# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>TAB 1</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>TAB 2</td>
</tr>
<tr>
<td>PROPOSAL COVER PAGE</td>
<td>TAB 3</td>
</tr>
<tr>
<td>PROJECT PROPOSAL SUMMARY</td>
<td>TAB 4</td>
</tr>
<tr>
<td>SECTION A: ACTIVITY TO BE FUNDED</td>
<td>TAB 5</td>
</tr>
<tr>
<td>SECTION B: NATIONAL OBJECTIVE COMPLIANCE</td>
<td>TAB 6</td>
</tr>
<tr>
<td>SECTION C: CONSOLIDATED PLAN COMPLIANCE</td>
<td>TAB 7</td>
</tr>
<tr>
<td>SECTION D: BUDGET</td>
<td>TAB 8</td>
</tr>
<tr>
<td>SECTION E: PERFORMANCE SYSTEM MEASUREMENT / WORK PLAN</td>
<td>TAB 9</td>
</tr>
<tr>
<td>ATTACHMENTS</td>
<td>TAB 10</td>
</tr>
<tr>
<td>Map</td>
<td>TAB 11</td>
</tr>
<tr>
<td>Zoning / Blueprints</td>
<td>TAB 12</td>
</tr>
<tr>
<td>Local preference form</td>
<td>TAB 13</td>
</tr>
<tr>
<td>Letter from facility owner</td>
<td>TAB 14</td>
</tr>
<tr>
<td>Project description</td>
<td>TAB 15</td>
</tr>
<tr>
<td>Income guidelines comparison: HUD and Early Head Start</td>
<td>TAB 16</td>
</tr>
<tr>
<td>Head Start Core Values</td>
<td>TAB 17</td>
</tr>
</tbody>
</table>
ABSTRACT

Presbyterian Medical Services (PMS), established in 1969 and not to be confused with Presbyterian Healthcare, submits its first City of Santa Fe CDBG application today for the purpose of renovating a closed public service facility at 730 Alto Street in downtown Santa Fe. It is truly an opportunity to avert the blight of an abandoned building by executing a long-term lease of 15 years with its owners, the Boys’ and Girls’ Club del Norte. Our project plan is to completely renovate and upgrade this 1891 facility for the use of very low income families with infants and toddlers in a new Early Head Start Center. For the estimated total construction cost of $227,000 for 3 classrooms, playground updates and kitchen fixtures, PMS has identified $127,000 in Federal funds to begin Phase I. We are asking CDBG for $100,000 to make this project a reality for 50 low and very low income families with infants and toddlers while preventing blight downtown.
# Cover Page

**City of Santa Fe**  
**Community Development Block Grant Program**  
**FY 2018-2019**

<table>
<thead>
<tr>
<th>Name of Nonprofit Organization:</th>
<th>Presbyterian Medical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Executive Director:</td>
<td>Steven C. Hansen, President &amp; CEO</td>
</tr>
<tr>
<td>Name of Board President:</td>
<td>Susan K. Smith</td>
</tr>
</tbody>
</table>
| Name, Contact Information (Address, Phone, and Email) of Person Submitting Request (Fiscal Agent if appropriate): | Larry Martinez, PMS North Central Region Director  
1409 Second St., Santa Fe, NM 87505.  
505.955.1212. Larry.Martinez@pmsnm.org |
| Amount Requested:              | $100,000 |
| Program Name or Service being requested for Funding: | PMS River Early Head Start Center |
| Brief Program or Service Description: | Lease, renovate and refit Boys' & Girls' Club, 730 Alto St., Santa Fe, to become an Early Head Start Center for LMI families. |

**Check which Category Describes your organization:**  
- Public Agency  
- Government Agency  
- Private Non-Profit  
- **For Profit**

<table>
<thead>
<tr>
<th>DUNS or CAGE #</th>
<th>073393761</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Registration #</td>
<td><strong>18-00028994</strong></td>
</tr>
<tr>
<td>Tax ID #</td>
<td>85-0206810</td>
</tr>
<tr>
<td>State CRS #</td>
<td>01-746696-00-2</td>
</tr>
<tr>
<td>Check One:</td>
<td></td>
</tr>
</tbody>
</table>
- Previous Recipient  
- New Applicant |

**Funding Categories to be Addressed (Check one):**  
- Housing  
- **Public Facility**  
- Public Service
Project Proposal Summary
(If funded, the following will be written into the contract Scope of Services with Accomplishment Levels along with details provided in Section A)

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>PMS River Early Head start Center to be located in a currently vacant building on Alto St., thus reducing urban blight.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Summary of the activity</td>
<td>Renovation and retrofit of vacant Boys' and Girls' Club at 730 Alto St., in the City of Santa Fe. Presbyterian Medical Services is a private nonprofit founded in 1969 and an Early Head Start (EHS) grantee. PMS plans to lease the renovated facility for EHS classrooms for low - moderate income members of the public. Head Start is an anti-poverty program at no cost to low income families begun in President Johnson's Great Society.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of CDBG funding requested for Activity</th>
<th>$100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total budget of Activity</td>
<td>$227,000</td>
</tr>
</tbody>
</table>

To the best of my knowledge and belief, all data in this application is true and correct. If funded, I certify that the Applicant Organization is willing and able to adhere to the polices and procedures specified by the City of Santa Fe and all applicable program regulations of the US Department of Housing and Urban Development. Further, I understand there is not an agreement until the City of Santa Fe and the individual authorized to execute contracts on behalf of the Applicant Organization has signed the contract.

Authorized Signature (sign in blue ink)  

President & CEO  

1/29/2018  

Date

CDBG funds can be used for specific Eligible Activities as outlined in the Overview. Select one type of Eligible Activity category that best describes your Project.

Type of Eligible Activity (check one)

- Activities Related to Housing
- Other Real Property Activities  X
- Public Facilities/Improvements
- Public Service
Section A: Activity to be funded

A1. Briefly describe the Activity you are requesting to fund with CDBG. This will help determine eligibility.

The Acquisition of Real Property by long term lease for the public purpose of opening an age-appropriate neighborhood Early Head Start Center for the exclusive use of Extremely low income families and their children ages 6 weeks to 3 years old at 730 Alto Street in the City of Santa Fe. This 19th Century facility, currently Closed, is owned by the Boys’ and Girls’ Club of Santa Fe/Del Norte. Renovation of this facility for use by infants & toddlers is proposed to (1) Retrofit three interior bathroom facilities with fixtures for very small children, rather than the teens who previously used them; (2) Re-carpet three classrooms and an interior play space; (3) Clearance and retrofit of the exterior playground for safe use by infants & toddlers rather than teens; (4) reopen a Closed facility for use by the extremely low income neighborhood families and to reduce neighborhood blight; (5) assess for any lead-based hazards on the property and abatement/mitigation of same; (6) consult the City’s Downtown Historic Review Board for review of any exterior contributing features and approval of proposed alterations of same; (7) upgrade facility as needed for Handicapped Accessibility, removing any barriers that would restrict the mobility or accessibility of handicapped children or family members; (8) assess for potential energy efficiency upgrades needed.

A2. Why is this Activity needed? Does it address a gap? Describe the degree of need, or the severity of a problem including cause, extent, location, frequency and duration that will be addressed by the project. Provide a description of service gaps the activity fills in the community. Additionally, supply data, such as demographics, reports and/or other information supporting your information and proving the need exists. (Attach additional pages, if necessary)

Until June 2017, 32 area Early Head Start enrolled infants/toddlers attended the PMS Amanecer Center at 1320 Agua Fria Street. At that point the facility was sold to a for-profit day care company which displaced the EHS children with its own clientele. During that summer and as of this writing there has been no other neighborhood facility available for Amanecer EHS children. Thus they have been displaced to Sweeney Elementary School and Tierra Contenta Head Start, both of which are on or near Airport Rd. and therefore very inconvenient for low-income parents residing or working in downtown Santa Fe.

