



**Request for Fiscal Year 2012
Community Development Block Grant
(CDBG) Funds**

*In 2011, the City of Lakewood will receive
\$2,017,897 in CDBG funding*

PART I – GENERAL INFORMATION

AGENCY:	Lakewood Department of Human Services, Division of Aging
ADDRESS:	16024 Madison Avenue Lakewood, Ohio 44107
TELEPHONE (DAY):	(216) 521-1515
CONTACT PERSON:	Dorothy M. Buckon
TITLE:	Human Services Director
Email address:	<u>Dottie.Buckon@lakewoodoh.net</u>
PROJECT/ACTIVITY NAME:	Senior Yard Maintenance Program
GRANT REQUEST AMOUNT:	\$7,000.00

NATIONAL OBJECTIVE MET BY THIS ACTIVITY:

- LIMITED CLIENTELE (SERVE ONLY LOW- AND MODERATE INCOME INDIVIDUALS)
- AREA BENEFIT (OPERATE ONLY IN ELGIBLE LOW- AND MODERATE INCOME AREAS- MAP AVAILABLE UPON REQUEST)
- HOUSING UNITS (SERVE ONLY HOUSING UNITS OCCUPIED BY LOW- AND MODERATE INCOME HOUSEHOLDS)
- CREATES LOW- AND MODERATE INCOME JOB OPPORTUNITIES
- PREVENT SLUM & BLIGHT- AREA
- PREVENT SLUM & BLIGHT- SPOT
- OTHER- PLEASE DESCRIBE

AND

MY ACTIVITY IS A:

- PUBLIC SERVICE (CDBG FUNDS POSITIONS AND SIMILAR TO SERVE THE PUBLIC)
- PUBLIC FACILITY (CDBG FUNDS USED TO IMPROVE STREET, PUBLIC BUILDING, PUBLIC SPACE, ETC. CONDITIONS)
- HOUSING PROGRAM (CDBG FUNDS FOR IMPROVEMENTS TO HOUSING UNITS)
- BUSINESS OR ECONOMIC DEVELOPMENT ACTIVITY
- OTHER- PLEASE DESCRIBE

PROGRAMS MUST MEET A NATIONAL OBJECTIVE AND BE AN ELIGIBLE ACTIVITY IN ORDER TO BE FUNDED THROUGH CDBG. TECHNICAL ASSISTANCE AVAILABLE THROUGH PLANNING & DEVELOPMENT AND AT MEETING ON JUNE 28, 2011 3-5 PM IN AUDITORIUM.

**HUD DESIGNATED PERFORMANCE MEASURE FOR ACTIVITY
(MUST CHECK AT LEAST ONE OPTION)**

- CREATE SUITABLE LIVING ENVIRONMENTS
- PROVIDE DECENT AFFORDABLE HOUSING
- CREATE ECONOMIC OPPORTUNITIES

**HUD DESIGNATED PERFORMANCE OUTCOME FOR ACTIVITY
(MUST CHECK AT LEAST ONE OPTION)**

- AVAILABILITY/ACCESSIBILITY
- AFFORDABILITY
- SUSTAINABILITY

PART II – PROJECT DESCRIPTION

Please attach a separate sheet of paper with the answers to Part II, questions (1.) and (2.) **Limit your narrative to no more than one (1) page for each question.**

1. PROBLEM / NEED IDENTIFICATION **SEE ATTACHED**

BRIEFLY DESCRIBE THE SPECIFIC COMMUNITY DEVELOPMENT PROBLEM OR NEED ADDRESSED BY THE PROGRAM. DESCRIBE HOW THE PROBLEM OR NEED INVOLVES LOW- AND MODERATE-INCOME RESIDENTS IN LAKEWOOD, OR HOW IDENTIFIED CONDITIONS COULD LEAD TO PHYSICAL BLIGHT IN THE COMMUNITY. USE OF DATA OR STATISTICS IN THE DESCRIPTION IS STRONGLY ENCOURAGED. EXPLAIN ANY PREVIOUS ACTIONS TAKEN TO ADDRESS THIS NEED.

