

**Agenda**  
**HUMAN SERVICE COUNCIL MEETING Electronic Meeting**  
**(Phone in or GoTo Meeting) Anchor Location:**  
Five County Association of Governments  
1070 W 1600 S. Bldg. B  
St. George, UT 84770  
**Wednesday, October 31, 2018 12:30 – 1:00 pm**

<b>I. Welcome &amp; Introductions</b>	<b>Mr. Craig Hansen</b>
<b>II. Approval of Minutes— July 11, 2018</b>	<b>Mr. Craig Hansen</b>
<b>III. Board Bylaw Update</b> a. <b>Process for replacing elected official when they are ineligible to serve</b>	<b>Mr. Craig Hansen</b>
<b>IV. 2019 Five County Need Assessment</b> a. <b>Approval of 2018-19 questionnaire</b> b. <b>2019 Public Forums / Focus Groups</b>	<b>Mr. Clint Cottam</b>
<b>V. Performance Update</b> a. <b>EFN / QEFAF</b> b. <b>Dashboard Overview</b> c. <b>Financials</b>	<b>Mr. Clint Cottam</b>
<b>VI. Board – Community and Unmet Needs</b>	<b>Board</b>
<b>VII. Public Comment</b>	<b>Public</b>
<b>VIII. Other / Adjourn</b>	<b>Chair</b>

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**FIVE COUNTY HUMAN SERVICES COUNCIL**  
**Meeting Minutes**  
**Wednesday, July 11, 2018 - 3:00 p.m.**  
**Five County AOG Cedar City Office**  
**585 North Main Street, Cedar City, Utah**

**Members in Attendance:**

Beaver County

Commissioner Mike Dalton

Beaver County Commissioner

Garfield County

Commissioner Jerry Taylor  
Mr. Arthur Cooper

Garfield County Commissioner  
Garfield County Community Representative

Iron County

Commissioner Dale Brinkerhoff  
Dixie Tienken

Iron County Commissioner  
Iron County Community Representative

Kane County

Mr. Craig Hansen  
Elizabeth Davis (via go-to-meeting)

Kane County Low Income Representative  
Kane County Community Representative

Washington County

Ms. Lil Baron (via go-to-meeting)  
Mr. Diego Acosta

Washington County Community Representative  
Washington County Low Income Representative

**DRAFT**

**Others in Attendance:**

Mr. Clint Cottam  
Ms. Cindy Rose  
Mr. Mark Tibly (via go-to-meeting)

Five County AOG Community Action  
Five County Association of Governments  
Department of Workforce Services

**Members Not In Attendance:**

Mr. Max Crandall, Excused  
Vacant Position (Pending)  
Mayor Melani Torgersen, Excused  
Ms. Oralia Stevens  
Commissioner Jim Matson  
Commissioner Victor Iverson

Beaver County Community Representative  
Beaver County Low Income Representative  
Garfield County Low Income Representative  
Iron County Low Income Representative  
Kane County Commissioner  
Washington Co. Commissioner Representative

**I. WELCOME & INTRODUCTIONS**

Mr. Craig Hansen acknowledged that Ms. Lil Baron, and Ms. Elizabeth Davis were participating via go-to-meeting. He also noted that a quorum was present to conduct business.

**II. APPROVAL OF MINUTES - MAY 9, 2018**

Mr. Craig Hansen, Chair, presented minutes of the May 9, 2018 Human Services Council meeting for discussion and consideration of approval.

**MOTION WAS MADE BY COMMISSIONER DALE BRINKERHOFF, SECONDED BY COMMISSIONER JERRY TAYLOR, TO APPROVE MINUTES OF THE MAY 9, 2018 MEETING AS PRESENTED. MOTION CARRIED BY UNANIMOUS VOTE.**

### **III. BOARD MEMBERSHIP**

- A. Ratification of New Board Members:** Mr. Clint Cottam explained that new board members were presented during the May 9, 2018 Human Services Council for consideration of approval as follows: **1) Beaver County--** Mr. Max Crandall has been appointed by Beaver County to serve as the community representative; and **2) Iron County--** Ms. Oralia Stevens has been appointed by Iron County to serve as the low income representative for Iron County. The Council needs to officially ratify action for these two new members.

**MOTION WAS MADE BY COMMISSIONER MIKE DALTON, SECONDED BY MR. ART COOPER, TO RATIFY NEW BOARD MEMBERSHIP AS PREVIOUSLY REVIEWED AND RECOMMENDED. MOTION CARRIED BY UNANIMOUS VOTE.**

### **IV. UPDATED ON POLICY AND PROCEDURE**

- A. Emergency Transfer Plan from Utah Continuum of Care (COC):** Mr. Clint Cottam reported that the U.S. Department of Housing and Urban Development (HUD) conducted a site visit to monitor programs operated by the Five County AOG Community Action under the Utah Balance of State COC. It was recommended that the Emergency Transfer Plan be updated. It is important to try to accommodate a transfer of a client as quickly as possible to address the safety of victims of domestic violence. Emergency transfers will be dependent upon timing and availability.
- B. Environmental Policy:** Mr. Clint Cottam explained that activities performed with HUD funding are exempt from HUD regulations, but the policies and procedures document must contain a statement requesting a determination of "Supplemental Assistance" for this project. This project does not trigger any environmental issues because it does not involve construction of any kind, and will have no negative impact on surrounding environment.
- C. Client Rent and Interaction and Related Policies:** Mr. Clint Cottam noted that this is the most important thing that must be addressed because Community Services Block Grant (CSBG) funds are being utilized as match funding for the Dove Center and Canyon Creek Domestic Violence Center for HUD rapid transitional re-housing. The Dove Center intends to apply for a HUD rapid transitional re-housing grant. Overall things with rapid re-housing were executed well other than some clients were paying their rent a bit late. It became necessary to pay the rent directly to landlord, and then collect the rent from clients. This will provide project income that can be utilized as match for the grant. There are three requirements that clients must adhere to as follows: 1) meet monthly with case manager; 2) submit paperwork; and 3) pay their portion of rent.