The vacant Boys’ and Girls’ Club at 730 Alto Street has recently been offered to PMS for lease to take the place of the former Amanecer Center on Agua Fria St. It is very convenient for Amanecer families, but must be remodeled and retrofitted to accommodate children ages 6 weeks to 3 years rather than its previous teen-aged occupants.

This location is very good for local parents and would re-purpose a closed public historic facility in the City for LMI families, but the building is over 100 years old and requires extensive renovation before re-occupancy by infants & toddlers. Briefly, its bathroom fixtures are too large, bathrooms are not located inside classrooms and its indoor and outdoor play spaces must also be reconstructed for children just 6 weeks old to 3 years old to use safely.

This older facility, built in 1891(!), will also need assessment by the Downtown Historical Review Board before any exterior changes may be made. This assessment is in progress.
A.3. If applicable, what steps or phases will be taken to complete the Activity (provision of services, engineering/design, advertising, bidding, contract award, construction, etc.)?

Presbyterian Medical Services has applied for a community block grant and proposes the following scope of work

We have leased a portion of the Boys and Girls Club building located at 730 Alto St. within the City of Santa Fe. The intended purpose of this facility is to open and operate an Early Head Start program, exclusive to low and very low income families.

PMS intends to renovate the property but has limited funds.

We propose to do the following:
- Put this project out for 3 bids (see procurement policy below)
- Replace doors and windows where needed to meet Head Start requirements
- Replace or retrofit all of the lighting in the leased area with energy efficient fixtures
- Install fencing to divide the playground
- Paint the entire interior of the leased area
- Install carpet or flooring where needed
- Repair or replace the smoke detection system for the entire building
- Replace some kitchen equipment and install a new dishwasher
- Install a handicapped – accessible restroom in one or more classrooms, as required by Head Start
- Install wiring and equipment for Internet access
- Install interior soft flooring and play equipment in the common area
- Install external signage that meets the Historic District standard

The estimated total cost of the renovation is approximately $225,000. We are asking the City for CDBG monies in the amount of $100,000. The remainder will come from the PMS Head Start Program, Federal Administration for Children & Families, or other sources of funding.

Timeline: Phase 1 = Put this project out for 3 bids, according to federal procurement policies;
Phase 2 = We hope to have the first classroom open by the end of February, 2018 and Phase 3 = open the second two classrooms in April, 2018.
If you have any questions on the above answer, please contact David Falance at (505) 660-6073 or David.Falance@pmsnm.org.

A.4. Describe the population that the Activity will serve and how this population will be served. Describe the outreach and recruitment activities which will be conducted to make the proposed activity services known and accessible to the targeted population. Please include where these outreach and recruitment activities will take place.

Once construction and renovation are completed, with CDBG support, at the former Boys' and Girls' Club at 730 Alto Street, 24 extremely low income infants/toddlers from single-parent, female-headed households in the City of Santa Fe may be served in a refurbished Early Head Start Center by Presbyterian Medical Services, a high-quality early childhood education Head Start grantee since 1987. These children and families are temporarily displaced from the former Early Head Start Center at 1320 Agua Fria Street, and are having to travel to the Airport Rd. area to continue receiving services while another EHS facility is found in their neighborhood. Additional infants/toddlers in the area are now served in the Home-Visit Early Head Start option until the
River Center opens. Recent US Census Tract data for the Alto Street neighborhood in the City of Santa Fe documents that all the extremely low income families of preschoolers are single-parent, female-headed households. Because Head Start is a federal anti-poverty program, all direct beneficiaries must be first screened for income verification as extremely low income. The only children and families the new "River" Early Head Start Center, to be retrofitted with CDBG funds, will serve are those meeting the HUD extremely low income poverty guidelines. EHS requires that a minimum of ten percent of enrolled children are professionally diagnosed with a disability. In addition, homeless children are termed "categorically eligible" for EHS services here in Santa Fe. The EHS program design provides not only high-quality early childhood education in a full-day / full-year calendar (not an academic year calendar) at no cost to parents, but offers dual-language instruction for all children; serves two nutritionally-balanced meals and one snack daily; and employs classroom teachers in a 4:1 ratio to children in every classroom. In addition, all children receive well-child physical and oral health screenings annually and parents routinely receive individualized 1:1 assistance as needed with adult literacy; educational planning; child support advocacy and employment assistance.

A.5. Estimate the number of total persons / households that will benefit from the CDBG funded portion of this Activity: (Fill in Households OR Persons depending on the type of Activity you are providing).

<table>
<thead>
<tr>
<th>Total number of clients you anticipate serving:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households: 24-32 ELI</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>Persons:</td>
</tr>
</tbody>
</table>

A.6. Use the following Table 1 to break out the number of persons you anticipate serving at the low (30-50% AMI) and very low-income (< 30% AMI) levels and the type of client (Refer to overview of CDBG program for the most recent income amounts). Along with income, please anticipate the number of clients that are severely disabled adults, homeless persons, abused children, battered spouses, and illiterate adults, persons with AIDS, migrant farm workers, and elderly. (All of these clients fall under the presumed benefit categories as defined by CDBG and therefore, all under low or extremely low income). This would apply mainly to Public Service or Public Facilities/Improvements Activities.

<table>
<thead>
<tr>
<th>Extremely Low Income &lt;30%AMI</th>
<th>Very Low Income 31-50% AMI</th>
<th>Low Income 51-80%</th>
<th>Illiterate adults</th>
<th>Abused children</th>
<th>Severely Disabled Persons</th>
<th>Migrant Farm Workers</th>
<th>Elderly</th>
<th>Persons with AIDS</th>
<th>Homeless Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1
A.7. Use the following Table 2 to breakout the number of households you anticipate serving at the income levels listed. (Refer to the 2017 AMI table on pg. 18 for the most recent income amounts). This would apply mainly to CDBG funding for housing projects such as Down Payment Assistance and Rehabilitation Activities. N/A

<table>
<thead>
<tr>
<th>Extremely Low Income (&lt;30% AMI)</th>
<th>Very Low Income (31-50%AMI)</th>
<th>Low Income (51-80%)</th>
<th>Moderate income (81-100%)</th>
<th>Female Head of Household</th>
</tr>
</thead>
</table>

Table 2

A.8. CDBG funded construction activities must be in compliance with local land use plans and zoning. Explain how the proposed activity conforms to local housing and sustainability plans, and zoning ordinances. Provide a copy of the page(s) of resource document(s), pertinent sections, and page(s). This only applies to projects where the CDBG funds will be used for the actual construction, not acquisition.

(Please see attached letter of compliance from a City of Santa Fe land use planner)

A.9. Please describe the organization in terms of its administrative capacity and its qualifying experience and length of experience with activities or projects similar to the proposed Activity. Include purpose, goals, programs, activities, clients, and accomplishments, if any, in the area of activity for which funding is requested. Also, describe community partnerships and collaborations which will expand access to the housing and/or services proposed in this project and/or deepen community network capacity. Give examples of and list experience.

Presbyterian Medical Services was established in 1969. PMS' organizational structure is appropriate to implement the proposed CDBG project.

Organizational Structure: PMS has designed an operational structure that merges horizontal and vertical relationships to form a cohesive, yet flexible organizational system, here in Santa Fe and statewide. The organizational structure represents a balance between local management and centralized operations to ensure that PMS can respond to local client needs as well as the complex challenges presented by changes in the social services / health care delivery systems.