2. STRATEGY STATEMENT **SEE ATTACHED**

DESCRIBE HOW THIS REQUEST FOR FUNDS WILL ADDRESS THE PROBLEM OR NEED IDENTIFIED ABOVE. THIS SECTION SHOULD SPECIFICALLY DESCRIBE AND QUANTIFY THE SERVICES TO BE PROVIDED, OR THE PROJECT TO BE UNDERTAKEN WITH THE REQUESTED CDBG FUNDING. INCLUDE AN OBJECTIVE THAT IS A SPECIFIC, MEASURABLE OUTCOME TO BE ACHIEVED IF THE REQUEST FOR FUNDS IS APPROVED AND THE PROJECT COMPLETED (E.G. TO RECONSTRUCT 500 LINEAR FEET OF SIDEWALK FOR 50 UNITS OF HOUSING IN A LOW/MODERATE INCOME NEIGHBORHOOD.)

3. PROJECT AREA (city-wide, or identify census tract, neighborhood street boundaries, or street address where project is to take place): City of Lakewood

PART III – ANTICIPATED BENEFITS

1. WHAT IS THE TARGET POPULATION? (E.g. elderly, disabled, abused children, etc.)
Elderly 60 years of age and older and/or disabled.

2. PLEASE COMPLETE THE SECTION OF THE FOLLOWING TABLE THAT IS RELEVANT TO YOUR TYPE OF PROGRAM. THE NUMBER IN THE "LOW-MOD BENEFIT" COLUMN MAY BE THE SAME AS THAT IN THE "OVERALL BENEFIT" COLUMN.

FISCAL YEAR 2012			
Type of Program	A. Overall Benefit	B. Low-Mod Benefit (See Attachment II, "Income Guidelines")	C. % Low-Mod Benefit (B. / A.)
Public Service	Total number of Lakewood residents to be served: <u>88</u>	Total number of Lakewood residents of low/moderate income to be served: <u>88</u>	<u>100</u> %
Economic Development	Total number of Lakewood businesses to be served: _____	Total number of jobs to be created for low/moderate income people: _____	_____ %
Housing (includes rehab, new construction, or code inspection):	Total number of Lakewood housing units to be served: _____	Total number of Lakewood housing units occupied by low-moderate households to be served: _____	_____ %
Infrastructure/ Public Facilities	Total number of housing units to benefit directly from the project: _____		

3. IF THIS IS AN EXISTING PROGRAM, PROVIDE AN UNDUPLICATED COUNT OF THE NUMBER SERVED PER YEAR DURING. PLEASE INDICATE IF YOU ARE COUNTING UNITS, HOUSEHOLDS OR INDIVIDUALS:
 FISCAL YEAR 2010: 86 individuals FISCAL YEAR 2011: 88 Individuals YTD July 2011
4. IF A SOCIAL SERVICE, PERCENTAGE OF PROGRAM'S LAKEWOOD CLIENTS TO TOTAL NUMBER OF PROGRAM CLIENTS: 100%
5. ANTICIPATED PERCENTAGE INCREASE IN THE NUMBER SERVED BY THE PROGRAM DURING FISCAL YEAR 2012: 0%
6. ON WHAT BASIS DO YOU ANTICIPATE AN INCREASE?
N/A
7. IS THERE ANY OTHER AGENCY SERVING LAKEWOOD RESIDENTS WITH A SIMILAR PROGRAM?
 No Yes (if yes, please list the agency and program.) _____

8. DOES THE AGENCY HAVE PROCESSES IN PLACE FOR SERVING BENEFICIARIES WHO DO NOT SPEAK ENGLISH? No Yes (If yes, please describe)
The Lakewood Division of Aging has a staff member who can translate in Croatian and Serbian. The International Service Center and/or Catholic Charities Immigration and Refugee Program may be called upon for other translation purposes

TO WHICH SET OF INCOME ELIGIBILITY GUIDELINES DOES THE AGENCY TYPICALLY ADHERE IN THE ADMINISTRATION OF THIS PROGRAM [E.G. HUD PROGRAM LOW- AND MODERATE-INCOME GUIDELINES; HOUSING CHOICE VOUCHER PROGRAM (FORMERLY "SECTION 8"); FEDERAL HHS POVERTY GUIDELINES; ETC.]: HUD income guidelines.

9. PLEASE LIST THE CLIENT ELIGIBILITY CRITERIA OF THE PROGRAM.
- A. Lakewood resident homeowner 60 years and older.
 - B. Disabled Lakewood resident homeowner with proof of disability.
 - C. Meets HUD income guidelines with verification of income.
 - D. Does not have friend, relative or neighbor who can provide the service.

