ABSTRACT

THE DEVELOPMENT OF A TRANSITIONAL SHELTER PROGRAM FOR HOMELESS WOMEN: A GRANT PROPOSAL

By

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Homeless women have unique gendered needs that require additional resources such as supportive services programming in the Los Angeles area. Research reflects the high rates of physical and sexual trauma experienced by homeless women often leading to severe mental illness or substance abuse dependency. The purpose of this grant writing project was to seek funding for a transitional shelter program as an extended residential component to the Downtown Women's Center's (DWC) programming to be requested from the Ahmanson Foundation. The DWC offers daytime drop in services and permanent housing for homeless women in Los Angeles. The mission of the proposed transitional shelter program is to serve, educate, and prepare homeless women as they transition from homelessness to housing. The actual submission and/or funding of the grant was not required for the successful completion of this project.

THE DEVELOPMENT OF A TRANSITIONAL SHELTER PROGRAM FOR HOMELESS WOMEN: A GRANT PROPOSAL

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CHAPTER 1

INTRODUCTION

Homelessness is an epidemic in the United States that has affected males and females across the country for decades. There are 630,000 homeless people living in the streets of the United States in a single night and it has been estimated that 37% of all individuals who are homeless and living in shelters are women (Jimenez, Pasztor, & Chambers, 2015). Although the United States is among the wealthiest countries of the world, more than a half-million people sleep in cars, streets or emergency shelter (National Coalition for the Homeless [NCH], 2009). Individuals living below the poverty line are vulnerable to homelessness due to limited employment opportunities and deteriorating funding of social service programs (NCH, 2009). People in poverty are unable to afford the increasing expense of housing, food, childcare, health care and education costs. As a result, high numbers of individual's living below the poverty line have become homeless (Jimenez et al., 2015).

U.S. Department of Housing and Urban Development (HUD; 2012) reported that 17% of the entire United States homeless population was classified as being "chronically homeless." People who experience chronic homelessness are classified as unaccompanied individuals with a disabling condition who have been continuously homeless for at least 1 year, or have experienced four episodes of homelessness in the past 3 years (HUD, 2007). The complex variety of disabling conditions that affect

chronically homeless persons result in an increased utilization of high cost federally or state funded services such as emergency shelter, criminal justice facilities and hospitals (Markos, Baron, & Allen, 2005)

Lack of affordable health care, mental illness, addiction disorders and domestic violence are the largest factors that contribute to homelessness (NCH, 2009). In 2012, the state of California held 20.7% of the United States total homeless population, of this total homeless population, 64.9% were estimated to be living on the streets (HUD, 2012). Furthermore, the NCH (2009) estimates there are a total of 58,423 homeless individuals within Los Angeles County.

In Los Angeles County, 23.1% of the total homeless population is classified as single women (Los Angeles Homeless Services Authority [LAHSA], 2013). Amongst the high percentage of homeless individuals, women are most vulnerable to physical and emotional abuse while living on the streets (Shier, Jones, & Graham, 2011). Approximately 63% of homeless women are previous victims of domestic violence. Homeless women experience high rates of suicide, substance abuse, rape, domestic violence and physical health difficulties that include illnesses such as anemia, asthma, dental problems, posttraumatic stress disorder (PTSD), and ulcers (Hirschel, 2012). Tutty, Ogden, Giurgiu, and Weaver-Dunlop (2013) estimated that 13% of homeless women had been sexually assaulted while living on the street within the past year. In addition to the many increased risks that homeless women face in regards to their sexuality, the majority of shelters in the Los Angeles area serve men and women, few agencies serve women exclusively. There is a need for women's shelters that focus on the unique and complex issues that pertain to this specific population.

Purpose of the Project

The purpose of this project was to write a grant proposal to obtain funding for a transitional shelter program that will serve homeless women exclusively. The transitional shelter will provide temporary shelter for women that are currently homeless in the Los Angeles area. The goals of this program are to: (1) provide a non-threatening environment for homeless women to sleep; (2) provide basic hygienic needs, such as showers and laundry access; and (3) integrate case management services or other programs associated with Downtown Women's Center.

Target Population

Homeless women suffer from mental illness, physical illness, substance dependency, physical disabilities and domestic violence (Riley et al., 2014). Homeless women are often victims of rape or domestic violence prior to becoming homeless or after living in the streets for an extended period of time (Wong & Mellor, 2014). Therefore, homeless women require a different transitional shelter experience than men given their likelihood of previous traumatic exposure. The intended target population for the project will be homeless women 18 years and older. Women will be able to access the transitional shelter program if they are currently sleeping on the streets of Los Angeles and are willing to abide by shelter programming policies.

Host Agency

The host agency intended for this program will be DWC, a non-profit organization that offers day services and permanent housing opportunities for homeless women in the Los Angeles vicinity. More than 200 women visit the drop-in Day Center each day between the hours of 9:00 a.m. and 5:00 p.m. Homeless women are able to

access services including meals, showers, computers, telephones, mail, counseling and use of the day-time beds. The DWC offers a total of 119 apartments and provides permanent supportive housing with a community environment. However, the DWC facility currently offers daytime services only and does not offer emergency or transitional shelter beds for homeless women

Cross-Cultural Relevance

Homelessness amongst women is a social problem that affects women of all ethnicities. Homeless women regardless of ethnic identity have commonly experience trauma related to men, including rape and intimate personal violence. Therefore, women may not be inclined to access shelter services where they are forced to share a sleeping environment with males. Establishing a women's transitional shelter as part of the DWC will increase women's access to social services and safe shelter in the Los Angeles area.

African Americans compromise only 13% of the entire United States population; in 2013, there was a total of 10,017,068 African Americans living in Los Angeles, 38% of this population was estimated to be homeless (U.S. Census Bureau, 2013). In comparison, 36% of homeless individuals identified as Caucasian and 21% were classified as Hispanic, while the remaining percentage was identified as "other." Homelessness impacts individuals of every ethnicity but African Americans experience the highest rates of homeless within the Los Angeles area (LAHSA, 2013).

Sexual assault towards women also affects all ethnicities. The National Institute of Justice (2006) states that 18.8% of African American, 17.9% White, 11.9% Hispanic, 34.1% American Indian, 24.4% mixed race, and 6.8% Pacific Islander have been raped in their lifetime.

Social Work Relevance

There is a large percentage of homeless individuals in the Los Angeles area. Among the homeless population, women that are living homeless will endure an increased threat of physical or sexual abuse. One of the values of the National Association of Social Workers (NASW; 2008) is respect for the dignity and worth of a person. Therefore, social workers have a duty and an obligation to advocate for adequate resources to shelter homeless women in an environment that promotes safety in a space conducive to healing.