This approach includes a focus on employing local staff who is knowledgeable about the community. PMS provides support to local sites from its central office and Children's Services staff, which has a broad base of expertise in technical areas of health and human services, management, human resources, direct service delivery; general services and best practice systems for delivery, finance and quality assurance. Operational and administrative functions are driven by comprehensive policies and procedures that provide site administrators with sufficient guidance to make local decisions about day-to-day operations.

Given the scope and depth of PMS' service area and the number of Head Start and health centers the corporation operates, the organizational structure described above is appropriate and adequate to implement this project and has demonstrated its sustainable capacity over the course of more than 48 years.

PMS Head Start has many well-established community partnerships & collaborations which will expand access to housing and/or other health / human services and deepen community network capacity: (Please see next 2 pages for a detailed list)
<table>
<thead>
<tr>
<th>Contractors</th>
<th>Contract Dates</th>
<th>Scope of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Villa Theresa Catholic Clinic</td>
<td>4/1/11 – ongoing</td>
<td>Provide access to safety net health services</td>
</tr>
<tr>
<td>Gerard’s House</td>
<td>4/1/09 – ongoing</td>
<td>Refer families to PMS' HS/EHS Program, provide access to family grief support services</td>
</tr>
<tr>
<td>Catholic Charities of Santa Fe</td>
<td>3/26/09 – ongoing</td>
<td>Provide access to family support services</td>
</tr>
<tr>
<td>Esperanza Shelter for Battered Women</td>
<td>4/1/09 – ongoing</td>
<td>Provide access to shelter, family support services, transitional housing, and counseling</td>
</tr>
<tr>
<td>Homewise</td>
<td>1/1/09 – ongoing</td>
<td>Provide financial assistance to HS/EHS families for their first home purchase</td>
</tr>
<tr>
<td>Boys &amp; Girls Clubs of SF</td>
<td>11/26/07 – ongoing</td>
<td>Provide social support services to HS/EHS families</td>
</tr>
<tr>
<td>Santa Fe Community College Early Childhood Training</td>
<td>3/21/11 – ongoing</td>
<td>Provide childcare and job training to HS/EHS families</td>
</tr>
<tr>
<td>Primeros Pasos HF FIRST</td>
<td>1/26/06 – ongoing</td>
<td>Provide family support services to HS/EHS families</td>
</tr>
<tr>
<td>SF Community Infant Program</td>
<td>2/13/07 – ongoing</td>
<td>Provide services to HS/EHS families with infants</td>
</tr>
<tr>
<td>Santa Fe Public Schools</td>
<td>7/1/09 – ongoing</td>
<td>Lease agreements for EHS facilities</td>
</tr>
<tr>
<td>Youth Shelters &amp; Family Services</td>
<td>6/18/10 – ongoing</td>
<td>Provide family support services to HS/EHS families</td>
</tr>
<tr>
<td>Chimayo Youth Conservation</td>
<td>1/13/06 – ongoing</td>
<td>Provide social support services to HS/EHS families</td>
</tr>
<tr>
<td>Habitat for Humanity</td>
<td>1/13/06 – ongoing</td>
<td>Provide housing assistance for HS/EHS families</td>
</tr>
<tr>
<td>Organization</td>
<td>Start Date - End Date</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hands Across Cultures</td>
<td>5/19/10 – ongoing</td>
<td>Provide support services to HS/EHS families</td>
</tr>
<tr>
<td>Solace Crisis Treatment Center</td>
<td>4/1/09 – ongoing</td>
<td>Provide access to social support services for HS/EHS families who have been affected by rape and other crises</td>
</tr>
<tr>
<td>Pojoaque Valley Public Schools</td>
<td>7/1/10 – ongoing</td>
<td>Lease agreement for the EHS facility</td>
</tr>
<tr>
<td>PMS Teen Health Centers, Santa Fe and Capital High Schools</td>
<td>7/1/04 – ongoing</td>
<td>Provide access to primary care and confidential mental health and family planning services for HS/EHS families</td>
</tr>
<tr>
<td>City of Santa Fe</td>
<td>7/1/10 – ongoing</td>
<td>Lease agreements for La Comunidad facility</td>
</tr>
<tr>
<td>Reel Fathers</td>
<td>9/1/10 – ongoing</td>
<td>Uses the power of cinema and reflective activities to honor and celebrate involved fathers</td>
</tr>
</tbody>
</table>

A.10. Briefly describe your organization’s experience in government contract administration, and knowledge of federal regulations governing acquisition, procurement, equal employment opportunity, and labor standards.

Presbyterian Medical Services has for over forty years successfully administered a number of complex Federal government contracts including SAMHSA; HRSA; ACF; -and HHS.* PMS is extremely well-versed in the knowledge of federal regulations governing acquisition; procurement; equal employment opportunity and labor standards. PMS is in compliance in all current state and federal contract administration procedures.

*US Dept. of Substance Abuse and Mental Health Services; US Dept. of Health Resources & Services Administration; US Dept. of Administration for Children & Families; and US Dept. of Health and Human Services
B. National Objective Compliance

1. Benefits Low/ Moderate Income persons/households by:

<table>
<thead>
<tr>
<th>Area Benefit (eligible area) (LMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Clientele (LMC)</td>
</tr>
<tr>
<td>Housing Activities (LMH)</td>
</tr>
<tr>
<td>Job Creation or Retention (LMJ)</td>
</tr>
</tbody>
</table>

X

B.2. Is the service area city wide? (X) yes ( ) no

If no, fill out B.3.

B.3. If an activity is based on an area benefit, identify the Census Tract(s) and Block Group(s) that will be served. Make sure to read the Overview for a clear understanding of the requirements of an area benefit. Attach a map of the area.

<table>
<thead>
<tr>
<th>Census Tract</th>
<th>Block Group</th>
<th>Total Population</th>
<th>Low/Mod Income Population</th>
<th>% Low/ Mod Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B.4. Explain fully how the proposed project meets the CDBG National Objective selected above. Provide substantiating documentation supporting the claims. Refer to Overview for more detail.

The renovation of a formerly abandoned public facility into PMS’ Early Head Start River Center complies with the national objective of elimination of slum and blight. It will also directly benefit LMC extremely low income families with infants and toddlers.

When the Boys’ and Girls’ Club was abandoned in 2017 – its services transferred to the South Side of Santa Fe – the owners reported to PMS their concern about leaving their building vacant in the Alto Street neighborhood, describing past incidences of vandalism.

This facility is a 127-year old building in the Guadalupe Historic District of the City. It has been a popular and well-used neighborhood asset for decades. The preservation of its façade for historical purposes, according to Historic District specifications, and the renovation of its interior to become another public service to neighborhood low-income families is a win-win for the City and for compliance with CDBG National Objectives. PMS is signing a fifteen – year lease for the building, with the intent of becoming a valuable neighbor for the long term, for years to come.
PMS is invested in serving the entire City of Santa Fe and would be pleased to be selected to receive CDBG funds to renovate an abandoned building downtown into a new Early Head Start Center.
C. Consolidated Plan Compliance

The City of Santa Fe provides guidance in its Consolidated Plan on funding uses, whether Federal, State, City, or Private. In accordance with federal regulations, each project must be consistent with the priorities outlined in the City's Consolidated Plan. (See Consolidated Plan on City's website) Mark the one priority need that the proposed project will meet.
### P-25 Priority Needs