10. DESCRIBE THE POTENTIAL SPIN-OFF BENEFITS TO THE COMMUNITY IF THIS PROJECT IS FUNDED: The Yard Maintenance program gives older and/or disabled residents the opportunity to maintain their outside living environment and remain in compliance with the local weed and tall grass ordinance. The appearance of well-maintained yards is a direct benefit to neighborhoods and the community.

PART IV – PROJECT TIMELINE AND BENCHMARKS

1. WHAT IS THE PROJECT'S CURRENT STATUS?
- Existing program that is underway
 - New program that is ready for implementation
 - New program that is currently in the planning phase
2. WHEN WILL THIS PROJECT'S PROGRAM YEAR BEGIN? May 2012 END? Sept 2012
3. INDICATE BELOW THE AMOUNT OF CDBG FUNDS TO BE SPENT EACH QUARTER, BEGINNING JANUARY 1, 2012 AND ENDING DECEMBER 31, 2012.

2012 Jan., Feb. and March	2012 Apr., May and June	2012 July, Aug. and Sept.	2012 Oct., Nov., and Dec.
<u>\$0.00</u>	<u>\$2,500.00</u>	<u>\$4,500.00</u>	<u>\$0.00</u>

4. PROVIDE A WORK SCHEDULE IN THE SPACE BELOW THAT INDICATES A PROJECTED MILESTONE AND DEADLINE FOR ACCOMPLISHMENT OF TASKS OR THE DELIVERY OF SERVICES. (E.G. THE SCHEDULE FOR A PUBLIC SERVICE ACTIVITY MAY SPECIFY DELIVERY OF A CERTAIN NUMBER OF STAFF HOURS PER QUARTER, OR DELIVERY OF SERVICES TO A CERTAIN NUMBER OF CLIENTS PER QUARTER.)

MILESTONE	DEADLINE
Enroll 85 Individuals into the programs	Quarter II, 2012
Provide 400 hours of service	Quarter II & III, 2012

PART V – FINANCIAL SUMMARY

1. IF THIS PROJECT INCLUDES PHYSICAL IMPROVEMENT(S), WHAT IS THE LIFE EXPECTANCY OF THE IMPROVEMENT(S)?

N/A

2. DOES THIS PROJECT PRODUCE PROGRAM INCOME (I.E. REVENUES)?

No Yes (If yes, what is the estimated income to be produced and according to what schedule?): Based on a \$5.00 registration fee for 65 households with low income elderly and/or disabled residents, the estimated program income will be \$325.00.

3. PLEASE IDENTIFY THE PRIMARY STAFF MEMBERS WHO WILL BE INVOLVED IN THE ADMINISTRATION OF THE PROGRAM. IDENTIFY IF POSITION IS TO BE NEWLY HIRED IN THE "SUMMARY" SECTION OF THE TABLE.

TITLE	TYPE OF POSITION	AMOUNT OF TIME DEVOTED TO PROGRAM	BRIEF SUMMARY OF RESPONSIBILITIES
Senior Center Manager	<input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input checked="" type="checkbox"/> part-time	Identify those needing assistance; supervise college students; oversee program
Administrative Assistant	<input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input checked="" type="checkbox"/> part-time	Send out applications; schedule service; track registrations and services; verify income levels
Human Services Case Manager	<input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input checked="" type="checkbox"/> part-time	Provide in-home assessment for new participants
Two Student Laborers	<input type="checkbox"/> full-time <input checked="" type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time	Provide yard services (seasonal; newly hired)

4. SOURCE OF FUNDS FOR PROJECT:

Complete this budget for the activity for which you are requesting funds only, not the entire agency or departmental budget, unless this is the only activity administered by your agency.

SOURCE OF FUNDS	COMMITTED		AMOUNT
	YES	NO	
APPLICANT AGENCY FUNDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$8,700.00
LAKWOOD CDBG CARRY-FORWARD FUNDING FROM FY 2011	<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER FEDERAL FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	\$
STATE GOVT. FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	\$
COUNTY GOVT. FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	\$
PRIVATE SECTOR FUNDING (E.G. FOUNDATION)	<input type="checkbox"/>	<input type="checkbox"/>	\$
CLIENT FEES (ATTACH FEE SCHEDULE)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$325.00
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	\$
LAKWOOD CDBG FY 2012 FUNDING REQUEST			\$7,000
TOTAL PROJECT BUDGET			\$16,025.00

5. ADDITIONAL FUNDING INFORMATION (Include all costs necessary to complete this activity, such as architectural fees, administration fees, and other necessary expenses.)