Mr. Cottam reviewed changes in policy as follows: **1) USDA grievances--** regarding civil rights claims; **2) Relationship with Clients--** For safety and liability purposes employees are prohibited from transporting clients; **3) Prompt Communication--** Staff response to clients should be within at least 48 business hours. Client appeals and grievances should have written correspondence within 10 business days; **4) Case Handling--** Case managers should not collect income from clients, especially during home visits. Language is included to address change needed from a bank, how CAP employees should make these transactions, location and handling of money bag, and satellite deposits to address the Cedar City office; **5) Record Retention--** Electronic access to client records should be restricted and employees must comply with all end-use agreements of SealWorks, Utah HMIS, CAP 60, or any other authorized client database containing person protected information. Work is being done on coordinated entry and use of other data bases; **6) Client Intake Interview--** Added question where would you like to see yourself in 6 months, 12 months, 2 years? **7) Client Rent Portion--** Submit income verification documents and pay their portion of the rent (including pet fees). Added language for pet fees that are to be paid by client, with the exception of service animals. Council members also discussed emotional support animals and noted that there is no official certification for these animals. **8) Fees for Services-** - In support of rapid re-housing, no enrolled client must pay a fee for services for any Five County service (i.e., court ordered community services). The only allowable exception to this rule is for rapid re-housing clients to pay their portion of rent to Five County. This project income must be documented and tracked and must be deducted from the grant reimbursement; and **9) Quality Emergency Food Assistance Fund (QEF) Eligibility--** Definition of poverty guideline will be extended to households at or below the 200% poverty guideline to better coordinate with TANF-assistance through the Utah Department of Workforce Services. This allows for exceptions to address first-time pantry recipients and for other circumstances such as emergency medical, change in family structure, immediate loss of job, etc.

**MOTION WAS MADE BY MR. ART COOPER, SECONDED BY COMMISSIONER MIKE DALTON, TO APPROVE UPDATES TO THE POLICIES AND PROCEDURES AS REVIEWED AND DISCUSSED. MOTION CARRIED BY UNANIMOUS VOTE.**

## **V. 2019 FIVE COUNTY NEEDS ASSESSMENT UPDATES**

Mr. Clint Cottam reported that staff is in the process of aligning need assessment work groups with the templet provided by the state. The Washington County work group will be revising the questionnaire with the help of the community. The goal is to begin the questionnaire within the next few months. Copies of the revised questionnaire will be provided to council members for feedback as soon as it is available.

## **VI. COMMUNITY ACTION PROGRAMMING**

**A. Department Financials (Overview):** Mr. Clint Cottam presented information on the draw downs for the major program operated by the Five County Community Action Program (CAP). The fiscal year end closed on June 30, 2018 and a lot of

the information provided will show zero expenditures. Financial information was reviewed for programs as follows: **1) HUD Continuum of Care**-- FY 2016 program expenditures are on track. The Dove Center requested that some of their supportive services be used elsewhere for case management; **2) Continuum of Care Expansion**-- Expenditures for this grant are also on track; **3) Community Services Block Grant (CSBG) FY 2017**-- The state provided an extra 6,000 in discretionary funding for direct client services. Approximately \$700 of this amount remains for spending in July; **4) Emergency Solutions Grant**-- A state homeless committee funding source that has been billed down to zero; **5) Social Services Block Grant (SSBG)**-- The majority of funds have been billed down. A small amount, \$42.00, will be carried over to the new fiscal year budget; **6) Pamela Atkinson Trust Fund**-- This grant was fully expended; and **7) Quality Emergency Food Assistance Fund (QEFAF)**-- There is still money on the table for this funding source. Funds will be used for equipment purchases such as freezers and will be spent down quickly. Information presented gives an overview of financials for the various programs.

- B. Update on Community Action Plan:** Mr. Cottam provide a brief update on the Community Action Plan. He reported that housing goals and outcomes were exceeded for stabilization. There is still another year under the current action plan. Travel training has completely transitioned out of the department and staff is no longer required to report on data any longer. Transportation has not reached its goals, even though funding was set aside for it. It may be that people struggle more with housing. However, CANS transportation in Cedar City has increased. It appears that the target for the three year plan in transportation was overshoot. The DWS-IOA One Stop target shows that the quality of case management varied and some pantries have exceeded expectations while others have struggled. Staff is working to get computers into the rural pantries to provide one stop shopping in terms of jobs. He reported that not enough work has been accomplished on making COCS into a comprehensive case management tool. Staff will be working on this over the next year.

- C. Key Program Updates:** Mr. Cottam indicated that there are 49 clients in the homeless information system for rapid re-housing, there are 26 clients in unified re-housing and another 86 homeless clients receiving services. Overall, staff is working with approximately 150 homeless clients in the Five County region. Numbers reported from Switchpoint are behind about six months or Washington County would have a larger number of clients served. Food distribution is still the largest case count for the region. There are currently more housing cases open in Iron County than in Washington County and there is one case open in Beaver County. The number of clients utilizing transportation services is higher in Iron County as well.

An AmeriCorps application was submitted for AmeriCorps representation in each county using Community Services Block Grant funds as match. Unfortunately, they did not like the model for this grant and the application was not selected for funding. Concern was expressed about the breadth of multiple focus and projects over a wide geographic area. Staff will work to refine the model and look for any opportunities with this program.

Mr. Cottam reported that additional funding was provided by the state for an additional 20 homeless clients. The state also released an additional \$6,000 in CSBG FY 17 discretionary funds and it was spent down on deposits and rents. Funding for pantries was received from QEFAP and EFN state funding for FY 2018, but future applications will be more competitive. Each pantry will receive \$10,000 for case management and \$2,000 from QEFAP. The Beaver County pantries will receive some funding for operations. The contract extension for Escalante Center freezer purchase must be spent by December or the money will be forfeited. The USDA monitoring of TEFAP for the Hurricane commodity food went well. All pantries need to have the updated Justice for All posters. It was reported that bountiful baskets does not have a lot of availability in the Five County region. There is also some community discussion about centering a co-op at the pantry in Washington County. The option of utilizing co-ops will be addressed in the new needs assessment. Data also shows that clients are moving forward in terms of the food pantry program.