Definition of Terms

Comorbidity: The term "comorbidity" describes two or more disorders or illnesses occurring in the same person. They can occur at the same time or one after the other. Comorbidity also implies interactions between the illnesses that can worsen the course of both (National Institute on Drug Abuse, 2011).

Homelessness: HUD (2015) defines a homeless person as an individual who lacks a fixed, regular, and adequate nighttime residence; as well an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Intimate partner violence: Any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship (Centers for Disease Control and Prevention [CDC], 2014).

Sheltered: Homeless persons living in a temporary housing--shelters such as emergency shelter, runaway shelter, domestic violence shelter, transitional housing, and residential substance abuse treatment programs (Smith, Homberg, & Jones-Puthoff, 2012).

CHAPTER 2

LITERATURE REVIEW

Introduction

The literature review will discuss topics and psychosocial stressors that relate to the experiences of homeless women in the United States. Obstacles including intimate partner violence, mental health disorders, health disorders, substance abuse, sexual violence and comorbidity are social issues that impact the lives of homeless women around the world. There is a significant need to increase homeless shelter services in the Los Angeles area to address social stressors that impact unsheltered women. Moreover, a general history of the evolution and causes of homelessness in the United States will be provided to explore factors that have led to a significant increase in the homeless population within the last century. Information regarding the specific gendered needs of homeless women will be conveyed to reflect the importance of increasing programming that exclusively provides transitional assistance to address the needs of homeless women in Los Angeles.

History of Homelessness

Homelessness has a long history in the United States and reflects the economic disparity and limited mental health resources for people countrywide. The primary cause of homelessness is poverty (Markos et al., 2005). Limited employment opportunities and

minimum wage earnings are factors that also contribute to poverty which can often result in experienced homelessness (Markos et al., 2005).

Homelessness first gained attention during the Great Depression when the stock market crashed in 1929 leading to massive rates of unemployment and homelessness (Katel, 2014). Roosevelt's administration implemented a policy known as the "New Deal" that financed federal construction projects that would increase jobs and shelter services for many people that had been forced into homelessness as a result of the country's declining economy (Katel, 2014). During this same era, the Federal Transient Program was implemented by congress to provide emergency state funding for relief camps that provided shelter and basic human resources to the homeless (Katel, 2014).

Mental illness is another critical factor that has been known to lead to chronic homelessness amongst women. The significant increase of the homeless population countrywide is linked to the process of deinstitutionalization and specific policy changes that took place during the Nixon administration (Torrey, 2014). Nixon took office in 1969 when there were approximately 399,152 mentally ill patients receiving care in state mental hospitals. By the end of the Nixon and Ford administrations in the late 1970s, only 170,619 patients remained (Torrey, 2014). For decades, state hospitals were legally responsible for housing and treating individuals with severe and persistent mental illness (Markos et al., 2005).

In the 1980s, mental institutions dispersed the majority of their patients who were directed to utilize outpatient mental health services from newly established community mental health centers (CMHC) as an alternative to the more costly inpatient care of state hospitals (Torrey, 2014). However, amongst the 789 CMHCs around the country funded

by the federal government, few were able to meet the demands of psychiatric care for patients being discharged from state hospitals (Torrey, 2014). By 1981, the CMHC movement had been de-funded and discontinued leaving millions of mentally ill Americans to rely on limited federally funded agencies for psychiatric support (Torrey, 2014).

The Mckinney-Vento Homeless Assistance Act was implemented in 1987 to address the increasing rates of homeless individuals by implementing “Continuum of Care programs” designed to help the homeless population obtain housing and employment (Torrey, 2014). The Mckinney-Vento Homeless Assistance Act addressed immediate response measures to meet the needs of the homeless population such as emergency shelter and food banks instead of the causes of homelessness such as mental illness and poverty. In 2003, President Bush also implemented a HUD policy that would attempt to end chronic homelessness within 10 years. Being a chronically homelessness individual was defined as being homeless for 1 year, or for four shorter periods of time within 3 years by President Bush (Torrey, 2014). During this time, many federally funded social service agencies also attempted to implement a 10-year plan to end homelessness; however, federal funding and policies were unable to fund and thus sustain this goal. Furthermore, in 2010, the Bush administration decreased funding for the Mckinney-Vento Homeless Assistance Act by 36%.

The Obama administration has since implemented the “Opening Doors” policy, which includes 19 different federal agencies that coordinate available housing, health, education, and other social services for individuals, and families struggling with economic crisis (Jimenez et al., 2015). Today, more than 10 million American workers

live below the poverty line set by the federal government (Markos et al., 2005). The majority of individuals living below the poverty line hold part-time employment as a result of limited employment opportunities and high costs of child care (Karaim, 2014). Moreover, 2.4 million American workers hold full-time jobs but are still considered to be living below the poverty line as a result of low wages provided by employers (Torrey, 2014). Inadequate education and development of skills are barriers to finding consistent employment for the homeless population; many individuals raised in low-income families are at a disadvantage to receiving a high level of education given their socio economic status.

Students in unprivileged communities face additional challenges in their learning as a result of limited resources including books, computers, tutoring programs et cetera, which significantly interferes with their ability to be successful in a school setting (Karaim, 2014). Individuals raised in low-income communities do not have equal access to quality educational experiences in comparison to individuals from middle or high socio-economic communities (Karaim, 2014). In a study of 154 unsheltered chronically homeless women, 37% reported they had not completed their high school education and 43% reported their high school diploma was their highest educational achievement (Nemiroff, Aubry, & Klodawsky, 2010). This study revealed the lack of access to quality education as an important factor leading to homelessness amongst women.

Homelessness amongst Women

Mental illness, substance abuse, and trauma are experiences that the homeless population frequently experiences (Riley et al., 2014). Researchers explored a broad range of psychiatric diagnoses amongst 291 unsheltered women to determine the

frequency of mental illness amongst the female homeless population. Using a quantitative analysis, results of this study reflected that 97% of the homeless participants screened positive for at least one psychiatric condition (Riley et al., 2014). Of this sample, only 51% reported taking medication to manage their psychiatric condition (Riley et al., 2014).

Limited access to quality and affordable mental health care is a significant barrier for homeless women with mental illness in their recovery (Finfgeld-Connett, 2010). The lack of community mental health clinics in Los Angeles impacts women's ability to access and receive agency support for mental illness (Crawley et al., 2013). Limited public transportation, traffic and the geographical density of the Los Angeles are additional barriers women face when attempting to access mental health support within the community (Crawley et al., 2013).