A. IF THIS REQUEST IS FOR NEW CONSTRUCTION, REHABILITATION, ACQUISITION OR EQUIPMENT, SUBMIT A COST ESTIMATE FROM AN UNRELATED THIRD PARTY. *IF CDBG FUNDS ARE USED FOR CONSTRUCTION OR REHABILITATION COSTS, THEN FEDERAL WAGE RATES ("DAVIS-BACON") MUST BE PAID. AGENCY MUST ALSO SUBSCRIBE TO REPORTING REQUIREMENTS OF THE CITY OF LAKEWOOD RELATED TO PAYMENT OF DAVIS BACON WAGE RATES.*

B. SUBMIT OTHER FUNDING SOURCE COMMITMENT LETTERS TO SUPPORT BUDGET FIGURES ABOVE.

C. WHEN WILL OTHER FUNDING COMMITMENTS BE AVAILABLE FOR USE IN THIS PROJECT?
Upon receipt of registration fees from participants.

6. BREAKDOWN OF CDBG FUNDING:

Complete this budget table for CDBG funds request only. No indirect costs may be paid with CDBG funds without an approved indirect cost plan.

EXPENDITURE TYPE	DETAILED DESCRIPTION OF EXPENDITURE (ATTACH SHEET IF NECESSARY)	AMOUNT
SALARIES AND BENEFITS	Two college students: 8.00 per hour (plus benefits 15.45%) for 379 hours = 3500.00 each	\$7,000.00
OPERATING COSTS (e.g. supplies, professional services, postage, materials, travel, etc.)		\$
CAPITAL COSTS (e.g. land or building acquisition, construction, rehab, demolition, etc.)		\$
OTHER		\$
OTHER		\$
TOTAL		\$7,000.00

7. THE REQUESTED AMOUNT OF CDBG FUNDING COMPRISES 44% OF THE TOTAL PROGRAM BUDGET.

8. TOTAL AGENCY BUDGET:

EXPENDITURE TYPE	AMOUNT
SALARIES AND BENEFITS	\$433,849.94
OPERATING COSTS (e.g. supplies, professional services, postage, materials, travel, etc.)	\$223,718.00
CAPITAL COSTS (e.g. land or building acquisition, construction, rehab, demolition, etc.)	\$0.00
OTHER (DESCRIBE:)	\$0.00
OTHER (DESCRIBE:)	\$0.00
TOTAL	\$657,567.94

PART VI – AGENCY INFORMATION

1. NON-PROFIT AGENCIES SHOULD SUBMIT ONE COPY OF EACH OF THE FOLLOWING DOCUMENTS:
 - A. ONE (1) COPY OF THE ORGANIZATION'S ARTICLES OF INCORPORATION
 - B. ONE (1) COPY OF THE ORGANIZATION'S IRS TAX EXEMPT STATUS DETERMINATION LETTER. ENTER TAX EXEMPT ID NUMBER HERE: _____
 - C. CURRENT LIST OF THE ORGANIZATION'S BOARD OF DIRECTORS OR TRUSTEES, AND THEIR AFFILIATIONS.
 - D. ONE (1) COPY OF THE ORGANIZATION'S MOST RECENT ANNUAL REPORT.
 - E. ONE (1) COPY OF THE ORGANIZATION'S MOST RECENT AUDITED ANNUAL FINANCIAL STATEMENT.
2. WHAT IS THE GEOGRAPHICAL AREA OF SERVICE FOR YOUR AGENCY? City of Lakewood
3. IS THE AGENCY LICENSED OR ACCREDITED? No Yes (If yes, by whom?)
4. DOES THE AGENCY FORMALLY EVALUATE AND MEASURE THE EFFECTIVENESS OF THIS PROGRAM? No Yes

