



## GRANT FUNDING APPLICATION

To ensure that your complete response appears on the printed application, please limit your responses in all fields to the visible space provided. **Do not change font type or size; do not cut and paste your response into the text boxes.** Save this application to your desktop and work off that saved document rather than off the web application version.

### **APPLICANT INFORMATION:**

Legal Name of Organization: Innovative Health Care Services

Executive Director/CEO/Department Head: Kelly Laugenour, Interim Administrator

Executive Director/CEO/Department Head Phone # and email: klaugenour@pegaylorcenter.org

Application Contact Person/Title: Kelly Laugenour, Interim Administrator

Application Contact Phone # and email: 530-324-2345 klaugenour@pegaylorcenter.org

Address: 124 Parmac Rd

City/State/Zip: Chico, CA 95926

E-Mail: contact@pegaylorcenter.org Website: pegaylorcenter.org

Is this Organization or fiscal receiver a California non-profit corporation?  Yes  No

Does your agency employ 15 or more individuals?  Yes  No

If yes, name of Section 504 Coordinator: \_\_\_\_\_

\* Tax ID # 68-0015216 Unique ID # 6HQTZV627M67 \*

\*Required Information (To obtain a UniqueID, visit [www.sam.gov](http://www.sam.gov))

Name of Program (within your agency) applying for CDBG Funds:

Peg Taylor Center for Adult Day Health Care

Is the organization faith based?  Yes  No

If yes, explain how the funded program will be separate from religious activities/requirements:

\_\_\_\_\_  
\_\_\_\_\_

Is this request for: (check one)  On-Going Support  New Program

**For Staff Use Only:** Complete Application received by deadline: \_\_\_\_\_ Yes \_\_\_\_\_ No

**THRESHOLD QUESTIONS:** (Note: Application must be signed and questions 1-5 below must be answered completely to determine if your application meets threshold requirements to be considered for funding.)

1. City CDBG Public Services Funding Request: \$ 25,000.00 (no less than minimum of \$20,000)
2. Is this Organization a non-profit, public benefit corporation?  Yes  No
3. Will 100% of the CDBG funds be used to serve low-income clients or households within the city limits of Chico?  
 Yes  No
4. a. Does your Program assist people experiencing homelessness?  Yes  No
4. b. Does your Program assist people to prevent homelessness?  Yes  No
5. Select the primary service your Program provides from the priorities listed below (**select one**):
- A. Assist people experiencing homelessness, including getting them into/maintaining stable housing
- B. Support and improve the well-being of seniors
- C. Support and improve the well-being of people with disabilities
- D. Provide legal services
- E. Provide meals for homebound people
- F. Provide childcare so that parent(s) may work or receive education

**PROGRAM/ACTIVITY:**

6. a. Describe your proposed Program (services) to be provided with the requested City CDBG funding. Provide the name of the program and how it addresses the need or problem you've identified and aligns with at least one of the priorities listed above.

The Peg Taylor Center for Adult Day Health Care will provide both daily access to community based social and health services for seniors while also addressing crisis situations for low income seniors and highly vulnerable adults with disabilities and their families. Adult Day Health Care programs play a crucial role in providing care and support for individuals who do not require 24 hours skilled nursing care but still benefit from assistance and social engagement. These programs offer several key benefits:

1. Alternative to Nursing Home Placement: Providing a community based alternative to nursing home care allowing vulnerable individuals to remain in their homes and communities while receiving necessary care and support.
2. Caregiver Support: offering respite to balance personal/employment responsibilities with caregiving duties.
3. Mental and Physical Stimulation: Engaging activities such as art, music, games and discussion groups contribute to the overall well being of seniors and help prevent the decline of abilities.
4. Socialization and Reduction of Isolation: Regular attendance at Adult Day Health Care center fosters social engagement, alleviating isolation and enhancing mental health and emotional well being through social engagement.
5. Health Improvement: health monitoring and therapeutic activities contribute to improved health outcomes by addressing medical needs, providing therapy and promoting overall wellness.
6. Transportation: Ensuring seniors can access the services without facing transportation barriers.

6. a. Continued

The Peg Taylor Center is highly effective at addressing the City's priorities, with focus and consideration given to our seniors. Chico's older residents we serve are impacted by serious health conditions, including severe diabetes, kidney failure, mental illness, Parkinson's and Alzheimer's disease, and cardiac and lung conditions. This creates challenges that threaten their safety and economic security. Overall, the vulnerability of low income seniors and persons with disabilities we serve increase as they age in our community. Inadequate nutrition, isolation, limitations to following medical instructions and navigating complicated/overtaxed health care systems and other barriers can lead to health crises, hospitalizations, incapacity, homelessness, premature placement in skilled nursing facilities and early death. Our program reduces these risk factors for the Cities residents, thereby addressing priority goals 4a and b and Priorities A, B, C & E.

