



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: Transitional Shelter

Amount of Funds Requested: \$52,000

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

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

Southside Community Center has provided a safe environment for homeless families in the San Marcos community for over 20 years. In that time, it has become apparent that providing emergency shelter for families has only served as a quick fix. It is for this reason that we have started the New Life Program. The shelter aims to find families and individuals who are working to become independent once again. We monitor their progress in finding a job, applying for housing, as well as client specific goals. Every night we continue to offer a meal, showers, and laundry services to whomever is in need. The shelter is a vital resource in our community that many rely upon.

Describe who will benefit from this program and how:

The shelter publicly provides laundry services, showers, and meals daily for our clients that cannot enter the shelter. We provide both outdoor and indoor lockers so that our homeless clients can have a secure area to store their belongings. Our New Life Program is centered on getting families/individuals independent and out of turmoil. Initially, we review their goals, throughout their stay we monitor their progression. If they continue to work hard and accomplish these tasks, they may have their stay extended up to three months. The funds for this program will be used for food, direct salaries, utilities, building repairs and overall supplies vital to the operation of the transitional shelter.

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.

Clients who stay in the shelter, receive a meal, take a shower, or use our laundry services.

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.

4a) Expected total annual unduplicated direct clients for this program: ~ 25,000

4b) Expected annual unduplicated direct clients who are City of San Marcos residents: ~ 23,000

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

No:

Yes: _____ 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 resources 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?

Homelessness is and will always be an issue. Southside has been at the forefront of the homeless issue for years now and we are constantly seeing an increase at our meals and transitional shelter applications. With the ordinances that have gone into effect in larger cities such as Austin, we are seeing an increased number of individuals migrating to our city.

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

Our goal is to provide a transitional home for families/individuals to once again become stables. We aim to have all of our clients accomplish their goals. Southside will continue to provide meals, clothing, storage, shower facilities and laundry services for any client in need. We continue to constantly look to fill the void of what is being offered and what is needed.

4. How will you measure results throughout the year?

Daily logs are well kept by our shelter Supervisor that accurately portray who is receiving what services and for how long. Our records of clients' information determine where we need to show more emphasis. We combine a system of paper copies filled out by the shelter supervisor and then later input into our electronic system of CharityTracker which allows the generation of reports and a clearer depiction of numbers. We have been in talks with UniteUs and will most likely transition to that platform for record of services as it also makes collaboration with other organizations more streamline and reduces the occurrence of duplication of services.

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
EFSP	\$50,000	\$50,000	

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?

There are times when groups come to do landscaping, paint room in the shelter or serve meals. In those instances, there have been times where we have hosted up to 60+ volunteers for 4 hours or more. We typically received a minimum of 10 volunteers daily to assist in serving the daily meal and helping our shelter manager with chores. We coordinate with church groups frequently who wish to volunteer their time and skills to our Transitional Shelter program. Currently, we are monitoring the COVID-19 cases and are allowing a small number of volunteers daily, but that may change if things get worse.

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

	<u>Oct '21 - Sep 22</u>
Income	
44000 · Shelter Income	
44150 · COSM	28,000.00
44200 · Donations	20,000.71
44220 · FEMA	30,000.00
44350 · Hays County	8,333.33
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Total 44000 · Shelter Income	86,334.04
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Total Income	86,334.04
	<hr/>
Gross Profit	86,334.04
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Expense	
45000 · Shelter Expense	
45020 · Admin Fee	6,134.04
45040 · Advertising	0.00
45140 · Contract Labor	4,000.00
45200 · Food	3,000.00
45360 · Groundskeeping	0.00
45460 · Miscellaneous	0.00
45660 · Repairs & Maintenance	0.00
45700 · Salaries	51,600.00
45800 · Supplies	4,200.00
45860 · Payroll Taxes	3,000.00
45980 · Utilities	14,400.00
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Total 45000 · Shelter Expense	86,334.04
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Total Expense	86,334.04
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Net Income	0.00
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Southside Community Center
Profit & Loss Budget Overview
October 2022 through September 2023

	<u>Oct '22 - Sep 23</u>
Income	
44000 · Shelter Income	
44150 · COSM	40,000.00
44200 · Donations	6,108.67
44220 · FEMA	50,000.00
44350 · Hays County	8,333.33
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Total 44000 · Shelter Income	104,442.00
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Total Income	104,442.00
	<hr/>
Gross Profit	104,442.00
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Expense	
45000 · Shelter Expense	
45020 · Admin Fee	2,842.00
45040 · Advertising	0.00
45140 · Contract Labor	5,800.00
45200 · Food	6,000.00
45360 · Groundskeeping	600.00
45660 · Repairs & Maintenance	9,000.00
45700 · Salaries	45,000.00
45800 · Supplies	11,400.00
45860 · Payroll Taxes	4,600.00
45920 · Telephone	1,200.00
45980 · Utilities	18,000.00
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Total 45000 · Shelter Expense	104,442.00
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Total Expense	104,442.00
	<hr/>
Net Income	0.00
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HUMAN SERVICES ADVISORY BOARD GRANT QUARTERLY PROGRESS REPORT

Agency Name: Southside Community Center

Program Name: Transitional Shelter

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.

We are one of the few places that opened our facility during below freezing temperatures. Once our Transitional Shelter was full we filled our gym. Once the gym was full we proceeded to put vulnerable clients up in hotel rooms. Between the months of January and March we provided meals in togo containers only to eliminate crowding indoors and decrease the risk of transfer and exposure to COVID. Once the County risk decreased we reopened the doors to our gym and resumed providing the meals inside daily. We continue to accept applications to our Transitional Shelter and upon approval the applicant is sent to Anylabtestnow for a drug test at the expense of our organization. We continue to collaborate with Hays County Food Bank for our meals and supplement with food purchases from HEB/Sam’s Club what we need to provide healthy, nutritional meals.

Disclaimer: the individual demographic report contains duplicated individuals in order for us to accurately report meals served to City residents.

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

06/10/2022
Date

Director of Operations
Title

HUMAN SERVICES ADVISORY BOARD GRANT QUARTERLY PROGRESS REPORT

Program Name: _____ Shelter _____



INDIVIDUAL 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			69	143						
Black or African American			11							
Asian										
American Indian or American Native										
Native Hawaiian or Other Pacific Islander										
Other				926						
# individuals in HH with Single Female Head of Household			N/A							
# disabled individuals			N/A							
# elderly people (62 or older)			8							
Annual Household Income <i>(See attached Limits)</i>										
Extremely Low (30% AMI)			N/A							
Low (50% AMI)			N/A							
Moderate (80%)			N/A							
Over 80%			N/A							