

3043

**CITY OF NEWPORT, OREGON  
NON-PROFIT, SOCIAL SERVICE AGENCY  
GRANT AGREEMENT**

THIS AGREEMENT is between the City of Newport, an Oregon municipal corporation (City), and Community Services Consortium Head Start (Grantee).

**TERMS OF AGREEMENT**

**1. USE OF FUNDS**

Funding for this agreement is intended to assist community non-profit, social service organizations in the delivery of their services to residents of Newport. Grantee shall utilize funds provided under this agreement for that purpose.

**2. COMPENSATION AND PAYMENT**

The Grantee shall be paid a lump sum amount of \$2,000.00 for services identified in Section 1.

Payment to Grantee shall be made by City within thirty (30) calendar days after execution of this agreement, and on receipt, by the City of a W-9.

**3. SUBMITTING NOTICE**

All notices shall be made in writing and may be given by personal delivery or mail. Payments may be made by personal delivery, mail, or electronic transfer. The following addresses shall be used to transmit notices and other information:

**City:** City of Newport  
169 SW Coast Highway  
Newport, Oregon 97365  
541.574.0613  
e.glover@newportoregon.gov

**Contractor:** Community Services Consortium Head Start



Notices mailed to the address provided for notice in this section shall be deemed given upon deposit in the United States mail, postage prepaid. In all other instances, notices, bills and payments shall be deemed given at the time of actual delivery.

#### **4. STATUS OF GRANTEE**

Grantee certifies that:

- A. Grantee is not an officer, employee, or agent of the City as those terms are used in ORS 30.265.
- B. No employee of the City, or any partnership or corporation in which a City employee has an interest, has, or will receive any remuneration of any description from Grantee, either directly or indirectly, in connection with this Agreement, except as specifically declared in writing prior to any reimbursement to Grantee.
- C. If applicable, Grantee will obtain a City business license.

#### **5. WARRANTY & INDEMNIFICATION**

Grantee certifies that:

- A. Grantee is fully liable for the acts and omissions of Grantee that cause any damage, injury, death, property damage or loss to any person or property.
- B. Grantee will indemnify and defend the City, its officers, agents, employees, and volunteers and hold them harmless from any and all liability, causes of action, claims, losses, damages, judgments, or other costs or expenses including attorney's fees that may be asserted by any person or entity which in any way arise from, during, or in connection with, the performance of the work described in this Agreement. Grantee's indemnification shall also cover claims brought against the City under state or federal workers' compensation laws. If any aspect of this indemnity shall be found to be illegal or invalid for any reason whatsoever, the illegality or invalidity shall not affect the validity of the remainder of this indemnification.

#### **6. FINAL REPORT**

Grantee shall submit a final report, by August 1, 2024, showing how the grant funds were used, and the number of City of Newport residents served by grantee from January through June 2024.

#### **7. COMPLIANCE WITH LAWS AND RULES**

Grantee shall comply with all applicable federal, state, and local laws, rules, and regulations.

**City of Newport:**



\_\_\_\_\_  
City of Newport  
169 SW Coast Highway  
Newport, Oregon 97365  
Business Phone: 541.574.0603



\_\_\_\_\_  
Date

**Grantee:**

\_\_\_\_\_  
Community Services Consortium Head Start



\_\_\_\_\_  
Date

Grantee shall comply with all applicable federal, state, and local laws, rules, and regulations.

**City of Newport:**

  
\_\_\_\_\_  
City of Newport  
169 SW Coast Highway  
Newport, Oregon 97365  
Business Phone: 541.574.0603

05-07-24  
Date

**Grantee:**

  
\_\_\_\_\_  
Pegge McGuire, Executive Director  
Community Services Consortium Head Start  
[Redacted]  
[Redacted]  
[Redacted]

May 13, 2024  
Date



**NON-PROFIT SOCIAL SERVICE AGENCY GRANT APPLICATION**

Agency Name: Community Services Consortium Head Start

Mailing Address: [REDACTED]

Contact Person and Title: Andrea Lengel, Program Director

Phone Number: [REDACTED]

E-Mail Address: [REDACTED]

Federal Employer ID No. [REDACTED]

Amount Requested \$ 2,500

1. Describe briefly the services provided by your agency to the citizens of Newport. (Use additional pages if necessary.)

see additional pages for details

2. Describe your organization's target client population (cultural diversity, age, income, sex, special needs, family structure, qualifications, etc.). (Use additional pages if necessary.)

3. How long has your organization been in existence?

Since 1980

4. What is your organization's goal or purpose in providing services? (Use additional pages if necessary.)



5. What is your organization's procedure for making client referrals for additional services and services you are unable to provide? (Use additional pages if necessary).

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6. Describe any specific challenges, limitations, or restrictions that your organization faces in serving its clients. (Use additional pages if necessary.)

