

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS

(See Instructions on Reverse)

LEAVE BLANK	
DATE RECEIVED APR 3 - 1973	JOB NO.
DATE APPROVED	NN-173-202
NOTIFICATION TO AGENCY IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 91-287 DISPOSAL OF ITEMS MARKED "DISPOSAL APPROVED" IS AUTHORIZED.	
DATE	ARCHIVIST OF THE UNITED STATES

TO: GENERAL SERVICES ADMINISTRATION,
 NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON 25, D. C.

1. FROM (AGENCY OR ESTABLISHMENT)
OFFICE OF ECONOMIC OPPORTUNITY

2. MAJOR SUBDIVISION
OFFICE OF OPERATIONS

3. MINOR SUBDIVISION
POLICY DEVELOPMENT AND REVIEW DIV.

4. NAME OF PERSON WITH WHOM TO CONFER
J. B. CIESLOWSKI

5. TEL. EXT.
254-5360

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list or schedule of 1 pages are proposed for disposal for the reason indicated: ("X" only one)

A The records have ceased to have sufficient value to warrant further retention.

B The records will cease to have sufficient value to warrant further retention on the expiration of the period of time indicated or on the occurrence of the event specified.

March 27, 1973
(Date)

J. B. Cieslowski
(Signature of Agency Representative)

Records Management Officer
(Title)

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
1.	<p><u>Grantee Survey Report Files.</u> Files consist of raw data furnished by grantees in the nature of completed questionnaires and forms. These periodic surveys are conducted to evaluate progress of grantees; use of local (non-federal) resources to programs that aid the poor; progress made in changing attitudes, policies, and practices of the local public and private institutions. Results are used for future planning. These Utilization Test Surveys are conducted of State Economic Opportunity Offices and Community Action Agencies.</p> <p><u>Disposition Instructions.</u> Destroy after 5 years. Reports considered to be of future research value may be retained up to 10 years as in the case of the attached example.</p>	Grantee 11398 Warwich Community Action, Inc, R.I.	

OEO UTILIZATION TEST SURVEY OF COMMUNITY ACTION

THIS GRANTEE DATA SHEET IS TO ACCOMPANY THE PACKAGE OF UTILIZATION TEST SURVEY FORMS COMPLETED BY THE GRANTEE. ITS PURPOSE IS TO UPDATE BASIC INFORMATION ABOUT THE GRANTEE AND TO INDICATE HOW THE SURVEY WAS CARRIED OUT.

I. GRANTEE AND PROGRAM DESCRIPTION:

GRANTEE NUMBER 11398 CC 1-5 GRANTEE TYPE: PUBLIC A CC 46
 (Check one) PRIVATE B

GRANTEE NAME WARWICK COMMUNITY ACTION INC CC 6-45

ADDRESS 3308 POST ROAD CC 47-76

WARWICK (City) CC 6-25 Rhode ISLAND (State) 02887 (Zip Code) CC 80

NUMBER OF YEARS FUNDED BY OEO 8 CC 35-36

II. GEOGRAPHICAL AREA COVERED:

CC 37 STATE/TERRITORY WIDE (Specify) _____

CC 38 MULTI-COUNTY (Specify) _____

CC 39 COUNTY-WIDE (Specify) _____

CC 40 CITY-WIDE (Specify) CITY OF WARWICK (SOME COUNTY WIDE)

CC 41 LESS THAN CITY (Specify area) _____

CC 80

III. FUNDS ADMINISTERED BY GRANTEE DURING CURRENT PROGRAM YEAR (EXCLUDING NON-FEDERAL SHARE):

OEO	\$ <u>183,744</u>	CC 6-12
HEW		
EOA	\$ <u>107,782</u>	13-19
NON-EOA	\$ _____	20-29
DOL		
EOA	\$ <u>101,140</u>	27-33
NON-EOA	\$ _____	34-40
OTHER FEDERAL		
AGENCIES	\$ <u>-</u>	41-47
STATE GOVERNMENT	\$ <u>39,838</u>	48-54
LOCAL GOVERNMENT	\$ <u>23,488</u>	55-61
PRIVATE	\$ _____	62-68
OTHER (Specify)	\$ <u>118,537 (ACTION)</u>	
TOTAL FUND	\$ <u>576,029</u>	69-75

IV. PERCENTAGE OF TOTAL GRANTEE FUNDS RECEIVED FROM OEO (Check one only) CC 76

A 0-20% B 21-40% C 41-60% D 61-80% E 81-100%

COPY

①

V. PERCENTAGE OF TOTAL GRANTEE FUNDS RECEIVED UNDER THE EOA FROM SOURCES OTHER THAN OEO. (Check one) CC 77

- A
 0-20%
- B
 21-40%
- C
 41-60%
- D
 61-80%
- E
 81-100% CC 80

VI. WHO COMPLETED THE ATTACHED FORMS? (Check all applicable items)

- CC 6 DELEGATE AGENCIES
- CC 7 GRANTEE
- CC 8 OEO REGIONAL OFFICE
- CC 9 OTHER (Specify) _____

VII. HOW DID YOU SELECT WHICH INSTANCES TO REPORT? (WERE CRITERIA APPLIED TO DETERMINE SIGNIFICANCE OF A MISSION ACCOMPLISHMENT OR COMMUNITY RELATIONSHIP? IF SO, WHAT WERE THEY? IF NOT, WHAT PROCESS WAS USED?)

Through reporting system used in agency, such as M.I.S report and regular financial reports on record.

