



HELPING PEOPLE, CHANGING LIVES, MAKING EVERY CONTRIBUTION COUNT.

OF THE COLUMBIA-WILLAMETTE

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May 24, 2001

Jerralynn Ness, Executive Director  
Community Action Organization  
1001 SW Baseline Rd.  
Hillsboro, OR 97123

**RE: 2001/2002 United Way Allocations Transition Funding**

Dear Jerralynn,

Listed below are the United Way Board-approved allocations for United Way-funded programs at your agency for the fiscal year beginning July 1, 2001 through June 30, 2002. Approval occurred on May 23, 2001.

<b>Program Name</b>	<b>2000/2001 Allocation</b>	<b>2001/2002 Allocation</b>
Basic Needs	\$10,410	\$9,900
Early Childhood Development	\$88,300	\$83,973
Homeless Services	\$23,994	\$22,818
Information & Referral	\$17,106	\$16,268
Opening Doors	\$31,282	\$29,749
Oregon Food Bank	\$10,228	\$9,727
<b>Total Allocation:</b>	<b>\$181,320</b>	<b>\$172,435</b>

As part of the Board-approved Community Impact Model, these recommendations will set the baseline amounts for the agency core program funding, which will be effective July 1, 2002.

Under the leadership of Jim Rudd, United Way campaign chairman, and the outstanding Campaign Cabinet, the 2000/2001 United Way Campaign raised \$21,350,000. Donor-directed giving experienced a significant increase of 24%, resulting in an average decrease of -4.9% in allocable dollars for agency programs.

As you are aware, Donor-directed giving and Combined Federal Campaign (CFC) giving through the United Way Campaign represent additional financial pledges outside of the allocations process. Below you will find the Donor-directed and CFC commitments to date for your agency. It is important to remember that Donor-directed and CFC commitments are based on pledges to your agency and consequently may vary based on pledge loss or gain over time.

	<b>2000/2001</b>	<b>2001/2002</b>
Donor-directed giving/CFC	\$34,632	\$24,402
<b>Total:</b>	<b>\$34,632</b>	<b>\$24,402</b>

**APPLICATION FOR  
FEDERAL ASSISTANCE**

**PART I**

GMB Worksheet No. 9348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  	Applicant Identifier  																												
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  																													
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier  																													
<b>5. APPLICANT INFORMATION</b>																															
Legal Name: <i>Community Action Organization</i>		Organizational Unit: <i>Opening Doors Program</i>																													
Address (give city, county, state, and zip code): <i>1001 SW Baseline Hillsboro, OR 97123</i>		Name and telephone number of the person to be contacted on matters involving this application (give area code): <i>Catherine Fleischman (503) 691-8552 or Renée Bruce (503) 693-3260</i>																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             93 - 0554941           </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual <input checked="" type="checkbox"/> <b>8. Profit Organization</b> N. Other (Specify): _____																													
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> <i>Corporation for National Service</i>																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE:		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <i>Training funds for "Opening Doors" VISTAS</i>																													
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> <i>Washington County, Oregon</i>																															
<b>13. PROPOSED PROJECT:</b> Start Date: <i>9/1/2001</i> Ending Date: <i>8/31/2002</i>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant b. Project																													
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 50%; text-align: center;"><i>7832</i></td> <td style="width: 15%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: center;"><i>871</i></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: center;"><i>8703</i></td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	<i>7832</i>	.00	b. Applicant	\$	<i>871</i>	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	<i>8703</i>	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	<i>7832</i>	.00																												
b. Applicant	\$	<i>871</i>	.00																												
c. State	\$		.00																												
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e. Other	\$		.00																												
f. Program Income	\$		.00																												
g. TOTAL	\$	<i>8703</i>	.00																												
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input type="checkbox"/> No																													
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>																															
a. Typed Name of Authorized Representative <i>Jerralynn Ness</i>		b. Title <i>Executive Director</i>	c. Telephone Number <i>503-693-3251</i>																												
d. Signature of Authorized Representative <i>Renée Bruce - Director Family &amp; Community Resources</i>		e. Date Signed <i>5/31/01</i>																													