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7. How has your current organizational budget changed from last year's budget (i.e., new programs started, significant changes in expenditures or funding sources, agency restructuring, etc.) (Use additional pages if necessary.)

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8. How will your organization use the requested funds if your grant is approved? (Use additional pages if necessary.)

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9. What sources of financial support, in excess of \$2,500, did your organization obtain within the past 12 months? (Use additional pages if necessary.)

Source	Amount Obtained

10. Describe, on separate pages, how your programs and facilities are accessible under the Americans with Disability Act requirements. If not accessible, provide a plan for making programs and facilities accessible.

1. Describe briefly the services provided by your agency to the citizens of Newport.
  - a. We provide education and social services to children ages 3-5. We have a Newport Head Start site that serves 60 children. We also have a Lincoln City Head Start site and a Toledo Head Start site.
2. Describe your organization's target client population (cultural diversity, age, income, sex, special needs, family structure, qualifications, etc.).
  - a. We primarily serve families whose income is below 100% of the federal poverty line, children who qualify for SNAP or TANF, foster children, children with disabilities, and children qualifying as homeless under the McKinney-Vento Act. A small percentage of families we serve are between 100-135% of the poverty line or over 135%, but this is only after we have served all children meeting our other criteria first. A large portion, approximately 35%, of our children are primarily Spanish-speaking.
3. How long has your organization been in existence?
  - a. Since 1980
4. What is your organization's goal or purpose in providing services?
  - a. Community Services Consortium offers a wide range of programs and services in Linn, Benton, and Lincoln counties; Our mission is to overcome poverty by connecting people with the tools and resources they need to build better futures. Our Head Start program aligns with these goals, with our target population being children ages 3-5. Our goal is to get children ready for kindergarten and provide them the skills and resources they need to thrive throughout their entire lives. We know that every child is unique, so that is where we start. We consider the "whole child", their learning styles, health, and any special needs they may have. Our program is comprehensive, understanding that health, good nutrition, and learning go hand in hand.
5. What is your organization's procedure for making client referrals for additional services and services you are unable to provide?
  - a. Each family receives individualized services from our family advocates. Our family advocates are trained to evaluate the family's strengths and needs, identify what families want and need to thrive, and then create goals that will help them make progress. We partner closely with a variety of community organizations who can help provide our families with the services they need and the family advocate acts as the liaison between the family and the partner organization to ensure there is a warm handoff. We keep a running list of available providers so family advocates or families can contact those agencies. For example, we refer families to the local WIC office, dental offices, medical offices, public health, our local early intervention program, mental health providers, and the school district, just to name a few. Family advocates document the family's progress and celebrate when a goal has been achieved. This cycle continues throughout the school year.
6. Describe any specific challenges, limitations, or restrictions that your organization faces in serving its clients.

- a. There is a limited amount of dental, mental health, and behavioral health options in our community, so we have had to get creative and find ways to support teachers and families internally where we can. We have been experiencing a higher than usual level of challenging behaviors in our young children since the COVID-19 pandemic, so we have made a greater number of mental health and developmental referrals than usual. We have also had trouble for many years with successfully setting families up with a dental provider in the county. We have been able to find organizations outside of our county that can support, such as Capitol Dental in Salem for dental screenings.
7. How has your current organizational budget changed from last year's budget (i.e., new programs started, significant changes in expenditures or funding sources, agency restructuring, etc.)
  - a. We have not had any significant changes in funding sources, but our overall expenditures have increased due to inflation and high staff turnover. This leaves us with limited funds to spend on supplies that improve the quality of our classrooms or support family needs when they arise.
8. How will your organization use the requested funds if your grant is approved?
  - a. We would use these funds primarily for program supplies, such as extra clothing for the children, classroom supplies (e.g. markers, paper, toys), and office supplies that are needed on an ongoing basis. This will allow us to use our internal funding for needed repairs/improvements at our Newport site. For example, we are experiencing flooding in our playground area and would like to install drainage systems so the children can still play outside after it has rained.
9. What sources of financial support, in excess of \$2,500, did your organization obtain within the past 12 months?
  - a. As a Head Start program, we receive federal funding from the government. We also receive funding from the state (Department of Early Learning and Care). These two funding streams are granted annually to keep our program running. We have not applied for any other financial support in the last 12 months.
10. Describe how your programs and facilities are accessible under the Americans with Disability Act requirements. If not accessible, provide a plan for making programs and facilities accessible.
  - a. Our Newport site meets ADA requirements and includes an ADA parking space in the parking lot, a wheelchair-accessible ramp with a grip bar that leads to the front door of our building, and two large bathrooms that include grab bars. As a Head Start program, we are required to maintain a minimum 10% enrollment of children with disabilities. We partner closely with Lincoln County EI/ECSE, our special education school in Newport, to ensure children receive regular updates on their individual education plan and that we have the appropriate level of staffing in the classroom. We so provide a variety of sensory materials, visual prompts, and any other materials that will help any child be successful.