<table>
<thead>
<tr>
<th>Check ONE</th>
<th>Priority Need Name</th>
<th>Population Served</th>
<th>Consolidated Plan Goals Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rental Vouchers</td>
<td>Extremely low-income renters; people at risk of being homeless; persons with disabilities; homeless youth; veterans; elderly; families in transition; persons with HIV/AIDS and their families; public housing residents; mentally ill; chronic substance abusers; victims of domestic violence</td>
<td>Reduced rate of cost burden and corresponding drop in poverty rate for homeless households and those in danger of becoming homeless. <em>(HUD Objective: Increase Opportunities for At Risk Populations)</em>; Inventory of rental units and vouchers expanded to meet increased demand <em>(HUD Objective: Increase Affordable Housing Opportunities)</em></td>
</tr>
<tr>
<td></td>
<td>Emergency Shelter (note: could be classified as Public Service which is restricted in allocation amount)</td>
<td>Extremely low-income residents; chronic homeless; homeless youth; veterans; families in transition; mentally ill; chronic substance abusers; victims of domestic violence</td>
<td>Reduced rate of cost burden and corresponding drop in poverty rate for homeless households and those in danger of becoming homeless. <em>(HUD Objective: Increase Opportunities for At Risk Populations)</em></td>
</tr>
<tr>
<td></td>
<td>Support Services for Homeless or People at Risk of Homelessness (note: could be classified as Public Service which is restricted in allocation amount)</td>
<td>Extremely low-income renters; people at risk of being homeless; persons with disabilities; homeless youth; veterans; elderly; families in transition; persons with HIV/AIDS and their families; public housing residents; mentally ill; chronic substance abusers; victims of domestic violence</td>
<td>Reduced rate of cost burden and corresponding drop in poverty rate for homeless households and those in danger of becoming homeless. <em>(HUD Objective: Increase Opportunities for At Risk Populations)</em></td>
</tr>
<tr>
<td></td>
<td>Refinancing Services and Support for Current Homeowners</td>
<td>Low-income homeowners; homeowners in risk of foreclosure; homeowners in substandard housing</td>
<td>Reduced rate of cost burden and corresponding drop in poverty rate for homeless households and those in danger of becoming homeless. <em>(HUD Objective: Increase Opportunities for At Risk Populations)</em>; increased homeownership opportunities and support for long term affordability and accessibility for current homeowners. <em>(HUD Objective: Increase Affordable Housing Opportunities)</em></td>
</tr>
<tr>
<td>Priority Need Name</td>
<td>Population Served</td>
<td>Goals Addressed</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>Homeowner Rehabilitation Programs; Energy-efficiency Upgrades; Accessibility Retrofits</td>
<td>Low- and moderate-income homeowners; residents in redeveloping or transitioning neighborhoods; homeowners living in aging or substandard housing stock; seniors who need to “age in place;” people with disabilities</td>
<td>Increased homeownership opportunities and support for long term affordability and accessibility for current homeowners. <em>(HUD Objective: Increase Affordable Housing Opportunities)</em>; Housing opportunities reflect emerging needs, changing demographics and are aligned with redevelopment projects, economic development objectives and sustainability goals <em>(HUD Objective: Address Emerging and Current Needs and Changing Demographics)</em></td>
<td></td>
</tr>
<tr>
<td>Construction of affordably-priced homes for homeownership</td>
<td>Low- and moderate-income homebuyers and current renters; local workforce</td>
<td>Increased homeownership opportunities and support for long term affordability and accessibility for current homeowners. <em>(HUD Objective: Increase Affordable Housing Opportunities)</em></td>
<td></td>
</tr>
<tr>
<td>Fair Housing Outreach</td>
<td>Low- and moderate-income renters; low-income landlords; persons with disabilities; Spanish speakers; large families; general public</td>
<td>Housing opportunities reflect emerging needs, changing demographics and are aligned with redevelopment projects, economic development objectives and sustainability goals <em>(HUD Objective: Address Emerging and Current Needs and Changing Demographics)</em></td>
<td></td>
</tr>
<tr>
<td>Diversity of Housing Types</td>
<td>Low- and moderate-income renters; seniors; small households; entrepreneurs; aging veterans; entrepreneurs and other self-employed</td>
<td>Housing opportunities reflect emerging needs, changing demographics and are aligned with redevelopment projects, economic development objectives and sustainability goals <em>(HUD Objective: Address Emerging and Current Needs and Changing Demographics)</em></td>
<td></td>
</tr>
<tr>
<td>Non-Housing Community Facilities and Services</td>
<td>Low- and moderate-income residents; residents in redeveloping or transitioning neighborhoods; youth</td>
<td>Housing opportunities reflect emerging needs, changing demographics and are aligned with redevelopment projects, economic development objectives and sustainability goals <em>(HUD Objective: Address Emerging and Current Needs and Changing Demographics)</em></td>
<td></td>
</tr>
</tbody>
</table>
### Priority Needs (cont.)

<table>
<thead>
<tr>
<th>Priority Need Name</th>
<th>Population Served</th>
<th>Goals Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of Rental Units and Support Services for LI/ VLI Renters</td>
<td>Low- and very low-income renters; persons transitioning out of homelessness; renters in need of support services; public housing residents</td>
<td>Inventory of rental units and vouchers expanded to meet increased demand <em>(HUD Objective: Increase Affordable Housing Opportunities)</em>; Housing opportunities reflect emerging needs, changing demographics and are aligned with redevelopment projects, economic development objectives and sustainability goals <em>(HUD Objective: Address Emerging and Current Needs and Changing Demographics)</em></td>
</tr>
<tr>
<td>Rental Rehabilitation</td>
<td>Low- and moderate-income renters; low-income landlords; residents of low-income neighborhoods that are redeveloping or in transition; public housing residents</td>
<td>Inventory of rental units and vouchers expanded to meet increased demand <em>(HUD Objective: Increase Affordable Housing Opportunities)</em>; Housing opportunities reflect emerging needs, changing demographics and are aligned with redevelopment projects, economic development objectives and sustainability goals <em>(HUD Objective: Address Emerging and Current Needs and Changing Demographics)</em></td>
</tr>
<tr>
<td>Down Payment Assistance</td>
<td>Low- and moderate-income residents who are “buyer ready”; first responders (fire, police, etc.)</td>
<td>Increased homeownership opportunities and support for long term affordability and accessibility for current homeowners. <em>(HUD Objective: Increase Affordable Housing Opportunities)</em></td>
</tr>
<tr>
<td>Homebuyer Training &amp; Counseling</td>
<td>Low- and moderate-income homebuyers; current renters</td>
<td>Increased homeownership opportunities and support for long term affordability and accessibility for current homeowners. <em>(HUD Objective: Increase Affordable Housing Opportunities)</em></td>
</tr>
</tbody>
</table>
D. Budget

D.1. Describe the Proposed Budget for this Activity. Please explain all budgeted expenses including contractual services, personnel services, commodities, and capital outlay. Also explain what the CDBG funds will be used for. Also explain the effect of not receiving any or only a portion of a CDBG allocation has on the project budget.

D.2. Please complete the following table to identify the funding sources and amounts. Indicate total project cost that incorporates the total CDBG request and what funds or services, if any, the sponsor and/or other agencies will contribute. Also enter other committed funding sources (committed funds are funds available or will be available to fund the Activity during the CDBG Fiscal Year). Please be as accurate as possible. Should your organization be awarded funding, a revised budget (as needed) will become an Addendum to the CDBG Contract.