If not, please explain your efforts to implement such a process. If yes, describe how: Service Satisfaction Survey is completed by applicants at the end of the program.
5. HOW WILL THE AGENCY MODIFY THE PROGRAM IF FULL FUNDING IS NOT RECEIVED?
Reduce number of residents served commensurate with the number of hours funded.
6. PLEASE EXPLAIN ANY SIGNIFICANT CHANGES IN AGENCY FUNDING SOURCES THAT HAVE OCCURRED IN THE LAST TWO (2) YEARS:
Western Reserve Area Agency on Aging (WRAAA) denied funding for the Homemaker program, reducing revenues by \$20,957.
7. WHAT NEW APPROACHES ARE BEING DEVELOPED OR EXPLORED TO GENERATE NEW SOURCES OF FUNDS?
The Division of Aging works researches potential funding entities and engages the Lakewood Commission on Aging to assist with fund raising for specific programs and services. The Division has seven external public and private funding sources.
8. WHAT STEPS HAVE BEEN TAKEN IN THE PAST YEAR TO MAKE THE AGENCY MORE COST EFFECTIVE?
The Homemaker Program was discontinued June 1, 2011 due to denial of grant request to WRAAA. This resulted in the elimination of two staff positions.

PART VII

IF THIS REQUEST IS ACCEPTED FOR FUNDING, THE APPLICANT MUST BE WILLING TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND CITY REQUIREMENTS AND ENTER INTO A FUNDING AGREEMENT WITH THE CITY OF LAKEWOOD.

APPLICANT CERTIFIES THAT: *TO THE BEST OF MY KNOWLEDGE AND BELIEF, DATA CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THIS APPLICATION HAS BEEN DULY AUTHORIZED BY THE APPLICANT'S APPROPRIATE BOARD OF TRUSTEES, BOARD OF DIRECTORS, OR CHIEF EXECUTIVE OFFICER.*

SUBMITTED BY: DOROTHY M. BUCKON

SIGNATURE: _____

Dorothy M Buckon

TITLE: DIRECTOR, HUMAN SERVICES

DATE: JULY 18, 2011

SUBMIT:

- ONE UNSTAPLED ORIGINAL AND
- ONE ELECTRONIC COPY

OF APPLICATION AND ATTACHMENTS BY **NOON, MONDAY, July 18, 2011** TO:

EMMA PETRIE BARCELONA
DEVELOPMENT OFFICER
PLANNING & DEVELOPMENT DEPARTMENT
CITY OF LAKEWOOD
12650 DETROIT AVENUE
LAKEWOOD, OHIO 44107
(216) 529-7680
FAX: (216) 529-5907
EMMA.BARCELONA@LAKEWOODOH.NET

ATTACHMENT I
CHECKLIST FOR ENCLOSURES

- PART II, QUESTION 1 – PROBLEM NEED/IDENTIFICATION
- PART II, QUESTION 2 – STRATEGY STATEMENT
- PART V, 2 – PROGRAM INCOME SCHEDULE (IF APPLICABLE)
- PART V, 5A– CONSTRUCTION COST ESTIMATE (IF APPLICABLE)
- PART V, 5B – FUNDING SOURCE COMMITMENT LETTERS (IF APPLICABLE)
- ARTICLES OF INCORPORATION (IF APPLICABLE)
- IRS TAX EXEMPT STATUS DETERMINATION LETTER (IF APPLICABLE)
- LIST OF BOARD OF TRUSTEES (IF APPLICABLE)
- MOST RECENT ANNUAL REPORT (IF APPLICABLE)
- MOST RECENT AUDITED ANNUAL FINANCIAL STATEMENT (IF APPLICABLE)

**ATTACHMENT II
LOW- AND MODERATE INCOME GUIDELINES**

Fiscal Year 2011 Income Limits			
Household Size	Moderate (80% of Metropolitan Area median)	Low (50% of Metropolitan Area median)	Extremely Low (30% of Metropolitan Area median)
1 person	\$35,200	\$22,000	\$13,200
2 person	\$40,200	\$25,150	\$15,100
3 person	\$45,250	\$28,300	\$17,000
4 person	\$50,250	\$31,400	\$18,850
5 person	\$54,300	\$33,950	\$20,400
6 person	\$58,300	\$36,450	\$21,900
7 person	\$62,350	\$38,950	\$23,400
8 person	\$66,350	\$41,450	\$24,900

Please note, income limits above apply to fiscal year 2011 programs, and are provided for example purposes only. Income limits for fiscal year 2012 may increase. The CDBG program's income limits as set by the U.S. Department of Housing and Urban Development each year.