CC 10-32 GRANTEE CONTACT: Donna Jean Rainville

CC 33-42 PHONE NUMBER: (401) 737-3738

REGIONAL OFFICE:
CC 43-65 RECEIVED AND VERIFIED BY: Franklin Rollman

CC 66-75 PHONE NUMBER: 223-3693

CC 80 Boston REGIONAL OFFICE
(City)

(2)

CURRENT GRANTEE COMMUNITY RELATIONSHIPS [3] CC 6

I. GRANTEE NUMBER: 11398 CC 1-5

II. GRANTEE NAME: WARWICK COMMUNITY ACTION, INC.

III.

A. ORGANIZATION INTERACTING WITH

B. TYPE OF RELATIONSHIPS

GRANTEE	TOTAL GROUPS INTERACT'G	T&TA By GRANTEE	GRANTEE SERVES AS DEL. AG.	PLANNING & COORDINATION	OPERATIONS COORDINATION	JOINT PROJECTS	PERS. EXCH.	INFO. EXCH.	ADVOCACY ACTIVE SUPPORT BY ORG.	ORG. ON GRANTEE BOARD	GRANTEE MEMBER ON ITS BOARD
MUNICIPAL GOVERNMENT											
EXECUTIVE	7	8	9	10	11	12	13	14	15	16	17
AGENCIES	110 18	19	20	21	22	23	24	25	26	27	28
LEGISLATIVE BODIES	29	30	31	32	33	34	35	36	37	38	39
COUNTY GOVERNMENT											
EXECUTIVE	40	41	42	43	44	45	46	47	48	49	50
AGENCIES	51	52	53	54	55	56	57	58	59	60	61
LEGISLATIVE BODIES	62	63	64	65	66	67	68	69	70	71	72
STATE GOVERNMENT											
EXECUTIVE	7	8	9	10	11	12	13	14	15	16	17
AGENCIES	6 18	19	20	21	22	23	24	25	26	27	28
LEGISLATIVE BODIES	29	30	31	32	33	34	35	36	37	38	39
MEDICAL ORG./INST.											
PUBLIC	4 40	41	42	43	44	45	46	47	48	49	50
PRIVATE	3 51	52	53	54	55	56	57	58	59	60	61
EDUCATIONAL ORG./INST.											
PUBLIC	7	8	9	10	11	12	13	14	15	16	17
PRIVATE	18	19	20	21	22	23	24	25	26	27	28
LEGAL ORG./INST.											
PUBLIC	29	30	31	32	33	34	35	36	37	38	39
PRIVATE	40	41	42	43	44	45	46	47	48	49	50
BUSINESS/INDUSTRY	51	52	53	54	55	56	57	58	59	60	61
CIVIC & SVC ORGS.	17 62	63	64	65	66	67	68	69	70	71	72
CHURCHES	20 7	8	9	10	11	12	13	14	15	16	17
FOUNDATIONS	1 18	19	20	21	22	23	24	25	26	27	28
ORGANIZED LABOR	29	30	31	32	33	34	35	36	37	38	39
MEDIA	6 40	41	42	43	44	45	46	47	48	49	50

[1] CC 80
[2] CC 80
[3] CC 80

OTHER CC 51 CHECK IF GROUP/INDIVIDUAL OR TYPE OF RELATIONSHIP NOT INCLUDED ABOVE.

C. IDENTIFY BY NAME AND TITLE THE GROUP/INDIVIDUALS RANKING #1 AND #2 AND BRIEFLY DESCRIBE THE RELATIONSHIP WHICH EXISTS [1] CC 73

1. municipal agencies
 - a. In most instances CAP is in advocacy role
 - b. In some case situation of confrontation as extension of watchdog role
 - c. while contacts frequent especially in area of minimum housing and public works, a working relationship has generally been maintained
 - d. while the reduction of \$2,000,000 from the City has been threatened by some officials, no serious attempts have been made
2. State government
 - a. generally role is of collaboration in the development of programs
 - b. in certain departments where animosity toward CAPS has existed, little activity has existed.

IV. GROUPS RESPONSIBLE FOR RELATIONSHIPS (Check the appropriate box(es) to indicate group(s) responsible for initiating and maintaining the two most significant community relationships).

	<u>INITIATED</u>	<u>MAINTAINED</u>
GRANTEE BOARD — CHAIRMAN	<input type="checkbox"/> CC 51	<input type="checkbox"/> CC 62
GRANTEE BOARD — PUBLIC SECTOR	<input type="checkbox"/> CC 52	<input type="checkbox"/> CC 63
GRANTEE BOARD — PRIVATE SECTOR	<input type="checkbox"/> CC 53	<input type="checkbox"/> CC 64
GRANTEE BOARD — LOW INCOME GROUPS	<input type="checkbox"/> CC 54	<input type="checkbox"/> CC 65
DELEGATE BOARD	<input type="checkbox"/> CC 55	<input type="checkbox"/> CC 66
LOW INCOME GROUPS	<input checked="" type="checkbox"/> CC 56	<input checked="" type="checkbox"/> CC 67
ADVISORY GROUPS	<input type="checkbox"/> CC 57	<input type="checkbox"/> CC 68
GRANTEE EXECUTIVE DIRECTOR	<input checked="" type="checkbox"/> CC 59	<input checked="" type="checkbox"/> CC 69
GRANTEE STAFF	<input checked="" type="checkbox"/> CC 60	<input checked="" type="checkbox"/> CC 70
DELEGATE STAFF	<input type="checkbox"/> CC 61	<input type="checkbox"/> CC 71

V. ENTER IN THE SPACE BELOW WHATEVER INFORMATION YOU CONSIDER IMPORTANT ABOUT THE CHECKED GRANTEE-COMMUNITY RELATIONSHIPS WHICH WOULD GIVE A MORE COMPLETE PICTURE. CC 72 CC 80