<table>
<thead>
<tr>
<th>Type of funding</th>
<th>Source/ amount</th>
<th>Source/ amount</th>
<th>Source/ amount</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested CDBG amount</td>
<td></td>
<td></td>
<td></td>
<td>$100,000</td>
</tr>
<tr>
<td>Other HUD funds i.e. HOME, Section 108</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other Federal Funds</td>
<td>ACF</td>
<td>ACF</td>
<td>ACF</td>
<td>$127,000</td>
</tr>
<tr>
<td>City Funding i.e. Youth and Family, Human Services</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>State funding, i.e. MFA</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other i.e. in-kind, private funds</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total of all funding sources</td>
<td></td>
<td></td>
<td></td>
<td>$227,000</td>
</tr>
</tbody>
</table>
## River Center Budget

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Expense Type</th>
<th>CDBG Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kitchen equipment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freezer/refrigerator</td>
<td>$7,000</td>
<td>Capital Outlay</td>
<td>$3,500</td>
</tr>
<tr>
<td>Range</td>
<td>$5,100</td>
<td>Capital Outlay</td>
<td></td>
</tr>
<tr>
<td>Convection Ovens</td>
<td>$7,860</td>
<td>Capital Outlay</td>
<td>$3,000</td>
</tr>
<tr>
<td>Dishwasher and tables</td>
<td>$15,500</td>
<td>Capital Outlay</td>
<td>$7,500</td>
</tr>
<tr>
<td><strong>Building Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window restoration in classroom 1 &amp; 2</td>
<td>$11,000</td>
<td>Capital Outlay</td>
<td>$1,300</td>
</tr>
<tr>
<td>Replacement Doors W/glass</td>
<td>$8,000</td>
<td>Capital Outlay</td>
<td>$1,500</td>
</tr>
<tr>
<td>Skylights solatube</td>
<td>$13,200</td>
<td>Capital Outlay</td>
<td>$13,200.00</td>
</tr>
<tr>
<td>Lighting replacement</td>
<td>$11,382</td>
<td>Capital Outlay</td>
<td></td>
</tr>
<tr>
<td>Restroom Additions Classroom 1 &amp; 2</td>
<td>$95,000</td>
<td>Capital Outlay</td>
<td>$50,000</td>
</tr>
<tr>
<td>Fire Alarm for entire building</td>
<td>$14,205</td>
<td>Capital Outlay</td>
<td></td>
</tr>
<tr>
<td>Playground equipment/fencing</td>
<td>$30,500</td>
<td>Capital Outlay</td>
<td>$20,000</td>
</tr>
<tr>
<td>Paint, flooring and carpet</td>
<td>$9,000</td>
<td>Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total Budget</strong></td>
<td>$227,747</td>
<td></td>
<td>$100,000</td>
</tr>
</tbody>
</table>

- Federal Funds: $127,747
- CDBG Funding: $100,000
- Total Funding Sources: $227,747

If we don't receive the CDBG funding, we will not be able to build a restroom which will impact the age of the children we can serve.

**D.3. If you are proposing to utilize CDBG funds to pay for staff costs, please list each position title and the percentage of their salary and benefits that will be funded by CDBG. Depending on the Activity, listing this information does not guarantee the position will be funded by CDBG as it may not be eligible.**

<table>
<thead>
<tr>
<th>PERSONNEL Position Title</th>
<th>New (Y/N)</th>
<th>% salary &amp; benefits paid for with CDBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. Performance Measurement System/Work Plan

CDBG/ Work Plan - FY 2017-2018

Provide the performance measurement goals, objectives and outcomes for your proposed CDBG project. Please refer to Exhibit B at the end of this document. Based on these measurements, attach a Work Plan that describes the goals, objectives and outcomes in greater detail and be:

(A) Specific
(B) Measurable
(C) Achievable
(D) Results-orientated
(E) Time bound

(next pages)
SECTION E: PERFORMANCE SYSTEM MEASUREMENT / WORK PLAN – describing the goals, objectives and outcomes in greater detail

Goals of the program, and how does it fit within the Priorities for the City's 2018 – 2022 Consolidated Plan?

GOAL 1 = Create a suitable living environment:

Non housing Community Facilities and Services to serve 50 very low income residents in a new Early Head Start Center.

Objectives: 1. Enter into a long-term lease with the Boys' and Girls' Club Del Norte to remodel and reopen their facility as a new Early Head Start Center.

2. Prevent / eliminate potential urban blight in downtown Santa Fe, specifically on Alto Street.

3. Remodel a 127 year old facility to Head Start, City and Historic Districts Board guidelines to accommodate infants and toddlers from low income single-parent families in a new Early Head Start Center in 2018.

Outcomes:

1. Construction of Phase I first classroom is complete by end of February.

2. All requirements given by the Historic Districts Board for this historic facility are met by the end of February

3. Construction of Phase II classrooms is complete by end of April.

Indicators: Public service activities other than low/moderate income housing benefit PMS holds a neighborhood open house and ribbon cutting to mark completion of the center in late February, 2018.

1. Money is leveraged from other Federal sources per activity- see proposed budget

2. Persons assisted at extremely low income levels-20

3. Numbers of persons assisted- 60

4. Phase one classroom opens to children by the end of February, 2018

5. Phase two classroom opens to children by the end of April, 2018
GOAL 2 = Sustainability

Real property renovation and reopening to the public to avoid/prevent neighborhood blight will serve 50 families of very low income displaced from EHS in a rented building on Agua Fria St. in a new Head Start Program.

Outcomes:

1. Acquisition of Real Property, for long term lease, for a public purpose – a new Early Head Start Center at 730 Alto Street, by February 28.

Indicators:

1. Money is leveraged from other Federal sources per activity- see proposed budget.
2. Persons assisted at extremely low income levels-20
3. Total Numbers of persons assisted-60
4. Historic District Board requirements for exterior of this historic facility are satisfied by the end of February, 2018
5. A long-term 15 year lease is secured with the Boys’ and Girls Club for a building they have abandoned at 730 Alto Street.
6. Urban neighborhood blight is averted when a closed building reopens for public use as an Early Head Start Center by the end of February 2018.
730 Alto St
Santa Fe, NM 87501

At this location

https://www.google.com/maps/place/730+Alto+St.+Santa+Fe,+NM+87501/@35.6877433,-106.0846784,17z
January 29, 2018

Dave Falance
Presbyterian Medical Services
1422 Paseo de Peralta, Santa Fe NM 87501

RE: Zoning Verification for 730 Alto St, Santa Fe, New Mexico

To Whom It May Concern,

This letter provides zoning verification on the above-referenced property. According to the Official Zoning Map, this property is zoned R-21 (Residential District) and is within the Westside-Guadalupe Historic District.

14-4.2(H) R-10, R-12, R-21 and R-29 Residential Districts
The purpose of the R-10, R-12, R-21 and R-29 districts is to make available a variety of dwelling unit types to serve a wide range of household needs at medium- and high-density levels.

For full listing of allowed uses, reference Chapter 14 “Land Development”, Article 14-6 “Permitted Uses and Use Regulations”, Table 14-6-1-1 “Table of permitted Uses” [http://clerkshq.com/default.aspx?clientsite=Santafe-nm]. Development standards for the Townscape Subdistricts may be found within Santa Fe City Code, Chapter 14, Table 14-7.4(A)-1.

Note: The information provided in this letter is solely derived from the Official Zoning Map and the minimum requirements set forth in Chapter 14, SFCC 1987. This letter intends to provide advice regarding zoning regulations. It is not the intent to state that the subject property complies with zoning requirements. Occupancy is determined based on zoning compliance at the time of building permit or certificate of occupancy, whichever applies. Additionally, it is not the intent to interfere with or to abrogate or annul any official documents including conditions or safeguards made a part of the subject property at the time of any public hearings. Applicants are advised to pursue an independent search of official documents.

If you have any further questions, please contact me at cegemora@santafenm.gov or 505-955-6670.