DATA TO BE REPORTED FOR MOST PROGRAMS:

DATA ACCEPTED MONTHLY AND MUST BE RECEIVED IN ORDER TO PROCESS SAME MONTH INVOICES

- **NUMBER OF PEOPLE SERVED**
- **EXACT RACE OF EACH PERSON SERVED (INCLUDING MULTI-RACIAL VARIATIONS)**
- **HISPANIC OR NON-HISPANIC ETHNICITY OF EACH PERSON SERVED**
- **NUMBER OF FEMALE HEADED HOUSEHOLDS SERVED**
- **NUMBER OF PEOPLE SERVED IN EACH INCOME CATEGORY**
- **NUMBER OF PEOPLE WITH NEW OR CONTINUING ACCESS TO THE SERVICE OR BENEFIT**
- **NUMBER OF PEOPLE WITH IMPROVED ACCESS TO A SERVICE OR BENEFIT**
- **NUMBER OF PEOPLE WHO RECEIVE A SERVICE OF BENEFIT THAT IS NO LONGER SUBSTANDARD**
- **OTHER DATA AND INFORMATION AS NEEDED**

1. PROBLEM / NEED IDENTIFICATION

Through the Yard Maintenance program the Lakewood Department of Human Services, Division of Aging addresses the need many older residents have in maintaining their property and yards in the summer months. This program gives older residents the opportunity to get their lawns cut and hedges trimmed to maintain their property and also to be in compliance with the Lakewood Weed & Grass Ordinance.

Lakewood residents who are disabled, frail and impaired, isolated or without family, and over the age of 60 years often need assistance with outside chores. Many are advancing through the aging process with changes in health status and functional abilities making outside home chores very difficult and in some instances physically impossible. In addition, when residents are low income or on a fixed income, it becomes too costly for them to hire someone to provide seasonal services such as yard maintenance.

The inability to complete yard maintenance will lead to non-compliance with Lakewood Codified Ordinance 1775. Homeowners must maintain their grass no higher than six inches to be in compliance. Through the yard maintenance program homeowners are given the opportunity to maintain their property as directed by the city ordinance. Trimming overgrown hedges covering access areas is another service provided as a part of the program.

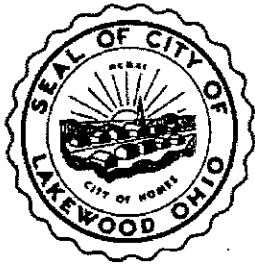
According to the 2010 Yard Maintenance Program survey, 22 of the 22 respondents stated that the program helped maintain their property and 21 of 22 stated that it met their expectations.

2. STRATEGY STATEMENT

Goal: To provide 400 hours of yard maintenance service for 85 low-income elderly and/or disabled Lakewood homeowners.

Under the coordination and supervision of the Division of Aging, two college students provide yard service on a bi-monthly schedule to eligible homeowners. The first cut is usually to get the growth under control with subsequent cuts providing maintenance:

- Identify and qualify 85 residents, who meet eligibility requirements: 60 years of age and older and/or disabled, extremely low, low and low-moderate income according to HUD income guidelines.
- Accept and record annual registration for service. Verify eligibility.
- Interview and hire student laborers at \$8.00 an hour to provide the grass cutting service. Student laborers must be 18 years of age to operate City vehicle and yard equipment. Orient students to yard program guidelines.
- Develop service schedule assigning 6 - 8 properties per day.
- Record service statistics from signed vouchers for each property. Both client and student sign off on vouchers.
- Send satisfaction survey to all participants at the end of the program.



DEPARTMENT OF HUMAN SERVICES

DIVISION OF AGING

16024 Madison Avenue

Lakewood, Ohio 44107

Phone: (216) 521-1515 FAX: (216) 521-2613

DOROTHY M. BUCKON, RN
DIRECTOR

May 2, 2012

Dear Applicant:

The 2012 **Yard Maintenance Program** sponsored by the Lakewood Department of Human Services, Division of Aging will begin in early June. Enclosed you will find a 2012 application form and the program guidelines.

Return the following information to:

Yard Maintenance Program
16024 Madison Avenue
Lakewood, OH 44107

1. Signed and completed application with name & phone number for emergency contact person who lives nearby.
2. Documentation of income (example: copies of Social Security statement, pension, employment income or any other income received).
3. Signed and completed Household Income Status form.
4. Completed Community Development Block Grant form.
5. Verification of disability for applicants under 60 years of age (example: Social Security Disability award letter and other verification of disability).
6. Registration fee of \$5.00 made payable to **The Lakewood Foundation**.

Should you have any questions, please call (216) 521-1515. Thank you for your interest in this program.