Ms. Cindy Rose provided a brief update regarding the Youth Volunteer Corp (YVC) program. Since January of this year, 53 youth volunteers have provided 900 hours of service on 70 projects. Thirty of the participants are disadvantaged youth. The annual yard sale including the day of the sale, donations and sponsors provided \$6,100 in funding for the YVC program. Mr. Clint Cottam mentioned that this was also helpful to other nonprofit organizations who gathered donations as well. YVC is also working on a garden at the Iron County Care and Share. Everything grown in the garden will be donated.

**D. Consumer Satisfaction Survey:** Mr. Cottam reported no change from the last reporting. Survey responses are more likely when clients are upset or happy with services and many fall in the middle. Staff is working on an incentive (that will be donated) to increase response rates.

**E. Other:** Mr. Cottam reported that Switchpoint still has data missing for months and payment has been withheld. In addition, only 50% of clients have documentation in the database for CSBG eligibility and the rest is missing. Reimbursements cannot be provided on an assumption that more than 50% of clients are CSBG eligible. Expectations were clearly outlined in subcontracts and other pantries have met the requirements as outlined. One option would be to reimburse as per documentation, close the contract and put the remaining funds back into the formula for reallocation. Mr. Craig Hansen mentioned that this is not the first time that issues have occurred with reporting from Switchpoint. He pointed out that other pantries could use the money and those in compliance should be rewarded for their efforts.

The other subcontract for discussion is Sun Country Home Solutions. Not all of their clients have been CSBG eligible. Sun Country Home Solutions is being proactive and have offered to return a portion of their subaward into the pool for others to spend down. It has been determined that working with SSBG for this particular activity would be a better fit.

Mr. Cottam indicated that this is a good time to address these two subcontracts because the upcoming CSBG F& 18 amendment should include new total

requests.

**MOTION WAS MADE BY COMMISSIONER MIKE DALTON, SECONDED BY COMMISSIONER DALE BRINKERHOFF, TO REIMBURSE WHAT CAN BE REIMBURSED TO SWITCHPOINT AND RETURN THE REST TO THE BASE ALLOCATION, TO RETURN THE PORTION OF SUN COUNTRY HOME SOLUTION FUNDS TO THE BASE ALLOCATION, AND DISTRIBUTE THESE FUNDS BASED ON THE FORMULA UTILIZED FOR ALLOCATION. MOTION CARRIED BY UNANIMOUS VOTE.**

**VII. FOLLOWUP ON COMMUNICATION BARRIERS**

Mr. Clint Cottam reported that a new telephone system for the St. George office is pending. Once this is operational, it will hopefully take care of the confusion. The HUD monitor visit recommended a receptionist who is better trained at homeless coordinated assessment. The organizational structure will be reworked to accommodate this.

**VIII. BOARD - COMMUNITY AND UNMET NEEDS**

Mr. Clint Cottam provided follow-up on food co-ops under agenda item # VI-C. No other community and/or unmet needs were brought up for discussion.

**IX. PUBLIC COMMENTS**

Commissioner Dale Brinkerhoff expressed appreciation to Mr. Clint Cottam for all of his hard work and dedication to AF programs. He also expressed appreciation to Board members who travel to attend Human Services Council meetings and for their dedication to represent their particular interest.

**X. OTHER / ADJOURN**

The next scheduled meeting of the Human Services Council is scheduled for Wednesday, September 12, 2018 at Beaver City Hall beginning at 1:00 p.m.

**MOTION WAS MADE BY COMMISSIONER JERRY TAYLOR, SECONDED BY MS. DIXIE TIENKEN, TO ADJOURN.**

The meeting adjourned at 4:00 p.m.

# Human Services Council Bylaw Update

10/10/2018

# Page 44 – Add “Proxy” definition

- Definition: A representative of a public official serving on a public CAA tripartite board to act as an alternate or proxy for that public official, rather than serve in place of the public official.
- [http://caplaw.org/resources/faqs/Governance/CAPLAW\\_FAQ\\_WorkingwithElectedPublicOfficialsRep\\_Sept2018.pdf](http://caplaw.org/resources/faqs/Governance/CAPLAW_FAQ_WorkingwithElectedPublicOfficialsRep_Sept2018.pdf) , Page 2

# Council Membership – a. III – Elected Officials

- III. Five (5) members shall consist of a commissioner from each of the five counties, which make-up the Southwest Utah jurisdiction **or a designated proxy. Use of a proxy is discouraged, but may be necessary. A proxy may be designated through official letterhead from the elected official. When a proxy acts in the place of a county commissioner, the county commissioner must still be included in official communications.**

# Quorum

A quorum to conduct regular business shall consist of one-half of the 15 members of the council seats (8 persons). No formal action will be taken unless a quorum is present. Furthermore, no financial decisions relating to budgets, appropriations, or general financial decisions shall be made without at least 3 of the 5 county commissioners or **their official proxy** present. A majority of those in attendance at any meeting shall, in the presence of a quorum, decide any action. If less than a quorum of the Council is present at the time and place of any meeting, the Council members may adjourn the meeting until a quorum is present. The Council members may discuss informal business, but may not vote nor take formal action without a quorum being present. If a quorum exists but a majority of commissioners **or their official proxy** are absent, the quorum may take formal action to all matters, except for those relating to budgets, appropriations, or general financial decisions.

# *Vacancies, Removal, Resignation*

- A vacancy in any office because of death, resignation, removal or disqualification, or any other cause, shall be filled for the unexpired portion of the term in the manner prescribed by these guidelines for regular appointments or elections to such offices. An officer may be removed, either with or without cause, by vote of a majority of those in attendance at any regularly scheduled meeting of the Council, at which a quorum is present, if the matter of the removal was included in the notice of the meetings as provided in Article IV, or at a special meeting of the Council called for that purpose. In the event a terminated member wishes to appeal the decision, that member must submit a written appeal to the Chair of the Five County Steering Committee within ten (10) business days from when the decision was rendered. Any officer may resign from office at any time by giving written notice to the Council. Any such resignation shall take effect upon being accepted by the Council. Three (3) consecutive unexcused absences may constitute a resignation and be considered and approved by the Council.