There is a higher incidence of mental illness amongst women in comparison to men (Stump & Smith, 2008). Women have an increased risk of experiencing PTSD at some point in their lives due to likelihood of higher trauma exposure (Stump & Smith, 2008). Strong links between PTSD symptoms and other mental disorders exist as a result of experienced trauma and problematic substance use (Sullivan & Holt, 2008). The National Comorbidity Study revealed that women with PTSD were 2.48 times more likely to have a diagnosis of alcohol dependence compared to women without a PTSD diagnosis.

Intimate Partner Violence

Sexual, physical and emotional violence are issues that women face, regardless of socioeconomic status. Women have a 1 in 4 chance of experiencing intimate partner

violence (IPV) in their lifetime (Wong & Mellor, 2014). These rates are even higher amongst extremely poor or homeless women with a study on homeless women finding that almost two-thirds of homeless women have experienced some degree of IPV in their lifetime (Wong & Mellow, 2014). Women living in poverty are more likely to experience physical and emotional victimization than women in the general population (Lown, Schmidt, & Wiley, 2006). A study analyzing a sample of 1,235 female applicants, who applied for government assistance through TANF (Temporary Assistance for Needy Families) and General Relief, exposed high rates of self-reported incidents of victimization from an IPV relationship (Lown et al., 2006). One quarter of the sample reported at least one episode of physical abuse by their partner in the last year; this rate is 2 to 3 times higher than those reported by women in the general population (Lown et al., 2006).

A study utilizing data from the 2001 California Women's Health Survey was conducted utilizing a sample of 4,018 women. This study revealed that one quarter of women that had been exposed to IPV were living at or below the federal poverty line. This is more than twice the rate of non-IPV exposed women (Kimerling & Baumrind, 2004). Three times the amount of IPV exposed women compared to non-exposed women were utilizing CalWorks (California Work Opportunity and Responsibility to Kids), an exclusive California State funded program that provides cash aid and services to low-income individuals revealing the prevalence of IPV amongst women with low socio economic status (Kimerling & Baumrind, 2004). Amongst the women utilizing the CalWorks program, 27.6% had experienced IPV in the past year (Kimerling & Baumrind, 2004). Furthermore, 53.2% reported experiencing a violent incident as an adult and

45.7% reported experiencing symptoms of PTSD as a result of IPV (Kimerling & Baumrind, 2004). The majority of women experiencing IPV originate from low-income households, increasing the likelihood that this population will be forced into homelessness as a result of leaving IPV relationships.

Research by Swanberg, Logan, and Macke (2005) revealed that women who have experienced IPV are more likely to experience employment difficulties. Women that are victims of IPV face significant barriers to finding and maintaining employment. In a qualitative study conducted by Swanberg et al., currently employed female victims of IPV were interviewed about their experiences in their work place in regards to their IPV abuser.

The women involved in this study reported that abusers would interfere with their job by physically restraining them from attending work, making harassing phone calls to them or a supervisor and stalking or destroying work clothes (Swanberg et al., 2005). Furthermore, victims of IPV reported employment termination for issues related to abuser behavior such as injuries, psychological stress and excessive absences (Zink & Sill, 2004). As a result, many women that have survived IPV by escaping their abuser are in a position of financial instability as a result of leaving their partner (Zink & Sill, 2004). Furthermore, these women are at an increased risk of experiencing negative psychological symptoms as a result of leaving their partner; the combination of financial instability and psychological distress can result in unexpected homelessness (Alhusen, Gross, Hayat, Rose, & Sharps, 2012).

Victims of IPV are likely to experience disorders such as depression and PTSD that can impact women’s ability to concentrate and be alert in their place of employment

after leaving an abusive relationship (Kimerling, Alvarez, Pavao, Mack, & Smith, 2009). Female victims of IPV are at a higher risk for the development of mental health disorders such as PTSD, major depression, and substance-related disorders (Wong & Mellor, 2014). Individuals with acute PTSD showed poorer work potential such as time management skills, time management and problem solving. These symptoms of IPV have the ability to effect women on a long-term scale in regards to their ability to maintain consistent employment (Kimerling et al., 2009).

Domestic violence shelters exist to support women during their immediate escape of an abusive relationship. However, domestic violence shelters are often federally funded programs. Once women exit the shelter, they are often faced with inadequate housing and limited financial resources, leaving them with the option of depending upon their abusive partner for shelter or resorting to homelessness (Tutty et al., 2013).

Trauma

Physical and sexual abuse are traumatic experiences that can often lead to the development of severe mental health disorders if not treated properly by a mental health professional (Tutty et al., 2013). Population-based studies have shown that physical abuse affects between 13% and 40% of all women during their childhood (Huntington, Moses, & Veysey, 2005). Women have a history of mental illness and substance abuse disorders frequent reporters of physical and sexual abuse (Huntington et al., 2005). In a study of women without homes experiencing co-occurring substance abuse and mental health disorders, 100% of the women reported that they had experienced a trauma such as physical or sexual abuse in their lifetime (Ponce, Lawless, & Rowe, 2014). Childhood

maltreatment is also strongly correlated with IPV and chronic homelessness experienced by women (Ponce et al., 2014).

Homeless women report high rates of experienced trauma and victimization; these events are often viewed as an antecedent to homelessness itself (Lewinson, Thoman, & White, 2014). However, losing a home is also considered a traumatic experience and victimization continues at a higher rate once women are forced to live on the streets. Homeless women face increased levels of stress, depression, substance abuse and sexual violence once they have become homeless (Lewinson et al., 2014). The suicide rate is 2.3% to 6% higher in homeless individuals than those of the general population (Torchalla, Strehlau, Li, Schuetz, & Krausz, 2012). Studies have demonstrated that child maltreatment including sexual, physical and emotional abuse have been highly associated with suicidal behaviors amongst the homeless population (Torchalla et al., 2012). The risk of suicidal ideation is linked to the severity of the experienced traumatic event but is commonly observed amongst homeless women (Lutwak & Dill, 2013).