(X)

Mobilization of Resource CC 6

I. GRANTEE NUMBER: 11398 cc 1-5 II. GRANTEE NAME: Warwick Community Action, Inc

3309 Post Rd, Warwick, RI 02886

III. RESOURCE MOBILIZATION CASE TITLE: Health

IV. CASE NUMBER: cc 7-8 (NUMBER EACH OF THE RESOURCE MOBILIZATION CASES CONSECUTIVELY, I.E., 01, 02, ETC.)

V. PAGE 1 OF 6 PAGES OF RESOURCE MOBILIZATION FORMS FOR THIS CASE.

VI. A. SOURCE (Check ONE only) cc 9

- A MUNICIPAL GOVERNMENT
- B COUNTY GOVERNMENT
- C STATE GOVERNMENT
FEDERAL GOVERNMENT
- D NON-EOA
- E EOA - FUNDED BY OTHER THAN OEO
- F MEDICAL ORGANIZATION/INST.
- G LEGAL ORGANIZATION/INST.
- H EDUCATIONAL ORGANIZATION/INST.
- I BUSINESS AND INDUSTRY
- J ORGANIZED LABOR
- K CHURCH
- L CIVIC/SERVICE ORGANIZATION
- M FOUNDATION
- N MEDIA
- P OTHER

B. NAME OF SPECIFIC SOURCE CHECKED ABOVE: CC 10

State health dept - Child & medical health

C. NATURE OF SOURCE: CC 11

- 1 PUBLIC
- 2 PRIVATE

IX. PROGRAM CATEGORY TO WHICH RESOURCES APPLIED

CC 25-37 (If applicable, check ALL appropriate items)

- 25 MANPOWER
- 26 DAY CARE
- 27 CHILD DEVELOPMENT (INCL. HEAD START)
- 28 HOUSING
- 29 ECONOMIC DEVELOPMENT
- 30 HEALTH
- 31 EDUCATION
- 32 LEGAL ASSISTANCE
- 33 AGING
- 34 YOUTH PROGRAMS
- 35 TRANSPORTATION
- 36 NEIGHBORHOOD BASED ORGANIZATION/CENTERS
- 37 OTHER (Specify) _____

VII. TYPE OF RESOURCE MOBILIZED CC 12-19

A. (Check ALL applicable items)

- 12 FUNDS
- 13 SPACE
- 14 EQUIPMENT
MANPOWER
- 15 PAID STAFF
- 16 VOLUNTEER
- 17 TRAINING AND TECHNICAL ASSISTANCE
- 18 COMPLETE PROGRAM
- 19 OTHER

B. SPECIFY ACTUAL RESOURCE(S) MOBILIZED: CC 20

\$9100 / yr / training and administration

VIII. GROUP TO WHOM RESOURCES DIRECTLY PROVIDED

CC 21-24 (Check ALL applicable items)

- 21 GRANTEE (OTHER THAN NON-FEDERAL SHARE)
- 22 DELEGATE AGENCY
- 23 LOW INCOME GROUP
- 24 OTHER (Specify) _____

CC 80

X. YEARS RESOURCES MOBILIZED; FUNDING LEVEL

A. FILL IN THE DOLLAR VALUE OF THE RESOURCES FOLLOWING EACH CALENDAR YEAR IN WHICH THEY WERE MADE AVAILABLE.

YEAR CY	CARD COLUMN
1965 \$ _____	9-15
1966 \$ _____	16-22
1967 \$ _____	23-29
1968 \$ _____	30-36
1969 \$ _____	37-43
1970 \$ _____	44-50
1971 \$ _____	51-57
1972 \$ <u>9100</u>	58-64
1973 \$ _____	65-71

B. EXPECTED LEVEL OF FUTURE SUPPORT

(Check ONE only) CC 72

- A WILL BE INCREASED
- B WILL BE DECREASED
- C WILL REMAIN THE SAME
- D WILL BE DISCONTINUED

(5)

XI. GROUP RESPONSIBLE AND METHOD USED IN MOBILIZING RESOURCES

(Check the appropriate box(es) to indicate the group(s) responsible for mobilizing resources and the methods they used.)

	APPLI- CATION	NEGOTIA- TIONS	PLAN- NING	OPERATION OF PROG.	PUBLIC RELA.	CITIZEN ACTION	LEGIS. ACTIVITY
GRANTEE BD - PUBLIC SECTOR	X 9	10	11	12	13	14	15
GRANTEE BD - PRIVATE SECTOR	X 16	17	18	19	20	21	22
GRANTEE BD - LOW INCOME REPS.	X 23	24	25	26	27	28	29
DELEGATE BOARD	30	31	32	33	34	35	36
LOW INCOME/COMMUNITY GROUPS	37	38	39	40	41	42	43
ADVISORY GROUPS	44	45	46	47	X 48	X 49	X 50
GRANTEE STAFF	51	X 52	X 53	X 54	X 55	56	57
DELEGATE STAFF	58	59	60	61	62	63	64

OTHER CC65 CHECK IF GROUP/INDIVIDUAL OR METHOD NOT INCLUDED ABOVE.