Very truly yours,

DeDe MacNamee-Gold
Senior Center Manager

Enclosures

The City of Lakewood, Department of Human Services, provides a continuum of responsive programs and services that enhance and promote the health and well-being of individuals, families and the community.



Lakewood Department of Human Services, Division of Aging

2012 YARD MAINTENANCE APPLICATION

NAME _____ PHONE _____

ADDRESS _____ DATE OF BIRTH _____

Please check the appropriate response:

I am 60 years of age or older and my total income is at or below \$35,200 for a one-person household, or \$40,200 for a two person household. I have included a copy of my most recent W-2 and IRS 1040 form or Social Security verification of income.

-and-

_____ I do not have a friend, relative or neighbor to provide this service for me.

OR

I am not over 60 but have enclosed a copy of a doctor's certificate, which states that I am disabled and my total income is at or below \$35,200 for a one-person household or \$40,200 for a two-person household. I have included a copy of my most recent W-2 and IRS 1040 form or Social Security verification of income.

-and-

_____ I do not have a friend, relative or neighbor to provide this service for me.

Note: Proof of income level is necessary for application processing.

All information provided is confidential.

I indemnify and save harmless The Lakewood Foundation and the City of Lakewood, its officers, employees and agents from and against any and all claims, demands, suits, judgments, causes of action, and damages occurring directly or indirectly as a result of my participation in this program.

I hereby state that all of the information given is true and accurate to the best of my knowledge.

Emergency Contact Person's name _____

Relationship _____ Phone# _____

YOUR SIGNATURE _____ DATE _____

Please **enclose** a check or money order for **\$5.00**, made payable to **The Lakewood Foundation** and send to: Yard Maintenance Program, 16024 Madison Avenue, Lakewood, OH 44107.

Yard Maintenance Guidelines 2012

The Yard Maintenance Program is available for senior citizens or disabled persons in Lakewood who meet eligibility requirements. Through the Summer Student Labor Program, the City of Lakewood hires college students to provide yard maintenance services during the summer months on a **bi-monthly basis**. Appointments are scheduled according to geographic location, equipment availability, weather conditions and yard size. You will be informed ahead of time of the day and approximate time of the service.

Grass cutting and **edging** are the services provided by the student, who uses city equipment and tools. However, **participants are responsible for providing yard waste bags**.

Although there is no requirement that you do so, participants may contribute to this program. The **suggested donation is \$5.00** per visit, and can be given directly to the yard maintenance person or sent to:

Yard Maintenance Program
16024 Madison Avenue
Lakewood OH 44107

Please know City Policy requires that no employee can accept outside compensation for services.

Thank you and should you have questions, call (216) 521-1515.



DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING
16024 Madison Avenue ♦ 44107
Phone: (216) 521-1515 FAX: (216) 521-2613
Web site: www.onelakewood.com

DOROTHY M. BUCKON, RN
DIRECTOR

August, 2012

Dear Yard Program Participant:

The Yard Maintenance Program sponsored by the City of Lakewood, Division of Aging ended on August 31, 2012. The two young men who provided the service are returning to school. Hopefully you found the service to be helpful in maintaining your property this summer.

Now that the program has ended, you may find the attached resources useful for maintaining your lawn for the rest of the season. We are not recommending any particular one, but we know they are available.

Also, we are asking you to help us improve our service for 2012 by completing the enclosed survey and returning it to our office.

Thank you for your participation in the 2012 Yard Maintenance Program.

Very truly yours,

DeDe MacNamee-Gold
Senior Center Manager

**Lakewood Department of Human Services, Division of Aging
Yard Maintenance Program
2012 Program Survey**

In order to serve you better in the 2013, please take a few minutes to complete this short survey regarding the Lakewood Division of Aging Yard Maintenance Program. All surveys are anonymous.

Was the yard maintenance service helpful in maintaining your property?

YES _____ NO _____

COMMENTS:

Were the young men providing the service courteous and reliable?

YES _____ NO _____

COMMENTS:

Did the job performance meet your expectations?

YES _____ NO _____

COMMENTS:

Did Division of Aging staff provide adequate assistance with the application process?

YES _____ No _____

COMMENTS:

Suggestions and recommendations for improving the Yard Maintenance Program:

**Please send survey to:
Yard Maintenance Program
16024 Madison Avenue
Lakewood, Ohio 44107**

THANK YOU FOR COMPLETING THIS SURVEY!