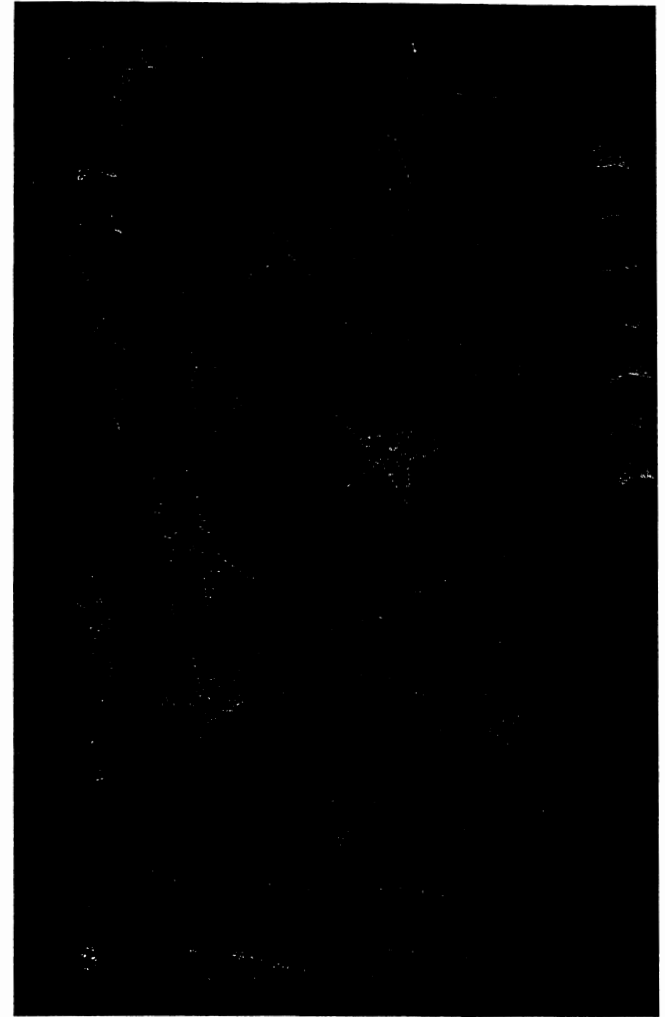
*Over 90% of all donations go for direct client services*

HIV/AIDS IN OUR OWN BACKYARD

Supporting the needs of those living with

**GC&P**  
Greater Community AIDS Project  
P.O. Box 713  
Champaign IL 61824-0713

**GC&P**



Greater Community AIDS Project

217-351-2437

**GCAPNOW.COM**

Supporting the needs of those living with

HIV/AIDS IN OUR OWN BACKYARD

## OUR MISSION

To address the needs of those affected by HIV and AIDS, and to educate the public about HIV and AIDS.

The **Greater Community AIDS Project** (GCAP) helps over 300 individuals and their families annually in our service area of East Central Illinois (Champaign, Coles, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston and Vermilion counties).



Logo design by Royce Wagner Inc

*On the cover:* To celebrate the lives of those we have lost from HIV/AIDS, GCAP commissioned Deborah Fell to create a work that would serve as a permanent reminder of their spirit. "The AIDS ribbon begins to shatter as AIDS statistics continue to rise....Their journey continues and so does ours."

The quilt was unveiled at 2008's

**Artist Against AIDS,**

an annual spring event benefiting persons with HIV and AIDS.

## OUR HISTORY

**GCAP**, a not-for-profit 501 (c) (3) corporation, was founded in 1985 in response to the needs of those infected with HIV/AIDS.

## OUR SERVICES

### **Housing**

*Champaign House* is a five bedroom transitional housing facility for HIV positive people that are homeless or in danger of becoming homeless.

It is free of charge.

**GCAP** also operates State Street House, a three apartment building that provides permanent affordable housing for HIV positive individuals and their families.

For more information contact:  
housing@gcapnow.com

### **Rent and Utility Assistance**

**GCAP** gives direct financial aid for persons with HIV/AIDS to prevent the loss of housing and utilities.

### **Medical Assistance**

**GCAP** assists clients with prescription medicines that are not covered by insurance or other programs.

### **Nutrition**

**GCAP** provides direct food support to clients with the monthly *Harvest to Home* food program.

## EDUCATION

**GCAP** provides presentations to businesses, schools, civic organizations, religious institutions and fraternal organizations. Subjects include basic HIV information, prevention, and the medical and emotional needs of persons living with HIV/AIDS.