B. SPECIFY PARTICULAR INDIVIDUAL/GROUP AND METHOD: CC 66

XII. ENTER IN THE SPACE BELOW WHATEVER YOU CONSIDER SIGNIFICANT ABOUT THIS INSTANCE OF MOBILIZATION OF RESOURCES WHICH WOULD GIVE A MORE COMPLETE PICTURE OF THE CASE. CC 67

At present there are no out patient services in Govt. County (pop. 14,000); the case is working case planning to prove a need to hospital, public nursing and is working closely with health promoters in the community

XIII. ATTENTION: IF THIS CASE IS REPORTED ON AN INSTITUTIONAL CHANGE FORM, PLEASE FILL IN THE FOLLOWING INFORMATION:

INSTITUTIONAL CHANGE

CASE #

CC 80

CC 68-69 _____



INSTITUTIONAL CHANGE 3 CC6

I. GRANTEE NUMBER: 11398 CC 1-5

GRANTEE NAME: WARWICK COMMUNITY ACTION, INC.

III. INSTITUTIONAL CHANGE CASE TITLE: Housing

IV. CASE NUMBER: CC 7-8 (NUMBER EACH OF THE INSTITUTIONAL CHANGE CASES CONSECUTIVELY, I.E. 01, 02, ETC.)

V. PAGE 1 OF 3 PAGES OF INSTITUTIONAL CHANGE FORMS FOR THIS CASE.

VI. A. INSTITUTION CHANGED
(Check only ONE)

- A MUNICIPAL GOVERNMENT
- B COUNTY GOVERNMENT
- C STATE GOVERNMENT
- D FEDERAL GOVERNMENT
- E MEDICAL ORGANIZATION/INST.
- F LEGAL ORGANIZATION/INST.
- G' EDUCATIONAL ORGANIZATION/INST.
- H BUSINESS & INDUSTRY
- I ORGANIZED LABOR
- J CHURCHES
- K CIVIC/SERVICE ORGANIZATIONS
- L FOUNDATIONS
- M MEDIA
- N OTHER

B. NAME OF SPECIFIC ORGANIZATION/INSTITUTION

CHECKED ABOVE: CC 10,

MINIMUM HOUSING

C. NATURE OF INSTITUTION: (Check one) CC 11

- 1 PUBLIC
- 2 PRIVATE

VIII. PROGRAM CATEGORY WHERE CHANGE OCCURRED CC 28-40
(Check ALL applicable items)

- 28 MANPOWER
- 29 DAY CARE
- 30 CHILD DEVELOPMENT (INCL. HEAD START)
- 31 HOUSING
- 32 ECON. DEVELOPMENT
- 33 HEALTH
- 34 EDUCATION
- 35 LEGAL ASSISTANCE
- 36 AGING
- 37 YOUTH PROGRAMS
- 38 TRANSPORTATION
- 39 NEIGHBORHOOD BASED ORGAN./CENTERS
- 40 OTHER (Specify) _____

VII. A. KIND OF CHANGE CC 12-26
(Check ALL applicable items)

INCREASED PARTICIPATION OF THE POOR OCCURRED IN THE INSTITUTION CHANGED:

- CC
- 12 PROGRAM PLANNING/DEVELOPMENT
- 13 MONITORING AND EVALUATION
- 14 REPRESENTATION ON BOARDS, COMMITTEES
- 15 PROGRAM OPERATIONS
- 16 OTHER (Specify) _____

IMPROVED EMPLOYMENT PRACTICES

- 17 CHANGED FORMAL ENTRY AND PROMOTION REQUIREMENTS
- 18 RECRUITING LOW-INCOME
- 19 HIRING LOW-INCOME
- 20 TRAINING PROGRAMS FOR THE POOR
- 21 CAREER DEVELOPMENT LADDERS FOR LOW-INCOME PROGRAM
- 22 NEW PROGRAM - NEW \$
- 23 NEW PRIORITIES
- 24 IMPROVED/INCREASED ACCESS OF POOR TO SERVICES OR BENEFITS
- 25 IMPROVED PROGRAM PLANNING AND COORDINATION
- 26 OTHER _____

B. SPECIFY ACTUAL INSTITUTIONAL CHANGE(S): CC 27

increased inspectors, better follow-up; installation of rent arrears

IX. YEAR(S) INSTITUTIONAL CHANGE IN EFFECT
(Check ALL applicable years)

CAL. YEAR	CC
<input type="checkbox"/> 1965	41-42
<input type="checkbox"/> 1966	43-44
<input type="checkbox"/> 1967	45-46
<input type="checkbox"/> 1968	47-48
<input checked="" type="checkbox"/> 1969	49-50
<input checked="" type="checkbox"/> 1970	51-52
<input checked="" type="checkbox"/> 1971	53-54
<input checked="" type="checkbox"/> 1972	55-56
<input type="checkbox"/> 1973	57-58

CC 80

(7)

X. A. GROUP RESPONSIBLE AND METHOD USED IN EFFECTING INSTITUTIONAL CHANGE

(Check the appropriate box(es) to indicate the group(s) responsible for the institutional change and the method(s) they used.)

	NEGOTIA-TIONS	PLANNING	OPERA-TIONS OF PROGRAMS	PUBLIC RELA.	CITIZEN ACTION	LEGIS. ACTIVITY	COURT ACTION
GRANTEE BD - PUBLIC SECTOR	9	10	11	X 12	✓ 13	14	15
GRANTEE BD - PRIVATE SECTOR	16	17	18	X 19	X 20	21	22
GRANTEE BD - LOW INCOME REPS.	23	24	25	X 26	X 27	28	29
DELEGATE BOARD	30	31	32	33	34	35	36
ADVISORY GROUP	X 37	X 38	X 39	X 40	X 41	X 42	X 43
GRANTEE STAFF	X 44	X 45	X 46	X 47	X 48	X 49	X 50
DELEGATE STAFF	51	52	53	54	55	56	57
LOW INCOME GROUPS	X 58	X 59	X 60	X 61	X 62	X 63	X 64

OTHER CHECK IF GROUP/INDIVIDUAL AND METHOD NOT INCLUDED ABOVE.