When seniors and/or people with disabilities are faced with a crisis we offer:

1. Crisis care and consultation, Social Work and Nursing assistance to address the needs of seniors with serious health conditions, and support for family members and others struggling to provide care for them.
2. Help to access health care, housing, meals and other urgent needs.
3. A range of direct services to strengthen physical and cognitive health and functioning, prevent social isolation and address mental health needs.
4. Care coordination and case management to ensure effective integration of all needed services..

6.b. If you answered "yes" to 4.b. above, how does your Program prevent homelessness? Please be as specific as possible.

We prevents homelessness by ensuring compliance with multiple complicated housing requirements, attending HUD and Section 8 housing inspections, submitting required annual paperwork, requesting reasonable accommodations & enrollment in utility assistance programs. These systems are becoming more and more technically complicated, requiring increased support for those who do not have technological acumen. Our program reduces calls for EMS by addressing medical needs before they escalate to situations that require EMS intervention. Preventing frequent calls to EMS safeguards living arrangements

7. Who will oversee the Program? Do staff currently administer a similar grant program with these administrative requirements and does the entity have experience in utilizing local, state or federal funding with a similar purpose?

The Interim Administrator will oversee the program, along with our Program Director and Social Worker. The PTC has a long history of appropriate utilization of state, local and federal funds.

7a. Describe the skills and experience of staff who will work directly on the Program.

Our Interdisciplinary program team included Registered Nurses, Social Workers, Physical, Occupation and Speech Therapists, LCSW, Activity Coordinator, Dietitian and Medical Director. Our professional staff have over 250 combined years of experience in health care and are highly skilled at addressing the needs of older adults and persons with disabilities. Our team is knowledgeable about resources in our community and has gained particular experience in assisting older and disabled adults and their families.

8. Who are the targeted beneficiaries or clients?

Targeted beneficiaries are among the most vulnerable City residents, very low income seniors with disabilities & serious health conditions & adults with disabilities that threaten their independence. Due to complex health & psychosocial needs, these vulnerable community members face barriers accessing physical and mental health care and support. They are at very high risk for emergency room visits, hospitalizations, skilled nursing facility placement, homelessness and death. City residents we serve live in low income housing, such as apartments/mobile homes, many live alone despite significant cognitive & functional impairments. Over 75% have dementia, mental illness or TBI, almost all require assistance with ADL's, such as bathing, dressing & nutrition. Almost all require assistance with IADL's living such as finances, maintaining housing eligibility, and accessing transportation.

9. Describe proactive outreach efforts or programmatic elements that foster access to your organization's services by under-represented (racial minorities, limited English speakers, disabled-physical or mental impairment) groups in our community.

The Peg Taylor has been a community resource for 40 years, we are intricately connected to providing services to older & disabled adults with both physical and mental disabilities. We actively engage in outreach in rural communities and foster partnerships with other community organizations, including Butte County Department of Social Services, In Home Supportive Services, Adult Protective Services, Meals on Wheels, Disability Action Center, Brain Injury Council, Passages, Ampla Health & True North Housing Alliance. We have collaborative relationships with CSUC and Butte College, providing placement opportunities in both Nursing and Social Work.

10. How do you address the needs of limited English proficient speakers?

The Peg Taylor Center has Spanish speaking staff as well as written material in multiple languages spoken by our Participants. Partnering with our MediCal Managed Care Plan we have access to any needed video translation services. We also provide culturally appropriate language resources from our professional association, California Association of Adult Day Services (CAADS). Our inclusive activity program celebrates and recognizes holidays that include our diverse participants. We foster an environment that is inclusive and welcoming.

11. Has the organization had any fair housing/equal opportunity complaints filed within the last year?

Yes  No

If yes, what was the outcome?

12. How does your organization determine client eligibility and what database is used for tracking client information?

CA code of Regulations, Title 22. Must be 18 years of age or older, Physician prescribed rehabilitation service for a medical condition. Mental and/or physical impairments that interfere with activities of daily living. Assessment are performed by our MDT team. We use TurboTar software specifically designed for ADHC tracking and documentation

13. Complete the following chart. List three primary activities of your Program, their outcomes, indicators, and measurement tools. **Activities** are specific, definable services; **Outcomes** are the client benefits or changes that result from your services; **Indicators** describe how your organization measures the success (should be quantitative such as: contracts executed, positions filled, target participants assisted, tangible resources created (a new form, progress assessment tool or funds raised). **Measurement Tools** are the resources you use to collect the indicator data.