## *Vacancies, Removal, Resignation*

- **If a low-income representative is removed or resigns, new elections should be held as soon as possible. If a community representative or county commissioner is removed or resigns, the chair of the council will approach that county's commission for new recommendations. If recommendations are not received in enough time to avoid a three month vacancy, then the Five County Steering Committee will be solicited to make a recommendation for filling the remainder of the vacancy.**

2018 Washington County Community Needs Assessment

**Thank you for providing input on needs of the community. The data collected through this survey will be used to inform community leaders about issues facing Washington County and used to evaluate existing/future projects from non-profit and public agencies.**

1. Are you a local elected official? (City Council, Mayor, County Commissioner, etc.)

Yes

No

2. Do you work as a human service provider? (Non-profit, for-profit, government)

Yes

No

3. Please indicate which best describes your type of income:

Not Employed

Employed with Multiple Jobs

Employed Part-Time

Receiving income from Social Security and/or retirement plan

Employed Full-Time

Currently receiving temporary assistance from Department of Workforce Services (DWS)

Seasonal Employment Only

Self-employed

Other (please specify)

4. Do your household expenses exceed your household income?

Yes

No

Unsure

5. What is your average monthly income? (Please include: unemployment, child support, alimony, social security, etc.)

6. If you received a tax refund this year, how did you spend it? (Click all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> I did not receive a refund                    | <input type="checkbox"/> Child Support / Alimony            |
| <input type="checkbox"/> Savings (including 401-K, College Fund, etc.) | <input type="checkbox"/> Back Taxes                         |
| <input type="checkbox"/> Paying bills                                  | <input type="checkbox"/> Food                               |
| <input type="checkbox"/> Rent / Mortgage                               | <input type="checkbox"/> Education                          |
| <input type="checkbox"/> Transportation                                | <input type="checkbox"/> A vacation / Entertainment / Games |
| <input type="checkbox"/> Other (please specify)                        |   |

7. What payments do you make each month besides living expenses? (Click all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Student loans           | <input type="checkbox"/> Court mandated Fines and/or Private Probation      |
| <input type="checkbox"/> Medical debt            | <input type="checkbox"/> Payday / Title Loan / Personal Loan                |
| <input type="checkbox"/> Car payment             | <input type="checkbox"/> Past rent or utility payments (not in collections) |
| <input type="checkbox"/> Childcare               | <input type="checkbox"/> No Payments  |
| <input type="checkbox"/> Child support / Alimony | <input type="checkbox"/> Other collection payments                          |
| <input type="checkbox"/> Other (please specify)  |   |

8. Please indicate your education level

- |   |   |
|---|---|
| <input type="radio"/> 0-8th grade               | <input type="radio"/> 12 + some post secondary                |
| <input type="radio"/> 9th – 11th grade          | <input type="radio"/> 2 year college or Associate's Degree    |
| <input type="radio"/> High School Diploma / GED | <input type="radio"/> 4 years of college or Bachelor's Degree |
| <input type="radio"/> Vocational Training       | <input type="radio"/> Master's Degree or beyond               |

9. What prevents you from furthering your education? (Click all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Don't need/want to further education at this time | <input type="checkbox"/> Education is too expensive                       |
| <input type="checkbox"/> No reliable transportation                        | <input type="checkbox"/> Income would not increase with further education |
| <input type="checkbox"/> No reliable childcare                             | <input type="checkbox"/> No degree or program I'm interested in           |
| <input type="checkbox"/> Not enough time                                   | <input type="checkbox"/> Education needs not met in education system      |

Other (please specify)

10. Please indicate your current housing situation: (Click all that apply)

- Renting
- Own
- Living with family or friends
- At risk of losing housing
- Other (please specify)
- Living in an emergency shelter
- Living in a motel
- Homeless (Living in a place not considered habitable)

11. How much does your household spend on housing and utilities combined each month?

12. If you rent, has your rent increase in the last 2 years?

- I don't rent
- Yes
- No

13. How many years have you lived at your current residence?

- Less than one year
- 1-2 years
- 3-5 years
- 5-10 years
- Over 10 years

14. Do you feel safe in the home/neighborhood you live in?

- Yes
- No

15. What things could help you feel safer living in your home/neighborhood? (click all that apply)

- Add sidewalks / ADA accessibility
- Add street lighting
- Remove Insect infestation
- Reduce Crime
- Other (please specify)
- Improve Building Safety
- Address animal concerns
- Establish a more positive relationship between renters and landlords
- Improve relationships with other household members and/or neighbors

16. What prevents you from preparing a healthy meal for your family? (Click all that apply)

- Costs too much
- Don't have enough time
- I don't know how to cook or meal plan
- Not sure where to find good recipes
- Other (please specify)
- Don't have my own space to prepare food
- Food assistance I get doesn't have enough healthy options
- No transportation to grocery store
- Nothing prevents me from cooking healthy meals

17. Does your household have health insurance?

- Yes, through employer
- Yes, I pay for privately
- Yes, I receive Medicaid/Medicare/CHIP/PCN
- Other (please specify)
- Yes, Veterans insurance
- No, I do not have health insurance

18. Does anyone in your household not have insurance? (click all that apply)

- Adult
- Child
- All Covered
- Other (please specify)

19. Has anyone in your household gone to the doctor for a well check in the last year? (Click all that apply)

- No
- Yes
- Self
- Spouse
- All Children
- Some Children
- Other household members
- Other (please specify)

20. Do you have any health concerns in your in your household? (Click all that apply)

- Physical health
- Mental health
- Dental health
- Other (please specify)

21. If you have health concerns, are you aware of recourse in the community to help?

- Yes
- No

22. What gets in the way of getting health services for everyone in your household? (click all that apply)

- Insurance premium, deductibles and copays are too high
- Health services cost is too high
- Lack of local specialists
- Transportation to services
- Other (please specify)
- Cost of medications and/or medical devices (i.e. Glasses, dentures, etc.)
- Stigma around medical conditions/diagnosis
- Waitlist for services
- Prefer not to use traditional health services

23. Are you aware of resource in the community that are available to help if you or anyone in your family has any concerns about suicide?