**GCAP** also distributes educational brochures and pamphlets on HIV/AIDS.



## NATIONWIDE FACTS

- HIV/AIDS infects 1 in every 250 people in the United States.
- The rate of infection for the past 15 years has remained at a constant level of 56,000 new cases per year—40% higher than previously thought.
- The Centers for Disease Control estimates 25% of those infected don't even know it.
- The youth of America (ages 16-25) represent the largest growing population of new infections.

## ATTACHMENT B

GCAP, a not-for-profit, 501(c)3 corporation, was founded in 1985 in response to the needs of those infected with HIV/AIDS. GCAP will be celebrating its Silver Anniversary (25 years) in 2010.

## ATTACHMENT C BRIEF OVERVIEW OF AGENCY SERVICES & PROGRAMS

### **GCAP's comprehensive plan includes:**

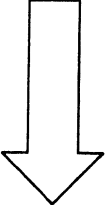
- an EMERGENCY GRANT ASSISTANCE program that currently provides up to \$750 per client per year to persons referred by case managers from the Champaign-Urbana Public Health District for rent and/or utility payments, as well as assistance with health care when other means are not available. Under this program, the Greater Community AIDS Project has used its general funds to provide transportation for clients to medical appointments, court dates, and the like; monies have also paid for various requests not covered by any other providers, i.e. obituaries, car insurance, drivers' licenses and state id's. Because agency grant funding has diminished, the amount available to each client will be reduced to \$500 in the 2010-2011 fiscal year.
- HARVEST-TO-HOME, a food pantry program is available to clients referred by the Champaign-Urbana Public Health District and the residents/tenants of GCAP's housing programs. Clients are scheduled on a monthly basis, and are allowed to shop personally at the food bank, unlike most programs in which the food is delivered to the client in-house or pre-boxed. Besides the satisfaction of being able to personally choose their foods, clients experience a social interaction with other persons who are also HIV-positive. This has helped to ease some of the isolation one feels when one is infected with the virus.
- CHAMPAIGN HOUSE, a 4-bedroom, transitional shelter program provides case management services and life-skills training at the same time it affords individuals a home-like environment in which to reorient their lives and move on to an independent permanent housing situation. A collaboration with the Mental Health Center of Champaign County and the Champaign-Urbana Public Health District, for case management services, affords the residents at CHAMPAIGN HOUSE many opportunities to overcome their formerly homeless circumstances.
- STATE STREET APARTMENTS is a 3-unit apartment building comprising a studio, a one-bedroom and a two-bedroom apartment; these are rented to low-income households in which at least one person is HIV-positive. Tenant households are also linked with case management services through Mental Health Center of Champaign County and Champaign-Urbana Public Health District.
- SHELTER PLUS CARE is an (federally-funded) assisted permanent housing program of which GCAP is one of four program/agency participants. In this program, referred clients must maintain contact with their service providers in order to receive continued rental assistance for up to 5 years; GCAP's provided services count as match for the grant award. At this time GCAP clients possess six 1-bedroom vouchers and five 2-bedroom vouchers.



ATTACHMENT D

ORGANIZATION CHART:

BOARD OF DIRECTORS



OPERATIONS DIRECTOR

PROGRAMS DIRECTOR

GREATER COMMUNITY AIDS PROJECT/GCAP  
2009 BOARD OF DIRECTORS  
DIRECTORY

Bruce Barnard  
1279 North 500 East Road  
Monticello IL 61856-8245  
[BBarnard@mhcenter.org](mailto:BBarnard@mhcenter.org)  
Work: 217-693-4645  
Cell: 217-778-8470

Erica Bauer  
1710 Clark Street  
Champaign IL 61821-3037  
[EPrigg2@illinois.edu](mailto:EPrigg2@illinois.edu)  
Cell: 937-689-2529

Dale Brashers  
Dept of Communication MC456  
702 S. Wright St., Room 241  
University of Illinois  
Urbana IL 61801-3629  
[DBrashers@illinois.edu](mailto:DBrashers@illinois.edu)  
Home: 217-355-6089

Marla Francisco  
1105 North Carroll Ave #101  
Urbana IL 61802-1986  
[Marlajf@yahoo.com](mailto:Marlajf@yahoo.com)  
Cell: 217-766-4284

Frances Friedman  
716 West Michigan  
Urbana IL 61801-4872  
Home: 217-344-6533

Jim Hall  
3 Fields East  
Champaign IL 61822-6107  
[jimhall@uiuc.edu](mailto:jimhall@uiuc.edu)  
Work: 217-333-8146  
Home: 217-355-0420