<b>ACTIVITY</b> <i>What the Program does to serve clients</i>	<b>OUTCOME(S)</b> <i>Benefits that result from the activity</i>	<b>INDICATOR(S)</b> <i>The direct product(s) of program activities</i>	<b>MEASUREMENT TOOLS</b> <i>What you use to gather the outcome data</i>
<b>Example: Financial Literacy Classes</b>	<b>Increased knowledge of how to establish and maintain a monthly household budget, contributing to financial security and self-sufficiency</b>	<b>Number (x) of exiting families who report they now use a monthly budget to manage expenses and savings</b>	<b>Follow up survey at completion of class and program exit</b>
Direct care & treatment includes an Interdisciplinary team, comprised of RN, SW, LCSW, OT, PT,ST, Dietitian, Physician & Activity Coordinator	Ability to maintain health, as verified by positive response to treatment, such as, no falls, reduced or no depression, positive social engagement, good nutrition, relaxed and happy manor, continues or increased independence in ADL/IADL's.	Goals are set on an ongoing basis and regularly reviewed.  Person centered approach helps Participants and families to determine and set their own goals, feeling empowered and supported.	Morse Fall Scale TUG Score Geriatric Depression Scale Medication Complaint Tool Quarterly Progress Reports Services & Ptp response as documented daily.
Daily Activities and nutritional programming. Examples: Social engagement, physical engagement, physical exercise, art, music, congregate meals.	Social engagement is essential for mental & emotional wellbeing, reducing feelings of loneliness. Regular physical activity helps maintain & improve cardiovascular health. Activities are both enjoyable and have therapeutic benefits promoting emotional wellbeing.	Daily activities at the PTC are vital in maintaining and improving physical, mental and emotional wellbeing of our Participants. The Center plays a crucial role in supporting individuals with health challenges while offering respite and support to their caregivers.	Maintain Cognitive Functioning Improve Physical Health Increases Social Engagement Improved Nutrition Decreased Behavioral Issues Improved Caregiver Resiliency
Blood Sugar Testing: can be tested daily at the Center. Providing diabetic meals, glucometers, ensuring Ptp's have their medications & setting up med boxes.	Improved stability prevents diabetic complications, such as loss of vision or amputations.  Ptp's feel better, function better, remain engaged and avoid confusion and depression.	Blood sugar remains in stable range for individuals who have a Hx of being dangerously out of range, placing them at risk for Ketoacidosis, stroke, kidney disease, organ failure or dropping too low and risking unconsciousness or death, especially for individuals who are home alone.	RN Observations, vital signs & blood sugar testing, Using glucometers, tracking blood sugar reading on flow sheet & specific individualized approaches. Documentation and tracking charts, communication with PCP.

14. How will your Program benefit the community indirectly, beyond direct services to clients? Explain how you demonstrate evidence of support.

Adult Day Health Care programs reduce stress on EMS and Emergency Rooms, by triaging medical needs when they are minor while participants are at the center, medical needs are addressed before they escalate to serious illness that require a call to EMS or a trip to the Emergency room/Hospital admittance. Regular monitoring of ongoing health needs and medication compliance prevents unnecessary trips to the ER.

Providing a structured, safe day time environment helps prevent or delay the need for costly, more intensive institutional care, such as a Skilled Nursing Facility or Psychiatric Placement.

Our program also supports Adult Children maintain employment while caring for their parent.

15. How does your Program collaborate with other community agencies to enhance the impact of your services? What are the benefits of this collaboration?

We work together with Butte County Adult Protective Services, In Home Supportive Services, Butte County Behavioral Health, Passages, 211/HelpCentral, Meals on Wheels, Disability Action Center, the Brain Injury Coalition, Enloe Hospital, Project Save, True North Housing Alliance & Ampla Health to support our enrolled participants as well as identify others who may benefit from the vital services of the Peg Taylor Center.

The benefits of working collaboratively are significant, often a wide range of services are required to support at risk individuals, working together ensures all needs are met without a duplication of service. The Peg Taylor provides assistance and referral to over five hundred callers a year.

15.A. If your Program provides housing units, check "Households" in Question 15.B. below. If your Program does not provide housing units, check "Persons" or "Residents".

15.B.	Estimated 2025-26 Served	Estimated 2026-27 To Be Served
Total number of <input checked="" type="radio"/> Persons / <input type="radio"/> Households	700	550
Total City of Chico <input checked="" type="radio"/> Residents / <input type="radio"/> Households	450	350
How many City <input checked="" type="radio"/> Residents / <input type="radio"/> Households <u>utilizing CDBG funds</u>	100	100
CDBG Grant Funding Received	\$24,820.00	
CDBG Grant Funding Requested		\$ 25,000.00

15.C. What is the estimated cost of your Program per participant or household for FY 2026-27? If this funding request is for an existing Program, what is the cost of your Program per participant/household this fiscal year (2025-26) ? This should not be based on how much City funding you receive.