B. SPECIFY PARTICULAR INDIVIDUAL/GROUP AND METHOD: CC66

1. tenants association
2. neighborhood councils
3. speaking engagements with local community service organizations.

XI. ENTER IN THE SPACE PROVIDED WHATEVER INFORMATION YOU CONSIDER IMPORTANT ABOUT THIS INSTITUTIONAL CHANGE WHICH WOULD GIVE A MORE COMPLETE PICTURE OF THIS CASE. CC 67

Through extensive community organization and educational programs have worked to make the City minimum housing code enforcement department more sensitive to housing needs & problems of low income tenants.

XII. ATTENTION: IF THIS CASE IS REPORTED ON THE RESOURCE MOBILIZATION FORM(S), PLEASE FILL IN THE FOLLOWING INFORMATION:

CASE #

CC 68-60

CC 80

(3)

GENERAL INSTRUCTIONS FOR GRANTEES

This Utilization Test Survey is intended for State Economic Opportunity Offices and Community Action Agencies and it is primarily concerned with their achievements in three different areas, each represented by a separate form:

I. Mobilization of Resources

This form is designed to record instances in which the grantee played a significant role in channeling public or private non-poor and non-OEO resources into programs or activities that involved the poor. The resources so mobilized might include money, T&TA, facilities, equipment, volunteered services etc. They may be acquired from Federal, State, local government or private sources. They may be contributed to the grantee or directly to one of its delegate agencies or some entirely separate program or agency in the community. They may even be used by the donor organization for its own anti-poverty activities. The key factor is not whether the resources went to the grantee, but whether the grantee helped to mobilize them for the benefit of the poor, through any program or agency. Resources mobilized to meet non-Federal share requirements are not to be reported.

II. Institutional Change

This form is designed to record specific instances in which the grantee played a significant role in bringing about changes in the attitudes, policies, and practices of public and private institutions or groups which affect the poor.

III. Grantee-Community Relationships

The purpose of this form is to capture an overview of current significant and productive grantee-community relationships including how such relationships are initiated and are maintained.

A separate form or groups of forms should be completed for each reported INSTANCE (CASE) of resource mobilization or institutional change. To aid in filling out these two forms, there is a corresponding instruction sheet attached to every 10 copies of each form.

Because the Grantee-Community Relationship form covers all reported relationships a given grantee has with the community, only one such form should be completed per grantee. An instruction sheet is attached to each of the forms.

In order to limit this survey to a manageable volume of useful information, you are asked to report only those instances of mission accomplishment or community relationships which, in your judgement, are significant.

What we are looking for are those instances which may serve as examples or models for other grantees.

We are also interested in obtaining an overview of the most noteworthy accomplishments by OEO grantees.

We are not attempting to account for every dollar or man-hour of resources mobilized, every change in institutional behavior, or every contact with another institution.

Since the significance of a change depends heavily on the specific local context, you are the best judge in determining which instances should be reported.

In making your best informed judgements, you may find that you have many or few significant items to report. The number is not important. (Keep in mind that this is not an evaluation of your agency.)

In some cases, a single local example may cut across more than one of the subjects included in the survey. If only one aspect of an action is considered really significant, it alone should be recorded on the appropriate form. However, if more than one aspect of the same action is considered really significant each should be recorded separately on the appropriate form. The significance test is crucial. Two or more different forms should be used only when the accomplishment is clearly significant in two or more categories.

MOBILIZATION OF RESOURCE

I. GRANTEE NUMBER: _____ II. GRANTEE NAME: _____

III. RESOURCE MOBILIZATION CASE TITLE: _____

IV. CASE NUMBER: (Number each of the Resource Mobilization Cases consecutively, i.e., 01, 02, etc.)

V. PAGE ___ of ___ PAGES of Resource Mobilization forms FOR THIS CASE.

A. SOURCE (Check ONE only)

- Municipal Government
- County Government
- State Government
- Federal Government
- Non-EOA
- EOA - funded by other than OEO
- Medical Organization/Inst.
- Legal Organization/Inst.
- Educational Organization/Inst.
- Business and Industry
- Organized Labor
- Church
- Civic/Service Organization
- Foundation
- Media
- Other

B. NAME OF SPECIFIC SOURCE CHECKED ABOVE:

C. NATURE OF SOURCE: _____

- Public
- Private

VII. TYPE OF RESOURCE MOBILIZED

A. (Check ALL applicable items)

- Funds
- Space
- Equipment
- Manpower
- Paid Staff
- Volunteer
- Training and Technical Assistance
- Complete Program
- Other

B. SPECIFY ACTUAL RESOURCE(S) MOBILIZED:

III. GROUP TO WHOM RESOURCES DIRECTLY PROVIDED

(Check ALL applicable items)

- Grantee (Other than non-Federal share)
- Delegate Agency
- Low Income Group
- Other (specify) _____

IX. PROGRAM CATEGORY TO WHICH RESOURCES APPLIED

(If applicable, check ALL appropriate items)

- Manpower
- Day Care
- Child Development (incl. Head Start)
- Housing
- Economic Development
- Health
- Education
- Legal Assistance
- Aging
- Youth Programs
- Transportation
- Neighborhood Based Organization/Centers
- Other (specify) _____

X. YEARS RESOURCES MOBILIZED; FUNDING LEVEL

A. Fill in the dollar value of the resources following EACH calendar year in which they were made available.

<u>YEAR</u> <u>CY</u>	
1965	\$ _____
1966	\$ _____
1967	\$ _____
1968	\$ _____
1969	\$ _____
1970	\$ _____
1971	\$ _____
1972	\$ _____
1973	\$ _____

B. EXPECTED LEVEL OF FUTURE SUPPORT
(Check ONE Only)

- Will be increased
- Will be decreased
- Will remain the same
- Will be discontinued

XI. GROUP RESPONSIBLE AND METHOD USED IN MOBILIZING RESOURCES

(Check the appropriate box(es) to indicate the group(s) responsible for mobilizing resources and the methods they used.)