- Yes
- No

24. Do you have reliable transportation to get where you need/want to go? (click all that apply)

- Yes, personal vehicle
- Yes, shared vehicle
- Yes, bike
- Yes, bus
- No
- Other (please specify)

25. If you had access to a bus system, would you or a family member need assistance to use it?

Yes

No

26. What transportation supports would help you? (Click all that apply)

My transportation needs are met

Help with bus passes or gas

Extend public transportation services on weekends and nights

Bush shelters / Improved bus amenities

Extend public transportation to more areas

Help fixing my car

Access to vehicles or bikes

Safer roads for bikes / Bike lanes

Other (please specify)

27. Do you have any concerns with your child's development (for children under the age of 6)?

Yes

No

Unsure

I don't have a child under 6 living in my household

28. Do you or someone you know currently utilize any of the following pregnancy and/or early childhood programs? (click all that apply)

Help Me Grow Utah

(WIC) Women, Infants, and Children

The Learning Center for Families

Hope Pregnancy Center

Southern Utah University (SUU) Head Start

Upstart

Washington County School District Preschool

None of the above

Other (please specify)

29. What do you find to be the hardest part of raising young children (under the age of 6) in our community?

30. Do you or another adult in your household enjoy reading to your children (infant – 10 years old)?

- Yes, but find it hard to find time with such a busy schedule       Yes, we enjoy reading in our house
- Yes, but have limited books at home to read       I do not have children in this age range
- Yes, but my child struggles with reading and I have limited resources at home to help
- Other (please specify)

31. When choosing a reading book for your children, do you:

- Know your child's reading level and can make a good book choice
- Feel I do pretty well, but would like to know more ways to be sure I am choosing appropriately
- I do not know what my child's reading level is and would like more resources on how to better choose grade level and age appropriate books for my child
- No children in household

32. How many books do you own at home per child within your household?

- 0       5-6 each
- 1-2 each       7 or more each
- 3-4 each

33. What can the community, including you, do to find solutions to any problems that you've mentioned.

34. What city/town do you live in? (some cities have optional neighborhood areas)

35. Please indicate your race or ethnicity

- African American or Black       Caucasian or White
- Asian       Hispanic or Latin
- Alaskan Native or American Indian / Native American       Hawaiian or Pacific Islander
- Other (please specify)

36. Please indicate your gender

- Male
- Female
- Other

37. Please indicate your age bracket

- 17 or younger
- 18-23
- 24-44
- 45-54
- 55-69
- 70 or above

38. Please indicate household type

- Single parent (female)
- Single parent (male)
- Married with children in the home
- Married with no children in the home
- Living with partner
- Single person
- Multiple adults with children in the home
- Multiple adults no children in the home

39. Please indicate your household size

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 12 +

40. How did you hear about this survey?

- United Way
- Five County Association of Governments (Community Action, HEAT, Hurricane Valley Food Pantry)
- Cherish Families
- Children's Justice Center
- Department of Workforce Services
- DOVE Center
- Other (please specify)
- Family Support Center
- Salvation Army
- Southwest Behavioral Health Center
- Switchpoint
- The Learning Center for Families (Root for Kids)

41. Would you like to receive information about resources available to individuals and families in our community?

- Yes (Enter Email Below)
- No

Enter Email

42. Would you like to be entered into a drawing to win a gift card for completing this survey?

- Yes (Enter Email Below)
- No

Enter Email

# Quick Program Snapshot

1) USDA Inventory Needs to be Complete in the database

2) Because of homeless services, there is a much higher level of single households served than in the past, and many more females. Annual income updates still being worked on and many cases have not been rolled over to FY 18 yet.

3) The number of new cases added to the system during 2018

https://s5.cap60.com/IMSEr3/Aspx/Home.aspx

Sign in to ClientTrack Sage: Log in CAP60 | Login Association of Nation

Cap60 Lite Support My Account Logout

Admin HR Volunteer Resources Governance Site Visit Productivity Tools Inventory

Front Desk Tasks/Calendar Group Activities CAP Dashboard CAP Reports

Search Reports

- AR LIHEAP Reports
- Arizona State Report
- Assets
- Case Management
  - Case Count
  - Case List
  - Case Referrals
  - Case Worker
  - Cases Per County
  - Client Listing
  - Client Service Listing
  - Family Needs
  - Follow-Ups and Referrals
  - Shared Clients
  - Status by Date
  - Status by Points
  - Program Service Export
- Contact Lists
- CSBG
- Custom Reports
- Demographic
- Domestic Violence
- Employment
- Finance
- Foster Care
- Front Desk
- Housing
- HR

**Case Count**

Program: All  
Status: All

Year: 2018  
Calendar: Months

Report: << < 1 of 1 > >> Export To: Select One Total = 12

Month	Total
January	666
February	567
March	450
April	238
May	330
June	244
July	232
August	275
September	224
October	164
November	0
December	0

Type here to search

12:53 AM 10/10/2018

#### 4) Current Cases

cap5CAOGut : ccottam

https://s5.cap60.com/IMSEr3/Aspx/Home.aspx

Sign in to ClientTrack Sage: Log in CAP60 | Login Association of Nation

Cap60 Lite Support My Account Logout

Admin HR Volunteer Resources Governance Site Visit Productivity Tools Inventory

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- CSBG
- Custom Reports
- Demographic
- Domestic Violence
- Employment
- Finance
- Foster Care
- Front Desk
- Housing
- HR

**Cases Per County**

Cancel

Cases Per County: << < 1 of 1 > >> Export To: Select One

ID	County	Housing (Deposit Assistance)	Food Distribution	Transportation (SSBG Only)	Supportive Employment	Court Ordered Community Service Program	Housing (Deposit Assistance) & Food Distribution	Housing (Deposit Assistance) & Transportation (SSBG Only)	Housing (Deposit Assistance) & Supportive Employment	Housing (Deposit Assistance) & Court Ordered Community Service Program	Food Distribution & Transportation (SSBG Only)	Food Distribution & Supportive Employment	Food Distribution & Court Ordered Community Service Program	Transportation (SSBG Only) & Supportive Employment	Transportation (SSBG Only) & Court Ordered Community Service Program
4	Beaver	1	225	1	2	0	0	0	0	0	1	1	0	1	0
5	Garfield	0	260	0	4	0	0	0	0	0	0	0	0	0	0
6	Iron	103	1931	78	54	13	54	42	19	2	61	26	4	21	2
7	Kane	0	167	0	0	1	0	0	0	0	0	0	1	0	0
8	Other	0	21	0	1	2	0	0	0	0	0	0	0	0	0
9	Washington	66	2041	26	32	151	24	12	8	1	14	11	7	1	1