Female homeless veterans are a vulnerable population of women that historically suffer from traumatic events as a result of time spent in service (Tsai, Rosencheck, Decker, Desai, & Harpaz-Rotem, 2012). Compared to male veterans, female veterans experience less exposure to combat. Yet, females experience an increased rate of sexual harassment, sexual assault and other psychological stressors including lack of peer social support while in service (Tsai et al., 2012). Female veterans are at a greater risk for homelessness in comparison to women that have not served in the military. In a study produced by Zinzow, Grubaugh, Monnier, Suffoletta-Maierle, and Frueh (2007), it was found that 38%-64% of female veterans had been victims of sexual assault and 46%-51%

had experienced physical assault before their time in service (Tsai et al., 2012). Furthermore, 20% to 25% of women in the military reported sexually assault during their employment in the Army (Lutwak, 2013). A study that compared gender differences in regards to traumatic experiences amongst homeless veterans found that exposure to adult sexual assault is significantly higher for females (62% for homeless women compared to 53% for homeless men). The number of homeless women veteran or non-veteran that have experienced a sexual or physical trauma at some point during their life is significant and requires mental health services that serve the needs of women exclusively (Tsai et al., 2012).

Trauma is often associated with PTSD but can also be associated with poor mental functioning (Tsai et al., 2012). Pluck et al. in 2011 found lower than normal cognitive abilities amongst a large sample of homeless adults. Poor cognitive function can be linked to events associated with childhood trauma (Pluck et al., 2011). A recent study conducted in Wisconsin revealed that 80% of homeless shelter residents had substantial cognitive impairment (Pluck et al., 2011). The majority of homeless participants self-reported experienced trauma sometime during their childhood.

Stress and negative life events are associated with more avoidant coping mechanisms for homeless women (Stump & Smith, 2008). Women have an increased risk for PTSD as a result of higher traumatic incident exposure in comparison to men (Stump & Smith, 2008). Individuals that live with the stress and fear of being homeless are more likely to use alcohol and drugs as a way to cope with negative memories associated with the abuse (Stump & Smith, 2008). In a quantitative study of 50 female participants living in a homeless shelter, 30% of the women reported being alcohol-

dependent, 16% were drug dependent and 4% reported a dependency on both alcohol and drugs. Most importantly, 50% of the women in this sample reported using substances as a way to cope with traumatic experiences that had occurred in their life (Stump & Smith, 2008). In this study, more avoidant coping was related to greater substance use amongst participants. Moreover, avoidant coping was strongly correlated with higher rates of PTSD symptoms while substance use was related to fewer resiliencies amongst women who have experienced PTSD (Stump & Smith, 2008).

Substance Abuse

Substance use and mental illness are contributing factors observed in the homeless population (Chambers et al., 2013; Conahan & MacIntrye, 2012). Homeless individuals are highly overrepresented in public substance abuse treatment programs (Conahan & MacIntrye, 2012). However, homeless women that suffer from mental illness are more likely to use substances than mentally ill homeless men (Padgett, Hawkins, Abrams, & Davis, 2006). Many homeless that access substance abuse treatment and complete the program are forced to return an environment of street life. Once homeless individuals are discharged back to their stressful environment, their ability to sustain sobriety significantly decreases (Conahan & MacIntrye, 2012).

Substance abuse can be used as a coping mechanism for homeless individuals and is a strategy used to escape traumatic events and current life circumstances (Stump & Smith, 2008), this is represented in a substance abuse theory called the self-medication model (Padgett et al., 2006). This model reflects the theory that experienced traumatic life events are disproportionately found in the lives of individuals with serious mental

illness who abuse substances; substances are used as coping mechanisms to escape traumatic memories.

A recent study using a sample of 500 sheltered and unsheltered homeless persons found that 84% had a history of being treated for substance abuse (Poulin, Maguire, Metraux, & Culhane, 2010). Stress and negative life events lead to negative and avoidant coping mechanisms such as substance use. Individuals who live with the severe stressor of being homeless are more likely to abuse substances and are less likely to utilize more productive forms of coping that would lead to healing (Stump & Smith, 2008).

Homeless women are more likely to be victims of physical and sexual violence while living on the streets than men (Hudson et al., 2010). In a qualitative study of 202 homeless women in Los Angeles, 30% disclosed that they had been raped in their adult life (Hudson et al., 2010). The women in the study who reported being sexually assaulted also reported using drugs on a daily basis as a method to cope with the traumatic experience of their attack (Hudson et al., 2010). In a study of homeless women in Los Angeles, conducted over one months' time by Wenzel et al. (2004), 49.5% of women reported recent drug use and 32.6% reported binge drinking compared to 16.7% and 17.2% for drug use and binge drinking among low-income housed women. Homeless women have been found to have higher rates of alcohol and drug use than women in the general population (Wenzel et al., 2009). In a study of 445 homeless women who were sleeping in emergency shelter settings, it was reported that depression affected more than half of the subjects and significantly predicted the likelihood of binge drinking (Wenzel et al., 2009).

Mental Health

Homelessness is strongly associated with mental illness. HUD (2012) found that 29% of homeless adults in the United States suffer from a severe form of mental illness. High rates of mental health disorders are reported by poor and ethnic minority populations; however, debilitating mental illness symptoms are much less likely to affect Caucasian and middle class individuals who are able to access treatment for their symptoms (Bassuk & Beardslee, 2014). Inadequate availability of community based mental health resources and homeless services in low-income areas are factors that contribute to the increasingly high rate of untreated mental illness in the United States (Curtis, Corman, Noonan, & Reichman, 2014).

All women, regardless of socio-economic status (SES) face an increased risk of developing depression in comparison to men as a result of their reproductive nature. Depression is a major public health issue for homeless women specifically, it is estimated that 12% of all women in the United States are depressed while this number nearly doubles at 25% for women living in poverty. Additionally, lifetime rates of depression in homeless women span from 45% to 85% (Bassuk & Beardslee, 2014). In a longitudinal study of pregnant women in the United States it was found that 13% of a sample of 4,898 pregnant mothers suffered from depression within 3 years of giving birth. Mothers in the low-income bracket of this study with a diagnosis of depression in the postpartum year revealed that women participants were two times more likely than non-depressed participants to become homeless in the first year following birth (Curtis et al., 2014).

Women living in poverty or facing homelessness experience extremely high rates of depression. Symptoms of depression can be identified as a result of the challenging

conditions including exposure to violence, extreme poverty and limited support networks that homeless women face (Bassuk & Beardslee, 2014). Severity of depression is increased in women with children due to the additional stressor of caretaking (Bassuk & Beardslee, 2014).