**1.RECIPIENT**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ADMINISTRATION FOR CHILDREN AND FAMILIES**  
**FINANCIAL ASSISTANCE AWARD**

**SAI NUMBER:**  
  
**PMS DOCUMENT NUMBER:**  
 10CH0071/35

<b>1. AWARDING OFFICE:</b> Region X Office for Children and Families		<b>2. ASSISTANCE TYPE:</b> Discretionary Grant	<b>3. AWARD NO.:</b> 10CH0071/35	<b>4. AMEND. NO.:</b> 7
<b>5. TYPE OF AWARD:</b> SERVICE		<b>6. TYPE OF ACTION:</b> Revision (*)		<b>7. AWARD AUTHORITY:</b> 42 USC 9801 ET SEQ.
<b>8. BUDGET PERIOD:</b> 07/01/2000 THRU 06/30/2001		<b>9. PROJECT PERIOD:</b> INDEFINITE		<b>10. CAT NO.:</b> 93600
<b>11. RECIPIENT ORGANIZATION:</b> COMMUNITY ACTION ORGANIZATION FISCAL DEPT 1001 SW BASELINE RD HILLSBORO OR 97123 3822 JERRALYN NESS, EXECUTIVE DIRECTOR			<b>12. PROJECT / PROGRAM TITLE:</b> FULL YEAR PART DAY HEAD START	

<b>13. COUNTY:</b> WASHINGTON	<b>14. CONGR. DIST.:</b> 01	<b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b> Marilyn Harrison , Head Start Director
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<b>16. APPROVED BUDGET:</b>		<b>17. AWARD COMPUTATION:</b>		
Personnel.....	\$ 1,378,798	A. NON-FEDERAL SHARE.....	\$ 568,052	17.28 %
Fringe Benefits.....	\$ 426,652	B. FEDERAL SHARE.....	\$ 2,718,485	82.72 %
Travel.....	\$ 17,876	<b>18. FEDERAL SHARE COMPUTATION:</b>		
Equipment.....	\$ 93,950	A. TOTAL FEDERAL SHARE.....	\$ 2,718,485	
Supplies.....	\$ 193,380	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$	
Contractual.....	\$ 71,806	C. FED. SHARE AWARDED THIS BUDGET PERIOD..	\$ 2,718,485	
Facilities/Construction.....	\$ 120,000	<b>19. AMOUNT AWARDED THIS ACTION:</b>		
Other.....	\$ 416,023		\$	0
Direct Costs.....	\$ 2,718,485	<b>20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:</b>		
Indirect Costs.....	\$ 0		\$	
At % of \$		<b>21. AUTHORIZED TREATMENT OF PROGRAM INCOME:</b>		
In Kind Contributions.....	\$ 0	<b>22. APPLICANT EIN:</b>	<b>23. PAYEE EIN:</b>	<b>24. OBJECT CLASS:</b>
<b>Total Approved Budget(**).....</b>	<b>\$ 2,718,485</b>	1-930554941-A1	1-930554941-A1	41.51

**25. FINANCIAL INFORMATION:**

**26. REMARKS:**

Client Population: 348.  
 This grant is paid by the Payment Management System (PMS) See attached payment info.  
 All previous terms and conditions remain in effect.  
 (\*)Other (See Remarks).  
 (\*\*)Reflects only federal share of approved budget.  
 (\*\*)Cost under the line item 'Facilities/Construction' are to be used as described in the grantee's application for the following: Facility Purchase Amount \$0; Major Renovation Amount \$120,000; and Construction Amount \$0.  
 THIS ACTION IS APPROVAL OF YOUR LETTER DATED APRIL 2, 2001, REQUESTING A WAIVER OF APPROXIMATELY \$111,000 OF THE NON-FEDERAL SHARE REQUIREMENT FOR THE EARLY HEAD START GRANT.

<b>27. SIGNATURE - ACF GRANTS OFFICER</b> <i>Barry L. Morrisroe</i> Barry L. Morrisroe	<b>DATE:</b> 5/24/01	<b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b> <i>Barry L. Morrisroe</i> Barry L. Morrisroe
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<b>29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)</b> <i>Donna M. Kahle</i> Donna M. Kahle, Project Officer	<b>DATE:</b> May 24, 2001
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