Type here to search

12:57 AM 10/10/2018

**Part A. Estimated Expenditures and Proposed Provision Method**

OMB NO.: 0970-0234

EXPIRATION DATE: 11/30/2018

**Part B. Estimated Recipients**

OMB NO.: 0970-0234

EXPIRATION DATE: 06/30/2014

STATE: UTAH	FISCAL YEAR: 2018	REPORT PERIOD: 7/1/2017 - 6/30/2018
Contact Person: Clint Cottam	Phone Number: (435) 674-5757 Ext. 102	
Title: Director of Community Action	E-Mail Address: ccottam@fivecounty.utah.gov	
Agency: Five County AOG	Submission Date: 10/3/2018	

STATE: UTAH
FISCAL YEAR: 2018

Service Supported with SSBG Expenditures	SSBG Expenditures		Expenditures of All Other Federal, State and Local funds**	Total Expenditures	Provision Method		Service Supported with SSBG Expenditures	Children	Adults			Total Adults	Total
	SSBG Allocation	Funds transferred into SSBG*			Public	Private			Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age		
1 Adoption Services				-			1 Adoption Services					-	-
2 Case Management	10,043		9,348	19,391			2 Case Management	66	2			2	68
3 Congregate Meals				-			3 Congregate Meals					-	-
4 Counseling Services				-			4 Counseling Services					-	-
5 Day Care--Adults				-			5 Day Care--Adults					-	-
6 Day Care--Children				-			6 Day Care--Children					-	-
7 Education and Training Services				-			7 Education and Training Services					-	-
8 Employment Services				-			8 Employment Services					-	-
9 Family Planning Services				-			9 Family Planning Services					-	-
10 Foster Care Services--Adults				-			10 Foster Care Services--Adults					-	-
11 Foster Care Services--Children				-			11 Foster Care Services--Children					-	-
12 Health-Related Services				-			12 Health-Related Services					-	-
13 Home-Based Services	5,295		1,765	7,060	X		13 Home-Based Services			57		57	57
14 Home-Delivered Meals	6,000		2,000	8,000	X		14 Home-Delivered Meals			46		46	46
15 Housing Services	8,223		8,741	16,964			15 Housing Services	34	32	127		159	193
16 Independent/Transitional Living Services			5,000	5,000	X	X	16 Independent/Transitional Living Services			422		422	422
17 Information & Referral	9,735		9,000	18,735	X	X	17 Information & Referral	4	114	24	2,203	2,341	2,345
18 Legal Services				-			18 Legal Services					-	-
19 Pregnancy & Parenting				-			19 Pregnancy & Parenting					-	-
20 Prevention & Intervention				-			20 Prevention & Intervention					-	-
21 Protective Services--Adults				-			21 Protective Services--Adults					-	-
22 Protective Services--Children				-			22 Protective Services--Children					-	-
23 Recreation Services				-			23 Recreation Services					-	-
24 Residential Treatment				-			24 Residential Treatment					-	-
25 Special Services--Disabled				-			25 Special Services--Disabled					-	-
26 Special Services--Youth at Risk	3,296		7,000	10,296			26 Special Services--Youth at Risk	291				-	291
27 Substance Abuse Services				-			27 Substance Abuse Services					-	-
28 Transportation	25,940		10,647	36,586	X	X	28 Transportation	48	220	344		564	612
29 Other Services***				-			29 Other Services***					-	-
30 SUM OF EXPENDITURES FOR SERVICES	68,531		53,500	122,031			30 SUM OF RECIPIENTS OF SERVICES	443	368	1,020	2,203	3,591	4,034
31 Administrative Costs	4,268												
32 SUM OF EXPENDITURES FOR SERVICES AND ADMINISTRATIVE COSTS	72,799												

\* From which block grant(s) were these funds transferred?

\*\* Please list the sources of these funds: County Contributions for Aging Programs, CSBG, Project Income, Foundational Grants, CNACS Grants, Utah Food Bank (including TEFAP and other USDA foods), VOCA, United Way funding, and Rehabilitation Grants

\*\*\* Please list other services:

Grants

**Claim Details**

**Claim For: SCSO - 2018 Community Services Block Grant**

<b>Claim Number:</b> 18-1396 - 005	<b>Grant Year:</b> 2018
<b>Status:</b> Editing	<b>Submitted Date:</b>
<b>Contract Number:</b> 18-1396	<b>Approved Date:</b>
<b>Vendor Number:</b> 52087D	<b>Paid Date:</b>
	<b>Document Number:</b>

**Billing Contact and Organization**

**Billing Contact**

**Name:** [Clint Cottam](#)  
**Title:** Director Five County Association of Governments  
**Phone:** 435-674-5757 ext102  
**Fax:** 435-673-3540  
**Email:** [ccottam@fivecounty.utah.gov](mailto:ccottam@fivecounty.utah.gov)  
**Address 1:** 1070 W 1600 S BLDG B  
**Address 2:**  
**City:** Saint George  
**State:** Utah  
**Zip Code:** 84770  
**County:** Washington

**Organization Information**

**Name:** Five County Association of Governments  
**Address 1:** P O Box 1550  
**Address 2:** 1070 W. 1600 S. Bldg B ,  
**City:** St. George  
**State:** Utah  
**Zip Code:** 84770  
**County:** Washington  
**Main Phone:** 435-674-5757  
**Main Fax:** 435-673-3540