Health Care

Unsheltered homeless individuals experience high rates of chronic illness compared to people whom are housed (Chambers et al., 2013). “In a nationwide U.S. study, homeless adults were three times more likely to repeat Emergency Department visits and were more than twice likely to return to the ED after hospitalization compared with non-homeless people” (Chambers et al., 2013, p. 302). The most common illnesses amongst the homeless population include but are not limited to long-term respiratory, circulatory, skin problems and sexually transmitted diseases (Muñoz, Crespo, & Pérez-Santos, 2005). Moreover, cancer is the leading cause of death in people suffering from homelessness, which can be attributed to absence of insurance, lack of affordable health care and preventative resources for individuals with low-income and no income (Muñoz et al., 2005). People that are homeless face a wide variety of health issues as a result of their environment, resulting in an estimated life expectancy that is 20 years less than people that have homes (Muñoz et al., 2005).

A secondary analysis of the 2003 Health Care for the Homeless (HCH) included the responses of 966 homeless adults which revealed that 73% of the participants had at least one health care need while 49% had two or more unmet medical need (Baggett, O’Connell, Singer, & Rigotti, 2010). In a Toronto based study with universal health care system, 1,165 homeless adults, 77% had at least one ED visit in 2013 and the average

rate of ED visits amongst this sample were 2 visits per person, per year (Chambers et al., 2013). This study encompasses the increased risk of physical illness amongst the homeless population, regardless of their ability to access treatment. In the United States, barriers to accessing treatment, lack of adequate health insurance and increased exposure to bacteria are the biggest factors behind chronic illness amongst homeless men and women (Baggett et al., 2010).

Women require additional health treatments based on their anatomy and sexuality. In addition to routine and preventative health care, homeless women have specific health needs that require critical treatment regarding menstrual health, pregnancy, gynecology, need for contraception and treatment for sexually transmitted diseases. Cervical cancer is the second most common cancer among women worldwide and is a serious health concern amongst women that do not have a primary medical physician (Bharel, Casey, & Wittenberg, 2009). Low socioeconomic status is associated with higher rates of cervical cancer due to challenges associated with limited access to preventive care such as routine check-ups and annual pap smears (Bharel et al., 2009).

Need for Additional Transitional Shelter Programming

Transitional housing is a model that started within the last two decades; therefore, there is limited research that captures women's experiences in transitional shelter programming. Additional research is required to exemplify the critical importance of transitional shelter as preparation for permanent housing (Washington, 2002). There has been an increase in the total number of homeless people living unsheltered or places not meant for habitation such as streets, cars, parks and abandoned buildings in the last 4 years (HUD, 2011). The number of emergency and transitional homeless shelter beds are

far and few in comparison to the total number of homeless individuals in need of shelter assistance (Donley & Wright, 2012). Many communities in the United States have reported that the majority of federally funded homeless shelters are functioning above their full capacity and are therefore mandated to turn away individuals seeking shelter (Donley & Wright, 2012). As a result, the increase of unsheltered homeless individuals in the last decade can be attributed to limited bed availability and limited staffing within existing shelter programs (Donley & Wright, 2012).

A study conducted by Donley and Wright in 2012, revealed barriers to accessing services for a large population of unsheltered homeless individuals in Orlando, Florida. Participants in the study reported the location and safety of accessible shelters as the most predominant reason behind their decision to sleep on the streets or in other unhabituated areas throughout the city. The participants in this study identified fear and threat of other homeless individuals in the shelter as a reason for not utilizing services. The majority of shelter facilities in the United States are located in central or Downtown areas which are often perceived as dangerous and overwhelming to unaccompanied homeless individuals (Donley & Wright, 2012).

Homeless women seek human attachment to increase a sense of protection, support and intimacy as a result of their chaotic environment (Finfgeld-Connett, 2010). Many homeless women form alliances with homeless men that can result in destructive behavior and abusive outcomes (Finfgeld-Connett, 2010). Victimization by sexual and physical assault from these abusive partnerships can cause homeless women more stress and trauma (Finfgeld-Connett, 2010). Moreover, attachments to male partners can lead

to increased substance dependency, resulting in criminal activity and further susceptibility to violence.

Stabilization through structured shelter support and programming shows increased success for homeless women that enter permanent housing (Foster, LeFauve, Kresky-Wolff, & Rickards, 2010). Many homeless individuals necessitate extensive emotional support and guidance from professionals in regards to basic activities of daily life such as changing a light bulb or balancing a check book before re-entering permanent housing (Foster et al., 2010).

In a qualitative study that surveyed 756 homeless adults across the country, the significance of supportive housing programs and therapeutic alliances with other shelter residents and case managers was examined (Tsai, Lapidos, Rosenheck, & Harpaz-Rotem, 2013). Tsai et al. (2013) also found that participants who had a therapeutic alliance and were involved in a shelter program, reported high levels of perceived social support and attended more outpatient and substance abuse programming. Shelters provide a stabilized transition period for homeless individuals to adjust to life in doors in addition to acquiring the skills necessary to be a successful tenant (Foster et al., 2010).

Transitional housing is a supportive service model that was implemented within the last two decades; therefore, there is a lack of research available that captures the positive, long-term effects of transitional programming for homeless women. Qualitative research has reflected homeless women’s desire for human connection and social support (Tsai et al., 2013). Furthermore, research has shown fear of violence or sexual assault in the shelter setting as a significant barrier to accessing homeless services (Finfgeld-Connett, 2010). The DWC is a protected environment, conducive to healing and

emotional support for homeless women and is therefore a necessary resource based on the existing research. Additional research is required in the transitional shelter setting to exemplify the critical importance of transitional shelter as preparation for permanent housing (Washington, 2002).

Chapter Summary

Homeless women face a wide variety of issues such as lack of education, sexual abuse, domestic violence, substance abuse and mental illness that contributes to their instability. High levels of experienced trauma observed in women are an underlining effect in the development of mental illness and substance abuse disorders in adulthood. Many of the traumatic experiences that women face involve perpetration or violence inflicted by men. To avoid re-victimization, many women avoid seeking co-ed shelters and homeless resources and resort to a life of homelessness. Women's experiences including health care and trauma require a separate environment from males in order to safely address the traumatic issues that have led to a situation of homelessness. Furthermore, research has shown that when women has social support in a shelter setting they are more likely to thrive and address underlining issues of homelessness.

CHAPTER 3

METHODOLOGY

Target Population

Homeless women suffer from mental illness, physical illness, substance dependency, physical disabilities and domestic violence (Riley et al., 2014). Homeless women are often victims of rape or domestic violence prior to becoming homeless or after living in the streets for an extended period of time (Wong & Mellor, 2014). Therefore, homeless women require a different shelter experience than men given their likelihood of previous traumatic exposure. The intended target population for the project will be unaccompanied homeless women aged 18 years and older. Women will be able to access the transitional shelter program if they are currently sleeping on the streets of Los Angeles, present member of the Downtown Women's Center and are willing to abide by shelter programming policies.