	Appli- cation	Negotia- tions	Plan- ning	Operation of Prog.	Public Rela.	Citizen Action	Legislative Activity
Grantee Bd - Public Sector							
Grantee Bd - Private Sector							
Grantee Bd - Low Income Reps.							
Delegate Board							
Low Income/Community Groups							
Advisory Groups							
Grantee Staff							
Delegate Staff							

Other / / Check if group/individual or method not included above.

B. SPECIFY PARTICULAR INDIVIDUAL/GROUP AND METHOD:

XII. ENTER IN THE SPACE BELOW WHATEVER YOU CONSIDER SIGNIFICANT ABOUT THIS INSTANCE OF MOBILIZATION OF RESOURCES WHICH WOULD GIVE A MORE COMPLETE PICTURE OF THE CASE.

XIII. ATTENTION: If this case is reported on an Institutional Change form, please fill in the following information:

Institutional Change Case# Page #

MOBILIZATION OF RESOURCES

INSTRUCTIONS

- I. GRANTEE NUMBER: Enter the five digit number which has been assigned to your organization by OEO for funding purposes.
- II. GRANTEE NAME: Enter official grantee name.
- III. CASE TITLE: Write in the name of the CASE (Each instance of a successful mobilization of resource. This includes instances where the grantee played a significant role in mobilizing resources for anti-poverty activities whether the resources were made available to the grantee or to any other organization.)
- IV. CASE NUMBER: Assign a consecutive number to each of the Mobilization of Resources CASES reported (e.g. 01, 02, etc.)
- V. PAGE OF PAGES: *For cases where only one source was involved fill in page 1 of 1 page(s). *For cases where more than one source was involved number each page of resource mobilization forms consecutively and enter the total number pages for the case.
- VI. A. SOURCE: Check the ONE item which most closely identifies the kind of organization or institution which provided the resource(s). Non-EOA Federal monies are separated from Economic Opportunity Act (EOA) funds in an effort to obtain information on non-poverty Federal resources mobilized. "EOA-funded by other than OEO" is included to distinguish those specifically anti-poverty Federal dollars mobilized by the grantee, which do not include OEO-funded programs. (NOTE: For purposes of this survey (1) all local, state, and Federal government departments and agencies should be considered "government"; and (2) regardless of funding source, hospitals, clinics, medical associations, etc. should be considered "medical" and schools, universities, etc. should be "educational.")
- B. NAME THE SPECIFIC SOURCE CHECKED: Enter the formal name of the organization/institution which contributed the resources.
- C. NATURE OF SOURCE: Check the box to indicate whether the source is public or private in nature.
- VII. A. TYPE OF RESOURCE MOBILIZED: Check all items which generally reflect the kind of resources mobilized. If the source provided all the resources required for a project, check "complete program," plus each of the items which identifies the program components.
- B. SPECIFY THE ACTUAL RESOURCE MOBILIZED: Enter in the space provided the particular resources mobilized in terms of what resources and their duration (e.g. two full-time nurses twice a week for six months).

- VIII. GROUP TO WHOM RESOURCE DIRECTLY PROVIDED: Check the box(es) which identifies to whom the resource(s) were directly provided by the funding source. Please note that resources mobilized to meet non-Federal share requirements are not to be reported.
- IX. PROGRAM CATEGORY TO WHICH RESOURCES APPLIED: If applicable, check all appropriate program areas to which the mobilized resources were applied.
- X. A. YEARS RESOURCES MOBILIZED; FUNDING LEVEL: Write in the dollar value of the resources mobilized on the line opposite the appropriate calendar year in which they were made available.
- B. EXPECTED LEVEL OF FUTURE SUPPORT: Check the box which best describes the expected level of support from this source in the foreseeable future (1-2 years).
- XI. A. GROUP RESPONSIBLE AND METHOD USED IN RESOURCE MOBILIZATION: Check the appropriate box(es) which corresponds to both the group(s) responsible and the method(s) they used for resource mobilization. Check "Other" box if group or method involved not included in chart.
- B. SPECIFY PARTICULAR GROUP AND METHOD: In the space provided, write the particular group/individual by title only, and the method they used.
- XII. ADDITIONAL INFORMATION: Enter in the space below whatever you consider significant about this mobilization of resources; information which you think would give a more complete picture of this case.
- XIII. CROSS-REFERENCE: The information requested under this item is needed to provide OEO with a cross-reference to reported instances of institutional change which directly relate to this resource mobilization case.