Lena Hann  
C/o Planned Parenthood of IL  
302 East Stoughton  
Champaign IL 61820-5414  
[LenaH@ppil.org](mailto:LenaH@ppil.org)  
Work: 217-359-4768  
Cell: 815-786-4135

Ruthie Harper  
1102 North Hickory Street  
Champaign IL 61820-3027  
[rharper@wcd.sbgnet.com](mailto:rharper@wcd.sbgnet.com)  
Work: 217-351-8500  
Home: 217-359-8528  
Cell: 217-377-3678

Georgia King  
#10 Oakview  
Monticello IL 61856-9634  
[GKingHKing@gmail.com](mailto:GKingHKing@gmail.com)  
Cell: 217-762-2749  
Cell: 217-369-2749

Dawna Nelson  
2910 West Kirby Unit B  
Champaign IL 61821-5302  
[Dawna.nelson@amdocs.com](mailto:Dawna.nelson@amdocs.com)  
Work: 217-531-5687  
Work cell: 217-202-7851  
Cell: 217-766-3322

Bob Rowe  
2326 South Staley Road  
Champaign IL 61822-9759  
[classicevents@ameritech.net](mailto:classicevents@ameritech.net)  
Work: 217-367-7118  
Home: 217-359-5285  
Cell: 217-377-2592

Pamela Shelley  
2004 Amber Lane #110  
Urbana IL 61802-6960  
[pshelley59@yahoo.com](mailto:pshelley59@yahoo.com)  
Cell: 217-493-6462

Maggie Unsworth  
603 W Michigan Ave  
Urbana IL 61801-4839  
[MaggieU@uif.uillinois.edu](mailto:MaggieU@uif.uillinois.edu)  
Work: 217-239-9765  
Home: 217-344-2247

### STAFF

Karen Rasmussen  
802 W Healey St  
Champaign IL 61820-9221  
[Karen@gcapnow.com](mailto:Karen@gcapnow.com)  
Home: 217-351-9221  
Cell: 217-377-3629

Mike Benner  
713 S Randolph St Apt 37  
Champaign IL 61820-5191  
[Mike@gcapnow.com](mailto:Mike@gcapnow.com)  
Home: 217-359-8073  
Cell: 217-419-5249

### ADVISORY

Alexx Engles  
110 Pennsylvania Ave  
Urbana IL 61801-5033  
[hengles@uni.uiuc.edu](mailto:hengles@uni.uiuc.edu)  
Cell: 217-714-7863

Cheyenne Stewart  
2105 Madison Ct  
Champaign IL 61820-7564  
[cestewrt@gmail.com](mailto:cestewrt@gmail.com)

**March 2010**

**Greater Community AIDS Project**

**Board of Directors Meeting**

***Monday, March 8, 2010, 5:30 pm***

**Champaign Public Library**

(Green Street between State and Randolph Streets, Champaign)

**Foundation Room**

(Room 222)

At the February meeting of the Greater Community AIDS Project Board of Directors there were not enough members to form a quorum. Thus the meeting was not able to be called to order.

A representative from DPH was there to distribute copies of the most current audit and answer any question. Additional copies will be available at the March meeting.

**ATTACHMENT G  
EXPERIENCE WITH FEDERA/STATE/LOCAL GRANT PROGRAMS**

As an agency, the Greater Community AIDS Project/GCAP, has received funding for many years from:

- the Illinois Department of Public Health (Housing Opportunities for Persons with AIDS/HOPWA) as well as monies from the department general fund for support;
- the Illinois Department of Commerce and Economic Opportunity;
- the United Way of Champaign County;
- the Department of Housing and Urban Development (Shelter Plus Care);
- Broadway Cares;
- the Community Foundation of Champaign County;
- Cunningham Township and Community Development Block Grant funds through the Consolidated Social Service Funding Pool; and
- just recently from the Illinois Disciples Foundation.

The agency is in good standing with all funders, having submitted funding requests and required reports in a timely manner. The current Operations Director is a certified Grants Administrator, with many years of grant administration and oversight experience, having worked for the City of Urbana as a Grants Administrator II responsible for the CSSFP as well as oversight of all CDBG grantees and federally-funded programs administered by the city.

