



City of San Marcos
HUMAN SERVICES FUNDING APPLICATION
Fiscal Year 2023

Name of Agency/Organization: Southside Community Center

Address: 518 South Guadalupe Street

City, State & Zip: San Marcos, TX 78666

Contact Person: Andrew Alejos Title: Director of Operations

E-Mail Address: Southside_comm@yahoo.com Website: Southsidecommunitycenter.org

Phone: 512-392-6694 Fax: _____

Program Title: Specific Assistance

Amount of Funds Requested: \$20,000

Status: (check one) Existing Program Program Expansion New Program

Briefly describe the program proposed for funding and the services it provides:

Southside Community Center provides utility, rental and other services to low-income families in Hays County. With the Specific Assistance program, we accept applications stating exactly what families need and try to facilitate that need. There are specific instances that we can provide other items such as water heaters, a/c units, clothing, food holiday presents, holiday meals and medical care, but these items are contingent on funding. Our utility and rental program allows residents to receive either \$100 for rent or \$50 for utilities once every six months. There are certain instances where a client may be lacking essentials such as water or electricity, in those instances we can provide more of a contribution if the funding available supports assisting further.

Describe who will benefit from this program and how:

Low-income or elderly clients who have the utility or service in their name. Those residents, by utilizing the assistance will be able to receive the help they need to get their utilities or rent back under control. Most of our applicants are only short a small amount typically due to circumstances outside of their control.

If requested funds are to be used as matching funds, identify source and amount of primary grants:

Source: _____ Amount: _____

Source: _____ Amount: _____

Client Information Specific to This Program:

1) Describe the direct clients for this program.

Low-income or elderly clients who have the utility or service in their name. These are typically the individuals who apply.

2) How is the program marketed to direct clients? How do you find these clients?

We are well known throughout the community and often individuals seek this type of assistance out. We also utilize collaboration/referrals from the City of San Marcos, Hays County and other organizations.

3) Describe the indirect clients for this program, if any.

Clients who are indirectly assisted through affiliations with the direct client. (Children, spouses, individuals living in the household.)

4a) Expected total annual unduplicated direct clients for this program: 10,250

4b) Expected annual unduplicated direct clients who are City of San Marcos residents: 9,800

5) Does program participation depend upon income or any other determination of eligibility?

No: _____

Yes: X If yes, please attach a copy of the eligibility guidelines.

Submitted and approved by:

Signature of Board President

Date

Printed Name of Board President



HUMAN SERVICES FUNDING QUESTIONNAIRE FY 2023

The Board strongly requests that all answers be typed.
Most responses should be at least 75 words per question.

PLEASE COMPLETE ALL QUESTIONS.

1. What is the agency's or organization's mission?

Southside strives to meet the needs of the individuals and families of Hays County by helping find resource for proper medical care, food and shelter. Providing resources and a safe environment for those in crisis empowers families to become more proactive in becoming independent once again. We coordinate services for more effective use of resources and protect the client's self-determination, regardless of age, background, capabilities or beliefs. If we continue to increase awareness and understanding in the community regarding needs of low-income families and individuals, we will have met our goal.

2. Regarding the program for which funding is being requested, what evidence suggests this program is needed in San Marcos or nearby?

The need has and will always be there. Unfortunately, things happen that are outside of our resident's control. Extreme weather causing utility usage to skyrocket and yet some clients are on fixed incomes. The rising cost of inflation throughout our nation. A vehicle that provides transportation to work breaks down and money that was originally allocated to utilities now has to be put into vehicle maintenance. The need is there and we are there to help. Everyone needs a little help every now and then.

3. What specific, measurable outcomes or results do you hope to achieve with this program?

We aim to deliver struggling families with the fundamental needs that will help them once again work towards independence. Whether the assistance be aiding with a utility bill, rent to avoid eviction, or providing a family with food or clothing when there is nowhere else to turn. Our results will be utilizing the funding to help as many San Marcos residents as possible with the amount available.