Carlos Gemora
Land Use Planner
City of Santa Fe, New Mexico
LOCAL PREFERENCE CERTIFICATION FORM

RFP/RFB NO: 18/20/P

Presbyterian Medical Services

Business Name: 

Principal Office: 1422 Paseo de Peralta, Santa Fe, NM 87501

Street Address City State Zip Code

City of Santa Fe Business License # 18-000289946 (Attach Copy to this Form)

Date Principal Office was established: 1969 (Established date must be six months before date of Publication of this RFP or RFB).

CERTIFICATION

I hereby certify that the business set out above is the principal Offeror submitting this offer or is one of the principal Offerors jointly submitting this offer (e.g. as a partnership, joint venture). I hereby certify that the information which I have provided on this Form is true and correct, that I am authorized to sign on behalf of the business set out above and, if requested by the City of Santa Fe, will provide within 3 working days of receipt of notice, the necessary documents to substantiate the information provided on this Form.

Signature of Authorized Individual:

Printed Name: Steven C. Hansen

Title: President & CEO Date: 1/31/2018

Subscribed and sworn before me by Steven C. Hansen this 31 day of Jan., 2018

My commission expires 7-8-19 Amanda Griego Notary Public

SEAL

OFFICIAL SEAL

AMANDA GRIEGO
Notary Public
State of New Mexico
My Comm. Expires 7-8-19

YOU MUST RETURN THIS FORM WITH YOU OFFER
City of Santa Fe, New Mexico

BUSINESS LICENSE

THIS BUSINESS IS IN COMPLIANCE WITH THE CITY OF SANTA FE LIVING WAGE ORDINANCE, 828-1 SFCC 1987

Official Document Please Post

Business Name: PRESBYTERIAN MEDICAL SERVICES

Location: 1422 PASEO DE PERALTA

Class: BUSINESS REGISTRATION - STANDARD

Comment:

Control Number: 0022996

License Number: 18-00028994

Issue Date December 28, 2017

Expiration Date December 31, 2018

PRESBYTERIAN MEDICAL SERVICES
2504 CAMINO ENTRADA

SANTA FE NM 87504

THIS IS NOT A CONSTRUCTION PERMIT OR SIGN PERMIT. APPROPRIATE PERMITS MUST BE OBTAINED FROM THE CITY OF SANTA FE BUILDING PERMIT DIVISION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION OR THE INSTALLATION OF ANY EXTERIOR SIGN.

THIS REGISTRATION/LICENSE IS NOT TRANSFERABLE TO OTHER BUSINESSES OR PREMISES.
January 24, 2018

Steven C. Hansen, President/CEO
Presbyterian Medical Services
1422 Paseo de Peralta
Santa Fe, New Mexico 87501

Dear Mr. Hansen:

It is my understanding that Presbyterian Medical Services (PMS) is seeking funding from the City of Santa Fe through the Community Development Block Grant (CDBG) to finance a portion of the renovations being made to the Boys & Girls Clubs of Santa Fe/Del Norte located at 730 Alto Street in Santa Fe. In accordance with the lease agreement between our respective organizations, this letter contains authorization for PMS to conduct the modifications previously agreed to facilitate the location of three Early Head Start classrooms in the site.

Specifically, the modifications include construction of restrooms for two of the classrooms as well as location of passageway between a third classroom and a restroom which will facilitate development of a private restroom for that classroom. There will also be some improvements to the classrooms including installation of carpeting and painting. Additionally, some modifications will be made to the common areas shared with the Boys & Girls Club, including the kitchen and the playgrounds for the facility.

It is my hope that this letter will be supportive of your efforts. We look forward to this collaborative effort which will result in improved availability of early childhood development services for low-income families and children in our community.

Sincerely,

[Signature]

Roman Abeyta
Chief Professional Officer
Presbyterian Medical Services is remodeling the Boys and Girls Club located at 730 Alto Street, Santa Fe, NM to serve a minimum of 24 infants and toddlers with Early Head Start services. By providing these services to these extremely low income families we are able to support these children in preparing to enter school ready and able to learn. Our program works toward this goal by providing developmental screenings, nutritional meals, education and referrals to needed support systems within our community. In addition, families are able to work and go to school enabling them to improve their lives as well as the lives of their families.
What is Low-Moderate Income (LMI)?

Low-Moderate Income (LMI) is based on a percentage of the area’s Average Median Income (AMI). Specifically, the eligibility threshold is less than 80% of the current AMI. The current low-moderate income (LMI) limit for a 4 member household (less than 80% of the AMI) is $49,780. The CDBG regulations require that grantees expend not less than 70% of their annual CDBG grant fund for activities that benefit LMI persons. This is one of the key factors in selection of eligible activities.

Santa Fe, New Mexico:

2017 Area Median Income (AMI) by Household Size

<table>
<thead>
<tr>
<th># in Household</th>
<th>Extremely Low Income Limit</th>
<th>Very Low Income Limit</th>
<th>Low Income Limit</th>
<th>Low-Moderate Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;30% AMI</td>
<td>50%AMI</td>
<td>80%AMI</td>
<td>120%AMI</td>
</tr>
<tr>
<td>1</td>
<td>$ 14,450</td>
<td>$ 21,800</td>
<td>$ 34,850</td>
<td>$ 52,260</td>
</tr>
<tr>
<td>2</td>
<td>$ 16,500</td>
<td>$ 24,900</td>
<td>$ 39,800</td>
<td>$ 59,700</td>
</tr>
<tr>
<td>3</td>
<td>$ 18,550</td>
<td>$ 28,000</td>
<td>$ 44,800</td>
<td>$ 67,200</td>
</tr>
<tr>
<td>4</td>
<td>$ 20,600</td>
<td>$ 31,100</td>
<td>$ 49,750</td>
<td>$ 74,640</td>
</tr>
<tr>
<td>5</td>
<td>$ 22,250</td>
<td>$ 33,600</td>
<td>$ 53,750</td>
<td>$ 80,640</td>
</tr>
</tbody>
</table>

The annual income must be verified for a person, family or household only for direct benefit activities such as homeownership assistance, home improvement, or receipt of public service. There are acceptable forms of Income Verification that can be discussed with the applicant at the pre-application meeting in January. Income verification of the eligibility of individual persons, families or households is not needed for the following national objectives: area benefit, presumed limited clientele, slum/blight, or urgent need. According to HUD, presumed limited clientele include abused children, battered spouses, severely disabled adults, homeless persons, illiterate adults, persons with AIDS, migrant farm workers and the elderly.
### 2018 Poverty Guidelines
For the 48 Contiguous States and the District of Columbia

<table>
<thead>
<tr>
<th>Persons in Family/Household</th>
<th>Poverty Guidelines 100%</th>
<th>Poverty Guidelines 130%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,140</td>
<td>$15,782</td>
</tr>
<tr>
<td>2</td>
<td>$16,460</td>
<td>$21,398</td>
</tr>
<tr>
<td>3</td>
<td>$20,780</td>
<td>$27,014</td>
</tr>
<tr>
<td>4</td>
<td>$25,100</td>
<td>$32,630</td>
</tr>
<tr>
<td>5</td>
<td>$29,420</td>
<td>$38,246</td>
</tr>
<tr>
<td>6</td>
<td>$33,740</td>
<td>$43,862</td>
</tr>
<tr>
<td>7</td>
<td>$38,060</td>
<td>$49,478</td>
</tr>
<tr>
<td>8</td>
<td>$42,380</td>
<td>$55,094</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons, add $4,180 for each additional person.
HEAD START CORE VALUES

Quality
Striving to consistently provide the highest level of service to children and families. Head Start leadership seeks to create a dynamic and cohesive environment that fosters commitment and supports continuous improvement. To effectively accomplish its goals, Head Start respects, values, and uses the contributions of each child, family, and staff member, and Head Start respects and values the time, effort and resources that the community provides.