GREATER COMMUNITY AIDS PROJECT/GCAP  
BUDGET  
JULY 2009 THRU JUNE 2010

ADMINISTRATION

Income:		\$ 48,705
Grants	\$16,900	
GCAP General Fund	31,805	
Expenses:		\$ 48,705
Program Staff	\$11,200	
Fringe & Taxes	15,000	
Insurance	10,000	
Legal/Accounting/Bank Fees	5,375	
Equip Maintenance	1,080	
Telephone	2,500	
Meetings/Memberships	1,250	
Postage/Printing	1,800	
Supplies	500	

PROGRAMS

Income:		\$202,292
Grants	\$110,967	
State St. Apts.	20,100	
GCAP General Fund	21,375	
Fundraising	49,850	
Expenses:		\$202,292
Emergency Assistance Grants (EAG)	\$ 63,967	
Harvest-to-Home (HTH)	28,900	
Champaign House	33,775	
State Street Apartments	20,100	
Outreach/Education	5,700	
Fundraising	49,850	
		\$250,997

Approved, Board of Directors  
June, 2009

GREATER COMMUNITY AIDS PROJECT/GCAP  
BUDGET  
JULY 2010 THRU JUNE 2011

ADMINISTRATION

Income:		\$ 47,030
Grants	\$ 5,000	
GCAP General Fund	42,030	
Expenses:		\$ 47,030
Program Staff	\$15,600	
Fringe & Taxes	17,500	
Insurance (non-property)	7,650	
Legal/Accounting/Bank Fees	2,100	
Equip Maintenance	1,080	
Telephone	2,000	
Meetings/Memberships	600	
Postage/Printing	800	
Supplies	500	

PROGRAMS

Income:		\$208,716
Grants	\$110,967	
State St. Apts.	20,100	
GCAP General Fund	21,375	
Fundraising	49,850	
Expenses:		\$208,716
Emergency Assistance Grants (EAG)	\$ 63,416	
Harvest-to-Home (HTH)	24,750	
Champaign House	40,960	
State Street Apartments	15,584	
Shelter Plus Care	13,120	
Outreach/Education	2,210	
Fundraising	48,955	
		\$255,745

Approved, Board of Directors

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## Greater Community AIDS Project

### Job Description

Position: Program Director  
Reports To: Board of Directors  
FLSA: Exempt

#### Summary:

Under the direction of the Board of Directors, the Program Director oversees the day-to-day operation of GCAP programs, including but not limited to education, transitional housing, permanent housing, and food assistance. The Director is actively engaged with clients, volunteers, allied professionals, and the community in furthering GCAP's mission.

The Program Director will adhere to all GCAP management, financial, confidentiality, and administrative/program policies and procedures.

#### Qualifications:

- Bachelors degree in social work, education, community planning or other field relevant to GCAP's work, or equivalent experience and training.
- Sensitivity to the issues of persons living with HIV or AIDS such as might be gained through personal or work experience.
- Administrative and/or business experience preferably in a social service setting.
- Basic knowledge and understanding of word processing and computer-based applications.
- Demonstrated oral and written communication skills.
- Ability to work well and cooperatively with clients, staff, the community and the Board of Directors.
- Ability to prioritize, manage time effectively, and work independently to pursue program goals with a minimum of supervision.

#### Duties:

- Interviews prospective clients and determines appropriateness for admission to transitional housing, permanent housing, and other GCAP services. Makes appropriate referrals for services, admits and discharges clients from services in accordance with established procedures and policies.
- Manages the food assistance program.
- Serves as Liaison to regional HIV/AIDS organizations, social service agencies, and referral sources. Actively seeks to reach out to and engage underserved communities and clients. Advocates for clients with providers of housing, social services, financial and medical assistance.

- Enhances GCAP's communication by developing and maintaining the newsletter and website, public speaking, as well as flyers, brochures and other promotional materials. Confers with the Board of Directors regarding any potentially controversial media related matters.
- Facilitates house meetings for clients living in Champaign House, articulating rules and obligations, mediating potential conflicts, and providing support.
- Represents GCAP in matters related to contracts for direct services to clients, such as the contract for case management services with the Mental Health Center of Champaign County.
- Prepares a monthly report to the Board of Directors regarding program activities.
- Works with volunteers by providing training, oversight, and support.
- Works with the GCAP Board of Directors and event volunteers to establish, promote, and operate GCAP events to further GCAP's community presence and fundraising efforts.
- Assists with office coverage, answers phones, greets clients, and responds to requests for information about GCAP programs and activities during scheduled office hours.
- Fulfills the duties of the Operations Director when necessary.
- Other duties as assigned by the Board of Directors related to the effective operation of GCAP's programs, community education, and public relations.

It is anticipated that these duties will require approximately 32 hours per week of effort.

