

**City of Rapid City  
Community Development Block Grant (CDBG) Program  
Application for Funding**

- A. General Information:** The Evangelical Lutheran Good Samaritan Society  
Agency Name: DBA: Senior Companions of South Dakota  
Address: 4800 W. 57th St, Box 5038 (or) 703 Kansas City St, Suite 202  
Address of Project: Sioux Falls, SD 57117-5038 Rapid City, SD 57701  
*(if different from above)*  
Black Hills Program Coordinator: Judy Frie 605/371-8884  
Agency Director: Lynne Willemsen Phone: 605/361-1133  
Board President: Doris Link  
*(attach list of board members)*
- B. Purpose of the organization:** To provide stipended (\$2.65/hour) volunteer opportunities to low income individuals who are 60+ and work 15-25 hours per week helping other seniors and to provide free supportive services to elderly or disabled individuals who need some assistance in order to live independently.
- C. History of the organization:** This is a non-profit organization sponsored by the Good Samaritan Society. Our major funding source is the Corporation for National and Community Service. The program started in Sioux Falls in 1978 and expanded to Rapid City in 1998. Over the last four years, we have also expanded into the northern Black Hills, Custer, and Hot Springs.
- D. Agency/Organization Goals:** We provide a service that helps prevent or delay institutionalization of elderly or disabled individuals. Our goal is to maintain at least 60% of these clients in their own homes. We currently provide services in 35 different communities in 20 counties. Our long term goal is to provide services in all areas of the state.
- E. Program/Project Benefit:**
1. Number of clients served during the last twelve (12) months: In Rapid City, we served 119 clients (10/1/02 - 9/30/03)  
(1 Black Hawk
2. Number of clients served in Rapid City: 115 Outside Rapid City: 4 (3 Box Elder
3. Maximum number of clients your agency can serve at any one point in time: 90-95
4. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons: Yes      No: X Senior Companions must be low income. Clients do not have to be low income, but the majority are.
5. Does your agency serve any of the following specific groups of clientele? *(if "no" go to #6)*
- |  |                                |
|--|--------------------------------|
| <u>    </u> Abused and/or neglected children | <u>    </u> Homeless persons   |
| <u>X</u> Elderly persons                     | <u>X</u> Disabled persons      |
| <u>    </u> Battered spouse                  | <u>    </u> Illiterate persons |
6. Does your agency require information on the following? *(if "no" go to #7)*
- |   |
|---|
| <u>    </u> Family size and income                                      |
| <u>    </u> Very low income (income below 30% of area median income)    |
| <u>    </u> Low income (income between 31% - 50% of area median income) |
| <u>    </u> Above 80% of median income                                  |

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7. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:

Our services are focused primarily on the elderly or disabled needing in-home assistance or respite care. Clients are referred by Adult Services & Aging and Western SD Senior Services. They assess the clients and complete a written service plan for each client. 115 clients served during the last 12 months lived in Rapid City and 4 lived outside of Rapid City.

8. If the project or activity for which CDBG funds are requested will create new or be used to improve permanent residential structures that will be occupied by low and moderate income households upon completion, please state how many will be:

Completed \_\_\_\_\_ New \_\_\_\_\_ Improved \_\_\_\_\_

Will the rental amounts remain affordable as per HUD guidelines? Yes \_\_\_\_\_ No: \_\_\_\_\_

Will the program beneficiaries or participants be limited to low and moderate income households? Yes \_\_\_\_\_ No: \_\_\_\_\_

- F. Fee schedule for services, if applicable, please attach: The Corporation for National and Community Service, our federal funding source, does not allow us to charge fees.
- G. Purpose and description of program/project for which funds are requested:  
To provide free supportive in-home services (companionship, meal preparation, light housekeeping, transportation, grocery shopping, respite care, etc.) for elderly or disabled individuals in order to prevent or delay nursing home placement for as long as possible. Most clients are served on an on-going basis.

- H. Describe how funds will be used:

Recognizing that volunteering costs money and that our Senior Companions are low income, we reimburse them for mileage expenses and pay them a meal allowance. The Block Grant funds will be used for part of the mileage reimbursement and meal allowance.

- I. Please state program/project start and completion dates:

We began services in Rapid City in August 1998 and plan to provide services on an on-going basis. Some clients have been served five years and many for two or three years.

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**J. If funds requested are for building expansion, renovation or a new facility, please complete the following information:**

Existing Liabilities Against the Property: \$ \_\_\_\_\_  
Appraised Value: \$ \_\_\_\_\_  
Property Insurance Agent: \_\_\_\_\_  
Amount of Insurance Coverage: \$ \_\_\_\_\_  
Project Cost Breakdown: \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Cost Estimate Prepared By: \_\_\_\_\_  
Architect (if applicable): \_\_\_\_\_

**K. Funding sources for the program/project:**

Community Development Block Grant Funds Requested \$ 2,500  
Other Funding Sources:  
Corporation for National and Community Service \$ 49,694  
Rapid City Subsidy Funds \$ 1,000  
South Dakota Adult Services & Aging \$ 4,895  
Rapid City United Way 10,000  
Private Contributions & Other Sources 7,195

**L. Financial Information:**

Please attach financial statement.

Lynne Willemssen  
Signature of Agency Director

Date: 11/10/03

Doris M. Link  
Signature of Board President

Date: 11-12-03

**Deadline for Applications:  
Friday, November 14, 2003  
4:00 p.m.**

Attachments: List of Board Members  
Financial Statements  
Articles of Incorporation and By-laws