Inclusion
Building a community where each child and adult is treated as an individual while maintaining a sense of belonging to the group. An inclusive community values, respects, and responds to diversity - in culture, ethnicity, language, and ability.

Empowerment
Believing that people can identify their own needs and interests and are capable of finding solutions and making changes. Head Start offers people opportunities and support for growth and change.

Collaboration
Building relationships among children, families, staff, and the larger community. A network of community agencies and informal networks in partnership with one another serves families. Head Start does not act alone, but it is a key player in a community of providers.

Learning
Creating for children, parents, and staff a culturally sensitive environment in which enhancing awareness, refining skills, and understanding are valued and promoted. Children, parents, and staff can teach and learn from one another.

Advocacy
Reaffirming that personal responsibility is critical to change, while acknowledging that social and economic factors negatively affect the lives and promise of children and families. Change occurs at the individual and systems levels and addresses both the symptoms and underlying causes.

Wellness
Embracing a comprehensive vision of health for children, families, and staff that assures that basic health needs are met; encourages practices that prevent future illness or injury; and promotes positive culturally relevant health behaviors that enhance lifelong well-being.

Nurturing
Supporting the physical, social, emotional, and cognitive development of each child in the context of the child=s family and culture. Development is supported through nurturing relationships among staff, parents, and children.

Diversity
Recognizing and embracing the idea that all members of the Head Start community - children, families, and staff - have roots in many cultures. Head Start families and staff, working together as a team, effectively transform negative responses to promote respectful, sensitive, and proactive approaches to diversity issues within their programs.

Continuity
Creating a continuum of care, education, and services to provide stable, uninterrupted support to families and children during the early childhood period beginning with birth through age eight.

02/06
QUALITY

Striving to consistently provide the highest level of service to children and families. Head Start leadership seeks to create a dynamic and cohesive environment that fosters commitment and supports continuous improvement. To effectively accomplish its goals, Head Start respects, values, and uses the contributions of each child, family, and staff member, and Head Start respects and values the time, effort and resources that the community provides.

Supporting Values

- Quality services for all children respond to individual family needs and reflect community and cultural values. Assessment instruments and processes must be culturally sensitive, helping parents and staff to better understand children’s individual strengths and needs and determine how to access appropriate services.

- Ongoing assessment and analysis of current practices enable program management teams to create and maintain services that address the changing needs of families. To continue to meet family goals and objectives, the Head Start teams provide opportunities for personal growth and professional development among staff, parents, and volunteers.

- Leadership ensures that families and staff members share in the vision of Head Start as a model for comprehensive, integrated, and coordinated services to families. The program creates an environment that supports empowerment and uses participatory decision making.

- A quality program provides each parent with a variety of formal and informal opportunities to participate in program planning, decision making, and governance, as well as in the delivery of children’s services. Continuous communication among staff, parents, and policy groups promotes quality program outcomes and fosters full parent participation.

- The role and effort of each staff member and parent helps create a program committed to the success of children and families. Staff members work with each family as a motivated, mutually supportive team to plan and attain personal goals that build on family strengths, identify and address barriers, and establish and nurture healthy linkages with communities.

- Strong community connections are key to developing, providing, and improving services that address individualized needs of children and families. Programs engage in partnerships with communities and families to identify, plan, and coordinate services to promote self-sufficiency and empowerment.

- Effective programs seek and maintain skilled and qualified staff members who are dedicated to the Head Start vision, use a team approach to service delivery, provide appropriate supervision and feedback, and pursue opportunities for learning. To ensure that children and families are provided with services that are responsive to their needs, programs create an organizational culture that supports staff and volunteers in performing their jobs.

- Head Start programs strive to provide continuous training, career and staff development, and mentoring and coaching occasions for staff members, governing bodies, policy groups, and volunteers. To fulfill its role as the central community institution, a quality program continually seeks new information, approaches, and skills to create a community environment that supports all families and children.
INCLUSION

Building a community where each child and adult is treated as an individual while maintaining a sense of belonging to the group. An inclusive community values, respects, and responds to diversity - in culture, ethnicity, language, and ability.

Supporting Values

# By including everyone, we all benefit.

# We are each part of a larger system. Each child is part of a family, and the family is part of the community.

# Teachers and administrators own the responsibility for creating an inclusive classroom environment - one that meets the emotional and developmental needs of all children.

# It is a basic right, not a privilege, for individuals with disabilities to have the opportunities to fully participate in schools, in communities, and at the workplace.

# All children and all cultures are equally valuable and valued. The cultural, ethnic, economic, and skills/knowledge diversity of families is respected and embraced.

# Our commitment to promoting full participation for all children and families is reflected in the language and images we use to communicate.

# Early interaction between children with disabilities and children who are developing more typically prevents the development of negative attitudes and promotes mutual acceptance and understanding.

# Health beliefs and practices are rooted in families' cultures. Health interventions can incorporate and build upon families' health beliefs, rather than replace or discredit them.
EMPOWERMENT

Believing that people can identify their own needs and interests and are capable of finding solutions and making changes. Head Start offers people opportunities and support for growth and change.

Supporting Values

# Families are empowered when they assess and use their strengths to achieve family goals.

# Parent involvement is a comprehensive process that provides opportunities to empower parents as teachers, learners, decision-makers, nurturers, and advocates.

# Families are the primary caregivers of children. Staff support families in fulfilling that responsibility.

# For each family, Head Start provides individualized, comprehensive services that function as a coordinated whole.

# Collaboration within Head Start involves staff, families, and community agencies working together to achieve positive outcomes for parents and children.

# Parents have the potential for change and adaptation to meet evolving community and family needs.

# Determining parents' knowledge and understanding of their children's capabilities and needs is a vital starting point to ensuring that children receive appropriate services.

# Parents bear the primary responsibility for the health needs of their children and are the single greatest influence in the development of health behaviors.

# Parents are empowered by information and education on effective parenting practices that are consistent with their culture.
COLLABORATION

Building relationships among children, families, staff, and the larger community. A network of community agencies and informal networks in partnership with one another serves families. Head Start does not act alone, but it is a key player in a community of providers.

Supporting Values

# Partnerships with community agencies concerned with family issues are necessary for meeting the complete needs of families and assisting them in achieving their goals.

# Head Start service delivery areas are integrated into a seamless system of family support, serving existing families within the program as well as in the community.

# Head Start uses several models and collaborates in order to respond to the needs of children, families, and communities. Collaborations include partnerships with school systems and may include alliances with training/job programs, housing programs, substance abuse services, welfare reform efforts, health-care systems, family preservation programs, and community-based child care services.

# The community partnerships of Head Start must be able to welcome, support, and respond to families of various cultures, ethnicities, and languages.

# Head Start is an important member of a community of health-care providers. Head Start staff know about community health promotion and health-care resources, develop partnerships with providers, and work toward enabling families to be informed and independent consumers of these resources.

# Quality can be improved through expanding comprehensive services.

# Health promotion is the shared responsibility of the entire Head Start team and the parents, not just the health coordinator.

# Parent involvement, a cornerstone of Head Start, is woven into every component of the program. Every Head Start staff member is responsible for involving parents in the program.

# Children with disabilities may require the attention and support of many professionals. Members of professional communities collaborate to maximize the benefits of their services and facilitate access to their services.
LEARNING

Creating for children, parents, and staff a culturally sensitive environment in which enhancing awareness, refining skills, and understanding are valued and promoted. Children, parents, and staff can teach and learn from one another.

Supporting Values

# Parents are the child=s first teachers. Experiences in Head Start are structured to strengthen the parents' role as the primary influence in the child=s life.