I. GRANTEE NUMBER: _____ II. GRANTEE NAME: _____

III. INSTITUTIONAL CHANGE CASE TITLE: _____

IV. CASE NUMBER: (Number each of the Institutional Change Cases consecutively, i.e., 01, 02, etc.)

V. PAGE ___ of ___ PAGES of Institutional Change forms FOR THIS CASE.

I. A. INSTITUTION CHANGED (Check ONE only) VII. A. KIND OF CHANGE (Check all applicable items)

- Municipal Government
- County Government
- State Government
- Federal Government
- Medical Organization/Inst.
- Legal Organization/Inst.
- Educational Organization/Inst.
- Business and Industry
- Organized Labor
- Church
- Civic/Service Organization
- Foundation
- Media
- Other(specify) _____

- Increased Participation of the Poor Occurred in the Institution Changed:
- Program Planning and Development
- Monitoring and Evaluation
- Representation on Boards and Committees
- Program Operations
- Other (specify) _____
- Improved Employment Practices
- Changed formal entry and promotion requirements
- Recruiting poor
- Hiring poor
- Training programs for the poor
- Career development ladders for the poor
- Program
- New program, new \$ _____
- New priorities
- Improved/increased access of the poor to services or benefits
- Improved Program Planning and Coordination
- Other

B. NAME OF SPECIFIC ORGANIZATION/ INSTITUTE CHECKED ABOVE:

B. SPECIFY ACTUAL INSTITUTIONAL CHANGE(S):

C. NATURE OF INSTITUTION: (Check one)

- public
- private

VIII. PROGRAM CATEGORY IN WHICH CHANGE OCCURRED (Check all applicable items) IX. YEAR(S) INSTITUTIONAL CHANGE IN EFFECT (Check all applicable years)

Manpower	Legal Assistance	<u>CY</u>
Day Care	Aging	1965
Child Development (incl. Head Start)	Youth Programs	1966
Housing	Transportation	1967
Economic Development	Neighborhood Based Organ./Centers	1968
Health	Other(specify)	1969
Education	_____	1970
		1971
		1972
		1973

X.A. GROUP RESPONSIBLE AND METHOD USED IN EFFECTING INSTITUTIONAL CHANGE

(Check the appropriate box(es) to indicate the group(s) responsible for the institutional change and the method(s) they used.)

	Negotia- tions	Plan- ning	Operations of Programs	Public Rela.	Citizen Action	Legis. Activity	Court Action
Grantee Bd - Public Sector							
Grantee Bd - Private Sector							
Grantee Bd - Low Income Reps.							
Delegate Board							
Advisory Groups							
Grantee Staff							
Delegate Staff							
Low Income Groups							

Other Check if group/individual and method not included above.

B. SPECIFY PARTICULAR INDIVIDUAL/GROUP AND METHOD:

XI. ENTER IN THE SPACE PROVIDED WHATEVER INFORMATION YOU CONSIDER IMPORTANT ABOUT THIS INSTITUTIONAL CHANGE WHICH WOULD GIVE A MORE COMPLETE PICTURE OF THIS CASE.

XII. ATTENTION: If this project is reported on the Resource Mobilization form(s), please fill in the following information:

Resource Mobilization	<u>Case#</u>	<u>Page #</u>
	<input type="checkbox"/>	<input type="checkbox"/>

INSTITUTIONAL CHANGE

INSTRUCTIONS

- I. GRANTEE NUMBER: Enter the five digit number which has been assigned to your organization by OEO for funding purposes.
- II. GRANTEE NAME: Enter official grantee name.
- III. CASE TITLE: Write in the name of the CASE (Each instance of significant institutional change which occurred.)
- IV. CASE NUMBER: Assign a consecutive number to each of the CASES reported (e.g. 01, 02, etc.)
- V. PAGE OF PAGES: *For cases where only one change occurred, fill in page 1 of 1 page(s). *For cases where more than one change occurred, number each page of institutional change forms consecutively and enter the total number pages for the case.
- VI. A. INSTITUTION CHANGED: Check the ONE item which most closely identifies the type of institution or organization changed. If more than one institution was impacted by the same activity use a separate form for each institution so changed. (NOTE: For purposes of this survey (1) all local, state, and Federal government departments and agencies should be considered "government"; and (2) regardless of funding source, hospitals, clinics, etc. should be considered "health", and schools, universities, etc. should be "educational.")

B. NAME OF SPECIFIC ORGANIZATION/INSTITUTION CHECKED ABOVE: Enter the formal name of the organization/institution in which the insitutional change has occurred.
- VII. A. KIND OF CHANGE: Check all items which generally reflect the kind of change(s) made by the cited organization/institution.

B. SPECIFY THE ACTUAL CHANGE: Enter in the space provided the particular change that occurred.
- VIII. PROGRAM CATEGORY IN WHICH CHANGED OCCURRED: If applicable, check all appropriate program areas, where changes have occurred within the institution.
- IX. YEAR(S) INSTITUTIONAL CHANGE IN EFFECT: Check the calendar year in which the institutional change occurred and all subsequent years that it has been or was in existence.
- X. GROUP RESPONSIBLE AND METHOD USED IN EFFECTING INSTITUTIONAL CHANGE: Check the appropriate box(es) which corresponds to both the group(s) responsible and the method(s) they used to bring about the institutional change. Check "Other" if the group or method is not included.

- B. SPECIFY PARTICULAR GROUP AND METHOD: Specify the particular group/
individual by title only, and the method they use.
- XI. ADDITIONAL INFORMATION: Enter in the space provided whatever you
consider to be significant about this insitutional change, and infor-
mation which would give a more complete picture of this instance of
change.
- XII. CROSS-REFERENCE: The information requested under this item is needed
to provide OEO with a cross-reference to reported instances of
mobilization of resources which directly relate to this institutional
change case.

CURRENT GRANTEE-COMMUNITY RELATIONSHIPS

I. GRANTEE NUMBER: _____

II. GRANTEE NAME: _____

III.