Identification of Funding Source

The funding source for the extension of a transitional shelter program for homeless women was found using a variety of methods. The Internet was searched and Google was used to access available funding resources. Federal government databases were searched including Grants.gov; U.S. Department of Housing and Urban Development; the U.S. Department of Justice; and Department of Health and Human Services. Grant funding resources specific to the state of California were also explored

for the purposes of this project. Internet searches included key terms such as: “grants for Los Angeles county,” “emergency shelter for the homeless grants,” and “homeless women grants.” Moreover, the grant writer researched well known grant funding agencies in Los Angeles such as-grant funding organizations, such as The Ahmanson Foundation, Parsons, Unihealth and Weingart that are currently funding programs at the Downtown Women’s Center to locate an appropriate funder were searched. These Internet searches led to the review of two potential funders: The Weingart Foundation and The Ahmanson Foundation, both organizations currently fund programs at the Downtown Women’s Center.

The Weingart Foundation primarily funds services in Southern California and awards grant funding to non-profit organizations in the areas of health, human services and education for people in need. The Weingart Foundation gives highest priority to programs that provide access to people who are economically disadvantaged or underserved. Furthermore, the Weingart Foundation provides funding up to $200,000; however, the foundation urges potential proposals to apply for an amount that does not exceed 50% of the total budget because the agency rarely funds the cost of an entire project. Therefore, additional funding from different organizations would be required to start the proposed transitional shelter for homeless women in partnership with the DWC.

The majority of grants awarded by The Ahmanson Foundation serve projects in Los Angeles County related to arts and humanities, education, health care and programs related to the homelessness and underserved populations. In recent years, the Ahmanson Foundation has awarded grants to the initiation of transitional and emergency shelter

programs for the homeless with larger scale budgets. Therefore, the funder that was chosen for this program was the Ahmanson Foundation.

Foundation and Application Procedure

Howard and Dorothy Ahmanson originated the Ahmanson Foundation in 1952. The foundation provides grant funding for non-profit 501(c)(3) organization in Southern California. The organization "serves Los Angeles County by funding cultural projects in the arts and humanities, education at all levels, health care, programs related to homelessness and underserved populations as well as a wide range of human services" (The Ahmanson Foundation, 2015, para. 1). The Ahmanson Foundation is currently funding several transitional and emergency shelter programs for the homeless population in Los Angeles. In 2014, the Ahmanson Foundation funded transitional housing and supportive service programming for Upward Bound House in Los Angeles, a well-developed program that offers shelter for homeless families. Based on the Ahmanson Foundation's geographical location and key interest to support projects that serve the underserved population, this foundation is an appropriate, potential funder for the transitional shelter program for homeless women.

Grant Requirements and Procedures

To apply for a grant from the Ahmanson Foundation, the application procedure includes a submission letter of inquiry on letterhead submitted by the executive director of the DWC. The letter of inquiry consists of a brief history of the organization and mission statement, relevant literature related to the organization, project structure, funding amount requested, and detailed information about the budget. The Ahmanson Foundation will notify the agency (Downtown Women's Center) regarding the status of

the request 60 to 90 days following submission of the proposed grant. Once the program is approved, the agency must submit a formal grant application including specific details of the program such as program description, measurable objectives and timeline for program development.

Needs Assessment and Data Collection

An assessment was conducted to identify the needs of homeless women in the Los Angeles area. Information related to the needs of the target population was gathered by examining peer-reviewed journal articles and interviewing staff at the Downtown Women's center who work with individuals from the target population on a daily basis. Following the interview and research process, the grant writer identified a transitional shelter as a needed program to further increase the supportive services offered by the DWC.

CHAPTER 4

PROPOSAL NARRATIVE

Mission of Organization

Downtown Women's Center was founded in 1978 by Jill Halverson, who was deeply moved by the stories and experiences of a homeless woman in Los Angeles named Rose (DWC, 2014). Jill Halverson used her savings to purchase a home that would support and house Rose in addition to several other homeless women in Downtown Los Angeles. The DWC has evolved into a larger facility that now provides daytime drop-in and supportive housing services for the growing female population of homeless women. The mission of the DWC is to provide permanent supportive housing and a safe and healthy community fostering dignity, respect, and personal stability, and to advocate ending homelessness for women (DWC, 2014).

In addition to the drop-in center that is open seven days a week, DWC has two permanent housing residences that currently house 119 women in a community style living environment; 95% of the women originally placed in permanent housing through the DWC remain housed today. All homeless women that utilize the DWC drop-in center live on the street or in night-to-night shelters. At the drop-in center, women are provided three meals a day and have the opportunity to access day beds, case management services, showers, laundry, telephones and clothing. The majority of funding for the DWC comes from grants funding and in-kind donations.

Proposal Summary

This grant proposal was developed to extend and obtain funding for a long-term transitional shelter program for homeless women in collaboration with the Downtown Women's Center in Los Angeles, California. The transitional shelter will provide up to 12 months of shelter to 40 currently homeless adult women 18 years and older. The program will operate as an extended overnight program in the Downtown Women's Center facility.

Narrative

Program Description

The proposed program will provide 40 existing members of the DWC up to 12 months of transitional housing as an extension of the existent daytime drop-in center program at the DWC. The shelter program is a 12-month program that allows currently homeless and stabilized women to sleep overnight at the DWC facility. The women will be required to participate in case management, support groups, therapy, job training et cetera. offered by the DWC daytime programming. The shelter participants will have overnight access to the dining room area within the DWC facility where cots and bedding will be provided. The shelter staff will manage, monitor and support the participants over the course of 1 year to achieve permanent housing. In addition to weekly case management, all 40 women will be assigned to a shelter case manager or the MSW (Master of Social Work) program manager and will be required to meet a weekly basis to discuss their progress.

The goal of the transitional shelter program is to provide homeless women an environment that provides safety, support, and resources to develop the necessary life

skills to become self-sufficient before entering permanent housing. The shelter residents will be selected based on their willingness to participate in daytime programming and their desire to secure permanent housing within a year's time. Each shelter resident will sign an individualized residential contract, created in partnership with their designated shelter staff member, before entering the transitional program. Shelter residents will be required to attend case management; two support groups and one educational group of their choosing each week. Furthermore, all shelter residents will have the responsibility of completing one nightly chore that will rotate every 2 weeks. All members will be held accountable to work towards the cohesiveness of the transitional shelter program in addition to the individualized goals established by the contract. Failure to abide by the contract or shelter rules will result in discharge from the shelter program.