4. How will you measure results throughout the year?

We record in detail who we have served and what service they have received. If we have successfully provided or raised the allocated amount of funding for individuals and families that applied and were approved, we would have met our goal. It is also vital that we continue to provide the essential items such as food, clothing and other items to ensure that the basic needs of our clients are being met. We are working to implement UniteUs, which is a helpful platform to effectively keep track of program metrics.

5. Please answer the following questions if funding is requested for staff: N/A

- a. List the title of each position for which funding is requested, how many hours per week will be spent on this program vs other programs, and the activities associated with each position.
- b. If staff funding requests can only be partially funded, how will you supplement the funding to cover the remainder needed?
- c. Staff pay may only be funded for one year. What will you do to provide for this position next year?

6. Funding Questions:

- a. What has your organization done in the past two years to raise different funding for this program?
We are constantly on the lookout for new and other funding opportunities and we have solicited private donations when additional funds are needed.
- b. What do you plan to do this year to find different funding for this program?
We will continue to use our network of organizations and private benefactors to raise more money to help the people of San Marcos.

7. What additional funding is your agency requesting for this program?

Funding Source	Amount Requested	Amount Granted	Pending (Y/N)
United Women in Faith	\$5,000	\$5,000	
Hays County	\$8,333.31		Y

8. Describe any differences between the way you had proposed spending last year’s allocation and the way you spent it.

There were no differences; the funding was used for its intended purpose.

9. How many volunteers does your agency or organization have and how many hours do they spend on the program requesting funding?

This program is almost entirely operated through the efforts of our staff. We do occasionally receive volunteers to assist with clothing and food drives. In those instances, we have reached up to 30- volunteers for 6 hours or more. Currently, we are beginning to allow a small amount volunteer due to concerns regarding COVID-19.

10. Board of Directors Questions:

a. How is the agency's or organization's Board of Directors selected?

We have a nominations committee who work in coordination with our Bylaws and ultimately approved through a vote.

b. How often does the Board meet?

Our Board meets bimonthly

c. What actions do Board members take to support the programs of the agency or organization?

We meet with our Board of Directors bimonthly and they assist in the direction of the organization, the recruitments of new board members, networking with community organizations and suggestion of potential funding sources.

Southside Community Center
Profit & Loss Budget Overview
 October 2021 through September 2022

	Oct '21 - Sep 22
Income	
34000 · Specific Assistance Income	
34150 · COSM	28,500.00
34350 · Hays County	8,333.33
34800 · Thanksgiving Donations	0.00
34801 · Christmas Donations	0.00
35002 · Private Donations	0.00
34000 · Specific Assistance Income - Other	0.00
Total 34000 · Specific Assistance Income	36,833.33
Total Income	36,833.33
Gross Profit	36,833.33
Expense	
35000 · Specific Assistance Expense	
McCoy Specific Assistance	0.00
35020 · Admin Fee	6,134.04
35040 · Advertising	0.00
35060 · Auto Expense	799.92
35380 · Lodging	2,499.37
35420 · Medical	400.00
35600 · Professional Fees	0.00
35640 · Rental Expense	15,000.00
35800 · Supplies	0.00
35925 · Christmas	0.00
35960 · Travel	0.00
35980 · Utilities	12,000.00
36985 · Thanksgiving	0.00
35000 · Specific Assistance Expense - Ot...	0.00
Total 35000 · Specific Assistance Expense	36,833.33
Total Expense	36,833.33
Net Income	0.00

Southside Community Center
Profit & Loss Budget Overview
 October 2022 through September 2023