ORGANIZATION INTERACTING WITH

B TYPE OF RELATIONSHIPS

GRANTEE	Total Gps. Interact'g	T&TA By Grantee	Grantee Serves as Del. Ag.	Planning & Coord.	Operations Coord.	Joint Projects	Pers. Exchange	Info. Exch.	Advocacy Active Support by Org.	Org. on Grantee Bd.	Grantee Member on its Bd.
Check all applicable items)											
Municipal Government											
Executive											
Agencies											
Legislative Bodies											
County Government											
Executive											
Agencies											
Legislative Bodies											
State Government											
Executive											
Agencies											
Legislative Bodies											
Local Organization/Inst.											
Public											
Private											
Educational Org./Inst.											
Public											
Private											
Religious Org./Inst.											
Public											
Private											
Business/Industry											
Public/Service Organization											
Church											
Foundation											
Organized Labor											
Other											

Check if group/individual or type of relationship not included above.

Identify by name and title the group/individuals ranking #1 and #2 and briefly describe the relationship which exists.

IV. GROUPS RESPONSIBLE FOR RELATIONSHIPS (Check the appropriate box(es) to indicate group(s) responsible for initiating and maintaining the two most significant community relationships).

	<u>Initiated</u>	<u>Maintained</u>
Grantee Board - Chairman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grantee Board - Public Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grantee Board - Private Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grantee Board - Low Income Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Delegate Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Low Income Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advisory Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grantee Executive Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grantee Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Delegate Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

V. ENTER IN THE SPACE BELOW WHATEVER INFORMATION YOU CONSIDER IMPORTANT ABOUT THE CHECKED GRANTEE-COMMUNITY RELATIONSHIPS WHICH WOULD GIVE A MORE COMPLETE PICTURE.

CURRENT GRANTEE-COMMUNITY RELATIONSHIP
INSTRUCTIONS

- I. GRANTEE NUMBER: Enter the five digit number which has been assigned to your organization by OEO for funding purposes.

- II. GRANTEE NAME: Enter official grantee name.

- III. ORGANIZATIONS INTERACTING WITH GRANTEE AND TYPES OF EXTERNAL RELATIONSHIPS:
 - A. In column (A) enter the total number of groups with which the grantee has had a significant relationship. Example: If grantee is a multi-county CAA (3 counties) and two of the county's executive officers meet regularly with the CAA Executive Director the total number to enter would be two (2) in the space provided under County Government Executive.

 - B. Section (B) of the form requires that the number of significant relationships in each applicable category should be entered. Example, if your agency has provided T&TA to five State Agencies enter the number five (5) in the line across from State Government, Agencies, under T&TA by Grantee. NOTE: The test for reporting any external relationships between a grantee and group/individual is the significance that the grantee attaches to these relationships. For the purpose of this test survey the term Executive is defined as the chief administrative officer of the State, County or municipal governments. The term Agency is defined as the operating branches of the aforementioned governments.

 - C. In the space provided identify the external relationships which you consider rank #1 and #2 in order of significance to your agency, and name the groups/individuals involved. (Give job title where appropriate.)

- IV. GROUPS RESPONSIBLE FOR TWO MOST SIGNIFICANT RELATIONSHIPS: Check (1) the items which indicate the groups primarily responsible for initiating the two most significant external community relationships (see IIIC) and (2) those items which indicate who maintained the relationships.

- V. ADDITIONAL INFORMATION
Enter in the space provided, whatever information you consider important about the current grantee-community relationships. Include all facts which would give a more complete picture of the local situation.

OEO UTILIZATION TEST SURVEY OF COMMUNITY ACTION

This grantee data sheet is to accompany the package of Utilization Test Survey forms completed by the grantee. Its purpose is to update basic information about the grantee and to indicate how the survey was carried out.

I. GRANTEE AND PROGRAM DESCRIPTION:

GRANTEE NUMBER _____ GRANTEE TYPE: PUBLIC
(Check one) PRIVATE
GRANTEE NAME _____
ADDRESS _____
(Street)

(City) (State) (Zip Code)
NUMBER OF YEARS FUNDED BY OEO _____

II. GEOGRAPHICAL AREA COVERED:

State/Territory Wide (specify) _____
 Multi-County (specify) _____
 County-Wide (specify) _____
 City-Wide (specify) _____
 Less than City (specify area) _____

III. FUNDS ADMINISTERED BY GRANTEE DURING CURRENT PROGRAM YEAR (Excluding non-Federal share):

OEO \$ _____
HEW
EOA \$ _____
NON-EOA \$ _____
DOL
EOA \$ _____
NON-EOA \$ _____
OTHER FEDERAL AGENCIES \$ _____
STATE GOVERNMENT \$ _____
LOCAL GOVERNMENT \$ _____
PRIVATE \$ _____
OTHER (specify) \$ _____
TOTAL FUNDS \$ _____

IV. PERCENTAGE OF TOTAL GRANTEE FUNDS RECEIVED FROM OEO (Check one only)

0-20% 21-40% 41-60% 61-80% 81-100%

V. PERCENTAGE OF TOTAL GRANTEE FUNDS RECEIVED UNDER THE EOA FROM SOURCES OTHER THAN OEO. (Check one only)

0-20% 21-40% 41-60% 61-80% 81-100%

VI. WHO COMPLETED THE ATTACHED FORMS? (Check all applicable items)

Delegate Agencies

Grantee

OEO Regional Office

Other (specify) _____

VII. HOW DID YOU SELECT WHICH INSTANCES TO REPORT? (WERE CRITERIA APPLIED TO DETERMINE SIGNIFICANCE OF A MISSION ACCOMPLISHMENT OR COMMUNITY RELATIONSHIP? IF SO, WHAT WERE THEY? IF NOT, WHAT PROCESS WAS USED?)

GRANTEE:
RECEIVED AND VERIFIED BY: _____

PHONE NUMBER: _____

REGIONAL OFFICE:
RECEIVED AND VERIFIED BY: _____

PHONE NUMBER: _____

_____ REGIONAL OFFICE
(City)