**Reporting Period**

**Date From:** 07/01/2018      **Date To:** 08/30/2018

**Reimbursement**

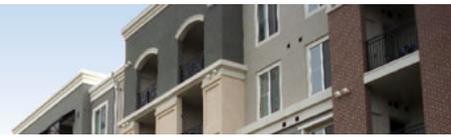
Budget Category	Contract Budget	Expenses This Period	Prior Expenses	Total	Available Balance
Salaries and Wages	\$150,000.00	\$29,579.32	\$93,500.00	\$123,079.32	\$26,920.68
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Consultants and Contracts	\$83,353.00	\$17,156.86	\$26,000.00	\$43,156.86	\$40,196.14
Travel	\$30,300.00	\$5,869.48	\$22,422.86	\$28,292.34	\$2,007.66
Space Costs and Rental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Consumable Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rental, Lease, Purchase of Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unclassified Other	\$45,219.00	\$6,455.52	\$32,295.00	\$38,750.52	\$6,468.48
Communication	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Grand Total:</b>	<b>\$308,872.00</b>	<b>\$59,061.18</b>	<b>\$174,217.86</b>	<b>\$233,279.04</b>	<b>\$75,592.96</b>

**Additional Comments/Status**

**Attachments**

File Name	Description
CSBG 18 JUL-AUG 2018.xlsx	Five County AOG - CSBG FY 18 - JUL/AUG 18

# WebGrants 3



**19-0198-FY19 EFN FCAOG**

## Emergency Food Network

<b>Award Year:</b>	2018	<b>Status:</b>	Paid
<b>Contract Number:</b>	19-0198	<b>Approved Date:</b>	09/27/2018
<b>Claim Type:</b>	Reimbursement	<b>Paid Date:</b>	10/01/2018
<b>Claim Number:</b>	19-0198 - 001	<b>Vendor Number:</b>	
<b>Submitted By:</b>	Clint Cottam	<b>Invoice Number:</b>	PRC 600 19*940
<b>Submitted Date:</b>	09/25/2018	<b>Last Submitted Date:</b>	09/25/2018
<b>Report Period</b>	07/01/2018 08/31/2018		
	<small>From Date To Date</small>		

## Applicant and Organization

### Applicant

**Name:\*** Clint Cottam  
Salutation First Name Middle Name Last Name

**Title:** Director Five County Association of Governments

**Email:\*** ccottam@fivecounty.utah.gov

**Address:\*** 1070 W 1600 S BLDG B

**\* Saint George Utah 84770**  
City State/Province Postal Code/Zip

**Phone:\*** 435-674-5757  
Phone Ext.

**What Program Areas are you interested in?\***

### Organization Information

**Organization Name:\*** Five County Association of Governments

**Organization Type:** AOG

**Tax ID:** 87-0304025

**Organization Website:**

**Address:\*** P O Box 1550  
 1070 W. 1600 S. Bldg B ,

**\* Saint George Utah 84770**  
City State/Province Postal Code/Zip

**Phone:\*** 435-673-3548  
Ext.

**Fax:** 435-673-3540

**E-mail Address\***

**Vendor Number** 52087D

## Reimbursement

Budget Category	Contract Budget	Expenses This Period	Prior Expenses	Total	Available Balance	Prior Expenses (Submitted Not Paid)	Total Claimed	Remaining Balance (Unclaimed)
<b>EFN Grant Budget</b>								
Food Purchases	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Operational Costs (utilities, rent, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies/Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Salaries/Fringe	\$32,000.00	\$911.69	\$0.00	\$911.69	\$31,088.31	\$0.00	\$0.00	\$32,000.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total:</b>	<b>\$32,000.00</b>	<b>\$911.69</b>	<b>\$0.00</b>	<b>\$911.69</b>	<b>\$31,088.31</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$32,000.00</b>

## Comments/Status

Enter any comments related to claim here

Hurricane Valley Food Pantry Case Manager Salary and Fringe for August 2018.

**Attachments**

---

Description	File Name	File Size
EFN - Salaries and Fringe - August 2013.	1 - EFN July - August 2018.xlsx	20 KB





Program Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Space Costs (e.g. rent, lease, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Travel & Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Sub Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Category III: D. Project Activity</b>								
Salaries	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Rent Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Services (e.g. education services, employment & training, legal services, client transportation, utility shut-off prevention, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Vouchers (e.g. motel, rent, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Communications (e.g. printing, copying, phone, postage)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Development & Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Contract Services (e.g. consultants, security, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Space Costs (e.g. rent, lease, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Travel & Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Sub Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$60,892.00</b>	<b>\$19,931.53</b>	<b>\$0.00</b>	<b>\$19,931.53</b>	<b>\$40,960.47</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$60,892.00</b>

### Comments/Status

---

Enter any comments related to claim here

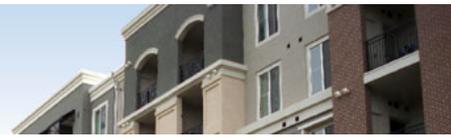
Client assistance categories have been broken out to better identify the service being billed for. The VISA expense is for an application at Jensen Property Management on 7/26/18.

### Attachments

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Description	File Name	File Size
Homeless Solutions Grant - July - August 18 expenses. GL detail.	1 - ESG - JUL - AUG 18.xlsx	24 KB

# WebGrants 3



19-0196-FY19 QEFAF FCAOG

## Qualified Emergency Food Agency Fund

<b>Award Year:</b>	2018	<b>Status:</b>	Paid
<b>Contract Number:</b>	19-0196	<b>Approved Date:</b>	09/27/2018
<b>Claim Type:</b>	Reimbursement	<b>Paid Date:</b>	10/01/2018
<b>Claim Number:</b>	19-0196 - 001	<b>Vendor Number:</b>	
<b>Submitted By:</b>	Clint Cottam	<b>Invoice Number:</b>	PRC 600 19*939
<b>Submitted Date:</b>	09/25/2018		
<b>Report Period</b>	07/01/2018 08/31/2018		
	<small>From Date To Date</small>		