# Reflection is critical. Children should be encouraged to pause and think before, during, and after activities. Classroom teams review, discuss, and evaluate their observations and experiences with individual children and specific activities. Staff actively reflect on how to assist families and how to enhance their own skills.

# Developmentally appropriate practice (DAP) is essential for promoting social competence in children and providing meaningful support for families as they assist their children in achieving social competence. Every experience is a learning experience.

# Professionalism includes valuing learning as a life-long process and understanding that increasing skills and knowledge related to family issues helps support better outcomes for families.

# Head Start programs build upon rich experiences, aspirations, and goals of parents in meeting learning objectives.

# Head Start programs offer parents opportunities for personal and professional growth and development by drawing staff and volunteers, including current and former parents, from the local community.

# In all aspects of the program, Head Start provides a supportive environment in which all participants learn from one another. Teachers learn from children, staff learn from parents, children learn from children, parents learn from parents, and so forth.

# Learning opportunities that are based on, respond to, and are related to cultural values, background experiences, and languages are a critical piece of Head Start.
ADVOCACY

Reaffirming that personal responsibility is critical to change, while acknowledging that social and economic factors negatively affect the lives and promise of children and families. Change occurs at the individual and systems levels and addresses both the symptoms and underlying causes.

Supporting Values

# Head Start is a participatory program for families, not a traditional social service or educational system.

# Head Start engages families as members partners, and decision makers and respects the valuable perspectives, skills, and expertise that families offer.

# Head Start supports and encourages families to work with staff and community members as agents of change.

# Head Start programs and groups of local families actively bring about positive changes in their neighborhoods, in service delivery systems, and in communities as a whole.

# Staff working in early childhood care and education have a responsibility to understand the rights and protections afforded to persons with disabilities as defined by state and federal laws. Each staff member has a responsibility to educate parents about these laws so that parents can effectively advocate for themselves and their children. Making inclusion a reality is the responsibility of everyone, not only those with disabilities or of different cultures and ethnicities. Making changes in attitudes, physical environments, and access to opportunity is a challenge that society faces.

# Head Start encourages parents to develop their advocacy skills by participating in the program and making decisions that affect their child, their family, the program, and the community.

# Head Start develops the leadership skills of parents so that they can become change agents within the community and improve the lives of their children and families.
WELLNESS

Embracing a comprehensive vision of health for children, families, and staff that assures that basic health needs are met; encourages practices that prevent future illness or injury; and promotes positive culturally relevant health behaviors that enhance lifelong well-being.

Supporting Values

# Health has many dimensions: physical, emotional, spiritual, environmental, cultural, and social. Health education goes beyond providing information about basic good health practices. It builds skills to promote wellness in all dimensions.

# Good health is achieved in partnerships among the individual, community, and health-care providers. Individuals and families need to learn to maintain healthy practices and access care for prevention, early diagnosis, and treatment of health problems. To receive the best care, active involvement and advocacy for self and loved ones are required.

# Children are naturally inclined toward a number of healthy behaviors: exercise, exploration and discovery, open expression of feelings, recognition of pain and pleasure, tasting foods, and concern for the earth and fellow living creatures. It is the role of the family and the Head Start program to build upon these healthy inclinations and direct them in a way that will ensure lifelong practices.

# Lifelong good health stems from basic practices that begin early. Conversely, behaviors that damage health can be established early and later lead to injury or chronic illness.

# Children can attend to their developmental tasks when their basic health needs, such as adequate nutrition, safe environments, and prompt attention to illness are met.

# Staff whose physical and mental health needs are met can best support others in the pursuit of good health. Attention to the health and well-being of Head Start staff enables them to be positive role models and supporters in their work with children and families.

# Positive health behaviors must incorporate cultural values, priorities, and practices in order to support family networks, identity, and positive self esteem.
NURTURING

Supporting the physical, social, emotional, and cognitive development of each child in the context of the child=s family and culture. Development is supported through nurturing relationships among staff, parents, and children.

Supporting Values

# All of us have a basic need to belong and feel connected with others.

# Many parents experience a sense of belonging in Head Start. Head Start staff consciously foster supportive relationships among families in local centers and help families in local centers and help families become involved in community structures such as ethnic / cultural associations, churches, neighborhood associations, resident councils, and networks of friends and extended family.

# Positive networks of support and interdependence have the capacity to nurture families long after their children have left Head Start.

# Supportive relationships among families at local centers and the informal, social support networks of families in the community are critical.

# All parents have hopes and goals for their children, but parents may differ in how they support their children=s efforts to achieve these goals. Head Start programs value the individuality of family systems and build on family strengths to create an environment of mutual respect and appreciation.

# Head Start does not view families simply in terms of their needs for institutional services.

# When a classroom is truly developmentally appropriate, it meets the needs of children with varying abilities, making it easier for staff to include children with disabilities.

# Including parents in all aspects of the education process improves services and developmental outcomes.

# Head Start reinforces the value of each family=s culture and therefore nurtures each child=s pride in his or her culture=s unique strengths.
DIVERSITY

Recognizing and embracing the idea that all members of the Head Start community - children, families, and staff - have roots in many cultures. Head Start families and staff, working together as a team, effectively transform negative responses to promote respectful, sensitive, and proactive approaches to diversity issues within their programs.

Supporting Values

# Exploring culture - both one's own and others' cultures, both individual and group - is a conscious, systematic, ongoing endeavor. Each one of us has a culture. Although we operate within our own culture, we may not always be conscious of how our cultural roots influence our values and behaviors until we are around people from other cultures. The Head Start community works to create an understanding about differences, enabling each individual to acknowledge and respect individual and group differences in all settings.

# Children and adults benefit developmentally in many ways when they learn to value their own and others' cultures. Management procedures provide a learning atmosphere and work environment in which every individual's culture is accepted and integrated into the program and in which all children, families, and staff form a supportive, culturally diverse environment.

# Approaching individual and group differences in positive ways helps us to understand and appreciate each other. Head Start staff set the tone in the program by regarding differences among individuals and groups as assets. Head Start staff expect professional behavior from their colleagues, while at the same time supporting those who are evaluating their potential for negative bias. The Head Start community uses materials that reflect and encourage positive, non-stereotypical messages about the cultures of children, families, and staff.

# What we learn about culture from each other should influence the ways that we do things in every aspect of the program. Head Start staff make every effort to familiarize themselves with the cultures of the community and families served. Head Start staff use knowledge of the community to build a culturally responsive and sensitive program for families.
CONTINUITY

Creating a continuum of care, education, and services to provide stable, uninterrupted support to families and children during the early childhood period beginning with birth through age eight.

Supporting Values

# Families and children can move through transitions successfully when programs and services are connected and build upon each other. Sharing information about services to families and children, with parental consent, enables services to be consistent and supportive.

# Children will progress at individual rates throughout their early childhood if they are supported and challenged by developmentally appropriate practices that acknowledge their individual needs.

# Parents and families provide stability to children as they move from different settings. Therefore, families need to be aware of their role in supporting their children in transition and provided with ways to learn how to advocate for their children.

# Providing pro-family services that are comprehensive, accessible, and culturally and linguistically sensitive lessens the risk of families encountering service gaps during transitions.

# Collaborative goal setting can reduce the number and degree of abrupt changes and/or inappropriate expectations that children and families might have as they move through various community programs and services.

# Collaborative efforts need to include partnerships in the home, school, and community that require parents to have ongoing, responsible roles in decision making.

# Achieving continuity involves a continuous, collaborative process of developing short-term goals, implementing activities, evaluating progress, and revising program goals and procedures to ensure that the best service is provided to families and children.

# Coordinating Head Start professional development with other education and service providers helps staff develop professional links and identify common ground that supports networking and collaboration.