Target Population

The women who utilize the DWC are homeless, formerly homeless, or experiencing extreme poverty; they cope with mental and chronic illnesses, physical disabilities; chronic abuse and domestic violence, as well as ageing related-issues. Women who meet criteria for shelter must be currently homeless, a current member of the DWC drop-in program and most importantly, willing to work towards the goal of permanent housing. In addition, women with an active severe mental illness or substance abuse addiction must be willing to stabilize through supportive services associated with the daytime programming of the DWC before entering the transitional shelter program.

Qualifications of Key Leadership

The transitional shelter program will be operated primarily by the shelter program manager; this position will require an MSW degree and 2 years of experience working

with the homeless population, preferably in a management position. The two interns assisting the shelter manager for case management services and therapy must be starting their second year in an accredited MSW program. The four part-time relief staff positions will not require any degree; however, experience working at a homeless shelter is preferred. The transitional shelter program will also utilize the expertise of a residential contractor through the Los Angeles Mission homeless shelter to assist with safety regulations associated with implementing an overnight shelter component in a daytime facility. The contractor will have 5 years plus experience managing the shelter programming at the Los Angeles Mission.

Sustainability

The transitional shelter program will require additional grant funding to sustain operation after the 2-year grant has ended. The grant writer will request a continuation of funding from the Ahmanson foundation in order to sustain the transitional shelter program. The grant writer at the DWC has the skills and experience to seek additional funding to the support the continuation of the transitional shelter program.

Program Objectives

Objective 1: Homeless women that become residents in the DWC transitional shelter program will have increased knowledge of life skills (e.g., financial management, coping skills, socialization).

Activity 1: All of the women (100%) in the residential program will attend support groups and educational training each week. The training will include workshops on financial management, coping skills, in the areas of stress management and depression in addition to socialization strategies.

Activity 2: All of the women (100%) in the residential program will meet with a housing case manager per week to prepare for permanent housing.

Expected outcome: The shelter residents will have increased knowledge of life skills (e.g., financial management, coping skills, socialization); the tools necessary to be a successful tenant, and therefore, maintain permanent housing.

Objective 2. To reduce physical and sexual violence against homeless women in Downtown Los Angeles.

Activity 1: Provide 40 women overnight access to a locked and guarded female only facility.

Activity 2: All residents of the shelter program (100%) will attend self-defense training.

Expected outcome: There will be a reduction in the reporting of physical and sexual violence experienced by transitional shelter residents.

Objective 3. Reduce recidivism amongst the homeless women participating in the transitional shelter program.

Activity 1: All of the women (100%) that were residents in the transitional shelter program will receive continued staff support on a monthly basis including case management services to assist with housing retention (e.g., home visits).

Activity 2: All transitional shelter residents (100%) that have entered permanent housing via the DWC will be required to attend monthly housing meetings at the DWC.

Expected outcome: A large percentage of the women placed in permanent housing after exiting the program (98%) will remain in housing for at least 12 months after exiting the transitional program.

Timeline

Month 1-2

1. Hire shelter program staff.
2. Train current DWC staff regarding implementation of shelter program.
3. Purchase equipment and program supplies, preparation of surveys and contracts.

Month 3-4

1. Conduct interviews for current DWC members interested in becoming residents in the transitional shelter program.

Month 5

1. Select shelter residents
2. Assign residents to case management to assist with housing applications and individualized contracts of residency.
3. Distribute pre-survey to selected shelter residents.
4. Begin therapy for shelter residents that have requested additional support.

Month 6-13

1. Monitor progress of shelter residents.

Month 14

1. Termination of shelter residents.
2. Planning for permanent housing or assistance with placement.
3. Posttest surveys are distributed to exiting shelter residents.

Program Evaluation

To evaluate the outcomes of the transitional homeless shelter program for women in partnership with the DWC, an annual in-house audit will be conducted to evaluate longevity of shelter stay for each individual resident and housing placement retention rates for those client's that have entered permanent housing. Furthermore, a pre/post survey measuring client's perceived sense of knowledge and improvement of basic life skills gained, wide distributed to shelter residents exiting the program regardless of the reason for their departure. This survey will capture the strengths and weaknesses of the shelter program of residents that have either voluntarily left or moved into permanent housing. Pre survey questions will evaluate the skills shelter residents have before entering the program and what skills they need to prepare for permanent housing. Post survey questions will be written to measure the effectiveness and overall experience in support groups and life skills trainings provided by the DWC. Furthermore, the post survey will measure the shelter resident's perceived readiness to live independently.

The grant writer hypothesizes that the following will occur from the implementation of a transitional shelter program: (a) More women will become drop-in center clients of the Downtown Women's Center daytime programming in order to access shelter services and (b) DWC members who become DWC shelter residents will be more prepared to live independently in permanent housing, thus housing retention rates for DWC clients will increase.

Budget Narrative

Capital Expense

The annual expense of basic supplies needed to successfully run the shelter program for 40 women is $5,920. Roll away cots, sleeping bags; pillows and towels are the four required supplies needed to start the shelter program.

General Operating Expenses

Staff: One full-time MSW clinician will be hired to manage the shelter program at the cost of $45,000 annually. Two, part-time MSW, second year interns will be assisting the shelter program manager and will be provided with a stipend of $1,000 each, per year. In addition, four part-time relief staff will be hired to oversee the shelter at night at the cost of $12.00 per hour. Each staff member will receive benefits at 15% for a total cost of $160,816 for staffing of the shelter program. To assist with safety regulations a contractor will be utilized approximately 10 hours per month at $130 per hour for a total cost of $1,560 per year.

Equipment/Consumables

The shelter program will contribute to the additional cost of electricity and water bill. The estimated annual cost of water and electricity given the size of the DWC facility is $5,400.

In-Kind Budget

The DWC has a large in-kind budget; people and businesses within the community donate the majority of supplies the DWC uses such as food. The additional dinner meal and hygiene products will be allocated for in-kind donations for a total of $102,200.

Indirect Costs

The DWC allocates 10% of the entire annual budget for unexpected costs associated with the facility and its operations. Of the budget, $17,370 will be contributed to in-direct costs of operations.

Volunteer

Two, second year MSW interns will be recruited to assist the part-time shelter manager in the case management, therapy and housing application process of 40 DWC clients utilizing the shelter program. The MSW interns will complete 16 hours per week for a total of 500 hours per year and will be provided with a stipend of $1,000 for their work.