	Oct '22 - Sep 23
Income	
34000 · Specific Assistance Income	
34150 · COSM	18,417.00
34350 · Hays County	8,333.33
34800 · Thanksgiving Donations	3,000.00
34801 · Christmas Donations	5,000.00
35002 · Private Donations	6,016.63
34000 · Specific Assistance Income - Other	0.00
	40,766.96
Total 34000 · Specific Assistance Income	40,766.96
Total Income	40,766.96
Gross Profit	40,766.96
Expense	
35000 · Specific Assistance Expense	
McCoy Specific Assistance	0.00
35020 · Admin Fee	3,067.08
35040 · Advertising	0.00
35060 · Auto Expense	799.92
35380 · Lodging	1,500.00
35420 · Medical	399.96
35640 · Rental Expense	15,000.00
35800 · Supplies	0.00
35925 · Christmas	5,000.00
35980 · Utilities	12,000.00
36985 · Thanksgiving	3,000.00
35000 · Specific Assistance Expense - Ot...	0.00
	40,766.96
Total 35000 · Specific Assistance Expense	40,766.96
Total Expense	40,766.96
Net Income	0.00



HUMAN SERVICES ADVISORY BOARD GRANT QUARTERLY PROGRESS REPORT

Agency Name: Southside Community Center

Program Name: Specific Assistance

Program Year: 2022

Quarterly Report for the Period: *Please check the appropriate box.*

- | | |
|---|--------------------|
| <input checked="" type="checkbox"/> January – March | Due by: April 15 |
| <input type="checkbox"/> April - June | Due by: July 15 |
| <input type="checkbox"/> July – September | Due by: October 15 |
| <input type="checkbox"/> October – December | Due by: January 15 |

Project Status

Please provide a written description of actions taken this period to help achieve your program goals.

The number of applications we have received for Specific Assistance is lower than usual due to the City and County offering rental and utility assistance we were still able to have a meaningful impact on our citizens and help them in their time of need. We expect the number of applications and the demand for assistance to increase now that those funds from ERA have been mostly used.

Disclaimer: The amount of individuals in the demographic page reflects all individuals living in the household, some could be spouses and/or children

Certification:

I certify that to the best of my knowledge and belief the information reported in this Quarterly Progress and Beneficiary Report is factual and accurate.

Andrew Alejos
Signature

Andrew Alejos
Printed name

6/10/2022
Date

Director of Operations
Title

HUMAN SERVICES ADVISORY BOARD GRANT QUARTERLY PROGRESS REPORT

Program Name: Specific Assistance



INDIVIDUAL DEMOGRAPHIC REPORT

Measurement Criteria	Number of HOUSEHOLDS Assisted									
	Oct-Dec. 1 st Qtr.		Jan-March 2 nd Qtr.		April-June 3 rd Qtr.		July-Sept. 4 th Qtr.		YTD Total	
	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic
Race:										
White			2	44						
Black or African American			8							
Asian										
American Indian or American Native										
Native Hawaiian or Other Pacific Islander										
Other			5							
# HH with Single Female Head of Household			25							
# HH with a disabled person										
# HH with an elderly person (62 or older)			6							
Annual Household Income <i>(See attached Limits)</i>										
Extremely Low (30% AMI)			52							
Low (50% AMI)			7							
Moderate (80%)										
Over 80%										

HUMAN SERVICES ADVISORY BOARD GRANT QUARTERLY PROGRESS REPORT

Program Name: Specific Assistance



HOUSEHOLD (HH) DEMOGRAPHIC REPORT

Measurement Criteria	Number of PERSONS Assisted									
	Oct-Dec. 1 st Qtr.		Jan-March 2 nd Qtr.		April-June 3 rd Qtr.		July-Sept. 4 th Qtr.		YTD Total	
	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic
Race:										
White			2	25						
Black or African American			3							
Asian										
American Indian or American Native										
Native Hawaiian or Other Pacific Islander										
Other			3							
# individuals in HH with Single Female Head of Household			25							
# disabled individuals										
# elderly people (62 or older)			6							
Annual Household Income <i>(See attached Limits)</i>										
Extremely Low (30% AMI)			30							
Low (50% AMI)			3							
Moderate (80%)										
Over 80%										