**The Greater Community AIDS Project is an "at will" employer in the State of Illinois. This is not a contract for employment.**

## Greater Community AIDS Project

### Job Description

Position: Operations Director  
Reports To: Board of Directors  
FLSA: Exempt

#### Summary:

Under the direction of the Board of Directors, the Program Director oversees the day-to-day operation of the GCAP office, financial affairs, and grants. The Director is actively engaged with current and prospective funders in an on-going effort to further GCAP's mission.

The Operations Director will adhere to all GCAP management, financial, confidentiality, and administrative/program policies and procedures.

#### Qualifications:

- Bachelors degree in business, education, community planning or other field relevant to GCAP's work, or equivalent experience and training.
- Sensitivity to the issues of persons living with HIV or AIDS such as might be gained through personal or work experience.
- Administrative and/or business experience preferably in a social service setting.
- Basic knowledge and understanding of word processing, accounting software, and computer-based applications.
- Knowledge and experience preparing and managing grants including eligibility and funding requirements, reporting, and establishing positive relations with funders.
- Demonstrated oral and written communication skills.
- Ability to work well and cooperatively with clients, staff, the community and the Board of Directors.
- Ability to prioritize, manage time effectively, and work independently to pursue program goals with a minimum of supervision.

#### Duties:

- Oversees the grant based funding for GCAP. Prepares requests for funding, timely reports, ensures grants are administered within established guidelines, and maintains relationships with current and prospective funding sources.
- Represents GCAP with other community agencies seeking collaborative agreements and requests for funding to pursue collaborative programs.
- Manages the cash assistance program, approving requests within guidelines and working with case managers on cash assistance matters.
- Monitors leases, deposits, and monthly rent payments for GCAP's permanent housing.

- Prepares checks, makes accounting entries, oversees accounts payable and accounts receivable.
- Represents GCAP in matters related to contracts for financial services, such as contracts for the annual audit, tax preparation, and quarterly filings.
- Represents GCAP in matters related to contracts for maintenance and construction.
- Prepares a monthly report to the Board of Directors including the monthly financial statements, office report, and other activities.
- Assists in the implementation and planning of GCAP events.
- Maintains the office schedule, assuring coverage to answer phones, greet clients, and respond to requests for information about GCAP programs and activities during scheduled office hours.
- Performs the duties of the Program Director as needed.
- Other duties as assigned by the Board of Directors related to the effective operation of GCAP's business, grant, and fundraising operations.

It is anticipated that these duties will require approximately 32 hours per week of effort.

**The Greater Community AIDS Project is an "at will" employer in the State of Illinois. This is not a contract for employment.**

Internal Revenue Service

Department of the Treasury

District  
Director

Person to Contact: EO:TPA

Telephone Number: 1-800-829-1040  
~~312 435 1040~~GAY COMMUNITY AIDS PROJECT  
P.O. BOX 713  
CHAMPAIGN, IL. 61824-0713

Refer Reply to: 93-2479

Date: AUGUST 24, 1993

RE: EXEMPT STATUS  
EIN: 37-1189518

This is in response to the letter, dated August 3, 1993, regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in April 1986 granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in Section x 509(a)(1) & 170(b)(1)(A)(vi) of the Internal Revenue Code.

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in Section 170 of the Internal Revenue Code.

If your gross receipts each year are normally \$25,000 or more, you are required to file Form 990, Return of Organizations Exempt from Income tax by the fifteenth day of the fifth month after the end of your annual accounting period.

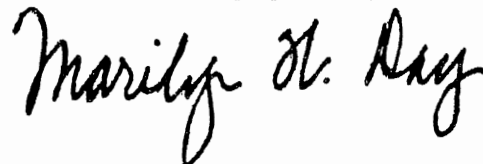
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You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on F-990-T.

If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

Sincerely yours,

Marilyn W. Day  
District Director



**Illinois Department of Revenue**

Office of Local Government Services  
Sales Tax Exemption Section, 3-520  
101 W. Jefferson Street  
Springfield, Illinois 62702  
217 782-8881

ATTACHMENT L

June 23, 2006

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\_\_\_\_\_  
\_\_\_\_\_  
GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL  
P O BOX 713

CHAMPAIGN IL 61824-0713

We have received your recent letter; and based on the information you furnished, we believe

GREATER COMMUNITY AIDS PROJECT OF EAST CENTRAL IL  
of  
CHAMPAIGN, IL

is organized and operated exclusively for charitable purposes.

Consequently, sales of any kind to this organization are exempt from the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E9989-6516-05. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on July 1, 2011, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Office of Local Government Services  
Illinois Department of Revenue