CHAPTER 5

LESSONS LEARNED

Needs Assessment

Before starting the grant writing process, the grant writer reflected upon prior work experience with the female homeless population and the obstacles that were most significant for women working towards transitioning from homelessness to housing. During the grant writer's experience as a case manager for homeless women, the grant writer found that it was most difficult for women working towards housing to stay clean, avoid abusive relationships and maintain mental health stability while living on the street. The few women who had the opportunity to access 20 beds in the transitional shelter program through Daybreak, OPCC were more likely to successfully achieve and maintain housing than the women that did not have access to shelter. Upon the research gathered, the grant writer found that the DWC, an established agency has an absence of transitional shelter living within their existent daytime drop-in services and permanent housing program. The grant writer conducted an interview with the clinical director of the Downtown Women's Center who expressed a need for a transitional shelter program to better assist in the preparation and reintegration process for homeless women to achieve housing.

Identification of the Funding Source

The grant writer started the search process by locating several organizations that fund current operating programs at the DWC. Throughout the process of searching for available funders, the following factors were considered: target population or projects for funding, history of projects funded, amount of funding provided on average and limitations to funding. The grant that has been developed for the purpose of this project requires a larger budget than most organizations would financially support, therefore there were limited agency options. The Ahmanson Foundation was chosen as the ideal funding source after research revealed that the organization currently funds a large portion of programs specifically related to the homeless population. Most importantly, the Ahmanson Foundation does not have any financial limitations for grants that are submitted for funding.

Grant Writing Process

Contrary to prior belief, the grant writer thoroughly enjoyed the grant writing process. There is a significant lack of resources that currently exist for the female homeless population; therefore, developing a program that would better serve and assist this vulnerable group of women was an exciting and worthwhile experience. The most difficult part of the grant writing process was developing a budget for programming that is both realistic and affordable given the source of funding. Despite already having a facility in which to run the program, the grant writer was simply unaware of the extent of costs for salary, benefits and other operating expenses. The grant writer wanted the MSW position to be well compensated; however, this was extremely difficult to do given

the parameters of the budget. After reviewing other non-profit salaries, the grant writer made the MSW salary comparable to others that exist currently at the DWC.

The most enjoyable aspect of the grant writing process was conducting a literature review that clearly exuded the specific challenges and needs homeless women have, which reflected the importance of implementing a transitional shelter program. However, the grant writer was surprised by the lack of research and information regarding the success of existing transitional shelter programs and homeless women in general. More research in these areas would be helpful in order to prove the importance and effect of a transitional shelter experience.

Social Work Relevance

The unique and invaluable experience of being a social worker is the opportunity to strive for social justice and advocate on behalf of underserved populations. Homeless women are extremely vulnerable and susceptible to physical and sexual violence while living on the street. Providing a safe environment for women through a transitional shelter program allows homeless female to focus on healing from previous trauma's, developing skills to thrive in society, and re-stabilizing instead of defending their safety on a nightly basis as they sleep on the streets or in co-ed shelter.

The NASW Code of Ethics highlights the "Importance of Human Relationships as a social work value (NASW, 2008). The implementation of this small-scale transitional program will impact the lives of 40 women each year. The transitional shelter program will provide women the opportunity to form relationships with other shelter residents and DWC staff that will create a support system for the residents after leaving the transitional housing program. In addition, the Code of Ethics identifies a social workers commitment

to challenge social injustice (NASW, 2008). High rates of trauma, mental illness and interpersonal violence contribute to the prevalence of homelessness amongst women. Additional community resources and preventative services are needed to further support vulnerable women before they become homeless. The proposed transitional shelter program in partnership with the DWC is a small yet invaluable effort towards ending homelessness for women in Los Angeles.

Understanding how to develop a successful program and orchestrate a grant that successfully reflects the need for funding is an extremely challenging and invaluable experience for all social workers. Exposure to the grant writing process through this project has motivated the grant writer to pursue funding for this specific grant proposal. Furthermore, the grant writer's long-term goal of opening a facility for homeless women on the Westside of Los Angeles feels realistic and obtainable as a result of this grant writing experience.

APPENDIX

LINE-ITEM BUDGET

Two Year Shelter Grant Proposal

Line Item Budget

	# Items	USD/Item	IN-KIND Budget	Agency Budget	Total Annual Budget
CAPEX (Capital Expenses)					
Cots	40	$ 100		$ 4,000	$ 4,000
Sleeping Bags	40	$ 40		$ 1,600	$ 1,600
Pillows	40	$ 5		$ 200	$ 200
Towels	40	$ 3		$ 120	$ 120
Total				**$ 5,920**	$ 5,920
OPEX (Operating Expenses)					
Personnel					
Full time MSW	1	$ 45,000		$ 45,000	$ 45,000
MSW Benefits Allocation	1			$ 6,750	$ 6,750
Part-Time Relief Staff ($12/hr)	4	$ 15,600		$ 62,400	$ 62,400
Relief Staff Benefits Allocation	4			$ 9,360	$ 9,360
MSW Intern ($1,000/academic yr x 2)	2	$ 1,000		$ 2,000	$ 2,000
Project Evaluator ($85M/yr x 25%)	1	$ 21,250		$ 21,250	$ 21,250
Contractor	1			$ 1,560	$ 1,560
Sub-total				*$ 148,320*	$ 148,320
Equipment/Consumables					
Electricity	12	$ 350		$ 4,200	$ 4,200
Water	12	$ 100		$ 1,200	$ 1,200
Sub-total				*$ 5,400*	$ 5,400
Total Operating Expenses				**$ 153,720**	$ 153,720
Subtotal CAPEX + OPEX				**$ 159,640**	$ 159,640
Indirect Costs				**$ 15,964**	$ 15,964
ANNUAL AGENCY BUDGET				**$ 175,604**	**$ 175,604**
IN-KIND BUDGET					
Dinner / Daily Meal	40	$ 5	$ 73,000		$ 73,000
Hygiene Allocation	40	$ 2	$ 29,200		$ 29,200
ANNUAL IN-KIND BUDGET			**$ 102,200**		**$ 102,200**
TOTAL ANNUAL BUDGET Year 1			**$ 102,200**	**$ 175,604**	**$ 277,804**
TOTAL ANNUAL BUDGET Year 2			**$ 102,200**	**$ 175,604**	**$ 277,804**
TWO YEAR GRANT REQUEST				**$ 351,208**	

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