## Applicant and Organization

### Applicant

**Name:\*** Clint Cottam  
Salutation First Name Middle Name Last Name

**Title:** Director Five County Association of Governments

**Email:\*** ccottam@fivecounty.utah.gov

**Address:\*** 1070 W 1600 S BLDG B

**Phone:\*** 435-674-5757  
Phone Ext.

**What Program Areas are you interested in?\***

**Address:\*** Saint George Utah 84770  
City State/Province Postal Code/Zip

### Organization Information

**Organization Name:\*** Five County Association of Governments

**Organization Type:** AOG

**Tax ID:** 87-0304025

**Organization Website:**

**Address:\*** P O Box 1550  
 1070 W. 1600 S. Bldg B ,

**Phone:\*** St. George Utah 84770  
City State/Province Postal Code/Zip

**Phone:\*** 435-673-3548  
Ext.

**Fax:** 435-673-3540

**E-mail Address:\***

**Vendor Number** 52087D

## Reimbursement

Budget Category	Contract Budget	Expenses This Period	Prior Expenses	Total	Available Balance	Prior Expenses (Submitted Not Paid)	Total Claimed	Remaining Balance (Unclaimed)
<b>QEFAF Budget Request</b>								
Operational Costs (utilities, rent, etc.)	\$3,980.00	\$1,217.69	\$0.00	\$1,217.69	\$2,762.31	\$0.00	\$0.00	\$3,980.00
Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Food/Supplies/Equipment/Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Salaries/Fringe	\$3,980.00	\$0.00	\$0.00	\$0.00	\$3,980.00	\$0.00	\$0.00	\$3,980.00
Administrative Costs	\$417.00	\$162.62	\$0.00	\$162.62	\$254.38	\$0.00	\$0.00	\$417.00
<b>Total:</b>	<b>\$8,377.00</b>	<b>\$1,380.31</b>	<b>\$0.00</b>	<b>\$1,380.31</b>	<b>\$6,996.69</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$8,377.00</b>

## Comments/Status

Enter any comments related to claim here

Hurricane Operation Costs include rent to Jim's Town Business Rental, Natural Gas, Electric and Water, and Telephone.

**Attachments**

---

Description	File Name	File Size
General Ledger for July and August 2018.	1 - QEFAP - JUL-AUG 2018.xlsx	23 KB



**FIVE COUNTY ASSN OF GOVERNMENTS**  
**Payment Voucher Entry**

[Menu](#) [Auth](#)  
[Log Off](#) [Bottom](#)

[Menu](#)   [Voucher Selection](#)   [Payment Entry](#)

<b>eLOCCS</b>		<b>U.S. Department of Housing and Urban Development</b>			
<b>SNAP</b> Special Needs Assistance		Office of Community Planning and Development			
<b>Payment Voucher</b>					
Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.					
HUD implemented the Line of Credit Control System (eLOCCS) to process requests for payments to grantees. Grant recipients should fill out a voucher form for the applicable HUD program with all the necessary information prior to the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.					
1. Voucher Number <b>501-00423270</b>	2. LOCCS Pgrm Area <b>SNAP</b>	3	4		
5. Voice Response No. <b>n/a</b>	6. Grantee Organization <b>FIVE COUNTY ASSN OF GOVERNMENTS</b>				
8. Grant or Project No. <b>UT0127L8T031702</b>	6a. Grantee Organization TIN <b>87-0304025</b>				
Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
<b>1040</b>	<b>Rental Assistance</b>	<b>60,720.00</b>	<b>3,139.86</b>	<b>57,580.14</b>	<b>3,139.86</b>
<b>1060</b>	<b>Administrative</b>	<b>5,280.00</b>	<b>859.99</b>	<b>4,420.01</b>	<b>335.14</b>
<b>Total:</b>		<b>66,000.00</b>	<b>3,999.85</b>	<b>62,000.15</b>	<b>3,475.00</b>
I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.					
11. Name & Phone Number of Person completing this form  <b>CLINT COTTAM</b>		12. Name & Title of Authorized Signatory			
		13. Signature		14. Date of Request <b>09-25-2018</b>	
<b>Warning:</b> HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.; 31 U.S.C.3729, 3802)					
form HUD-50080-SNAP-a (4/2000)					

This Payment Request was **APPROVED...**

A payment of **\$3,475.00** should be deposited in your account on **Thursday September 27, 2018**. Please print this request, and retain for your records.



**Please use the Cancel Voucher option on the main menu if you need to cancel this voucher prior to payment.**

Menu



**FIVE COUNTY ASSN OF GOVERNMENTS**

**Payment Voucher Entry**

[Menu](#) [Auth](#)  
[Log Off](#) [Bottom](#)

[Menu](#) [Voucher Selection](#) [Payment Entry](#)

<b>eLOCCS</b>		<b>U.S. Department of Housing and Urban Development</b>			
<b>SNAP</b> Special Needs Assistance		Office of Community Planning and Development			
<b>Payment Voucher</b>					
Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.					
HUD implemented the Line of Credit Control System (eLOCCS) to process requests for payments to grantees. Grant recipients should fill out a voucher form for the applicable HUD program with all the necessary information prior to the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.					
1. Voucher Number <b>501-00423418</b>	2. LOCCS Pgrm Area <b>SNAP</b>	3	4		
5. Voice Response No. <b>n/a</b>	6. Grantee Organization <b>FIVE COUNTY ASSN OF GOVERNMENTS</b>				
8. Grant or Project No. <b>UT0134L8T031701</b>	6a. Grantee Organization TIN <b>87-0304025</b>				
Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
<b>1040</b>	<b>Rental Assistance</b>	<b>69,924.00</b>	<b>31,111.00</b>	<b>38,813.00</b>	<b>16,998.00</b>
<b>1060</b>	<b>Administrative</b>	<b>5,867.00</b>	<b>1,592.50</b>	<b>4,274.50</b>	<b>577.34</b>
<b>Total:</b>		<b>75,791.00</b>	<b>32,703.50</b>	<b>43,087.50</b>	<b>17,575.34</b>
I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.					
11. Name & Phone Number of Person completing this form  <b>CLINT COTTAM</b>		12. Name & Title of Authorized Signatory			
		13. Signature		14. Date of Request <b>09-25-2018</b>	
<b>Warning:</b> HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.; 31 U.S.C.3729, 3802)					
form HUD-50080-SNAP-a (4/2000)					

This Payment Request was **APPROVED...**

A payment of **\$17,575.34** should be deposited in your account on **Thursday September 27, 2018**. Please print this request, and retain for your records.



**Please use the Cancel Voucher option on the main menu if you need to cancel this voucher prior to payment.**

Menu