The Cost for our program per participant/household varies depending on MediCal reimbursement rates, number of days attended and our Private Pay Rates. Based on annual data, our current average participant cost is approximately \$17,000 annually.

16. If City funding is not available, or is less than requested, outline how might this change the operation of the Program. Would you seek to fill the gap from other funding sources? Is the Program viable if you only receive the minimum \$20,000 grant from the City?

The Peg Taylor Center relies on CDBG funding to support the City's most vulnerable residents. The requested funding is necessary to allow us to support as many Chico residents as possible. Our program is viable and would adjust with the amount awarded. We constantly seek additional funding sources to maintain, support and grow our program.

17. Is there a sustainability plan for the program regarding future funding?

The Peg Taylor Center is always seeking additional funding sources, grants and fundraising opportunities. Currently we maintain costs by carefully balancing transportation, meal and staffing costs with daily attendance. We plan to maintain current funding sources, explore new funding sources and expand our fundraising program. The generation we serve is the fastest growing in the nation, the need for programs like ours will only grow.

18. Describe your organization's fundraising efforts during the past year (include annual events, specific campaigns and any other relevant information demonstrating community fiscal support).

The Peg Taylor Center engages in active fundraising every year to ensure we can sustain and increase our services to meet the emerging needs of our community. We have received Grants from the CA Department of Aging - The Cal-Compass Program as well as a Bridge to Recovery Grant that supports capital improvements.

Our annual Poppy Walk and 5K, has raised over \$220,000 since its inception. We plan to hold this wonderful event again in our beautiful Bidwell Park. This event not only raises much needed funds to support the program it supports our growing outreach plan.

We also continue with our annual giving campaign, with 2026 being the 40th anniversary of the program we have great things in store.

19. Does your Program use an evidence-based or evidence-informed model of services? If so, please describe. If not, what data can you provide which describes the effectiveness of your servicemodel?

Our program is evidence based and evidence informed, is aligned with proven industry standards to improve health outcomes for chronically ill seniors & disabled adults. Our program follows Person Centered Care Guidelines, focusing on the individual within multiple complicated systems, and including family/caregivers. Person Centered approach considers the whole individual in a holistic, respectful and compassionate way. ( American Association of Colleges of Nursing - Person Centered Care) We were selected to participate in the Cal-COMPASS (California Community Program for Alzheimer's Services and Supports) working together with other programs helped design & create guidelines for a modernized Alzheimer's community care model. This is part of the Governors Task Force on Alzheimer's Prevention and Preparedness.

20. What are the most significant trends and/or changes that are currently affecting your Program's operation and the people you serve? How is your organization responding to these trends/changes?

The most significant challenge currently affect our program's operation is limited affordable & accessible housing. We continue to collaborate with other agencies and support our participant with any recertification, paperwork or inspection required by their current housing as well as support application for wait listed housing options. Our Participants also face a shortage of Primary Care Doctors who accept Medi-Cal. We have strengthened our relationship with Ampla Health (the largest provider in our area) to facilitate/expedite our participants receiving needed medical appointments.

Like many non profits in our area, we have faced challenges with MediCal reimbursement rates & rising cost of skilled and qualified staff. We continue to be dedicated to fundraising and our professional association is working with local representatives to introduce legislation that would address skilled staffing requirements.

21. Has your organization been audited in the past year by an individual or firm other than the City of Chico? If yes, by whom and what is the date of the most recent financial audit? Has any audit of your organization found discrepancies or problems? If yes, explain.

No, over the entire history of the program, we have never had a financial audit that identified discrepancies or problems.

**CONFLICT OF INTEREST**

Federal, State, and City law prohibits employees and public officials of the City of Chico from participating on behalf of the City in any transaction in which they have a financial interest. In order to determine a possible conflict of interest, please indicate whether the applicant, any of the applicant's staff, any of the applicant's Board of Directors, or any of the applicant's family members or business partners is or has been within one year of the date of this application one of the following: (1) a City employee or consultant, or (2) a City Council Member.

**Selecting 'Yes; possible conflict of interest' does not automatically disqualify the applicant; however, additional verification may be requested to process the application and to determine project eligibility.**

- No; no conflict of interest.
- Yes; possible conflict of interest. (Please explain below)

**By submitting this application, agency understands it must have organizational capacity to meet CDBG regulatory and reporting requirements, including, but not limited to: collection of income and demographic information from all assisted persons, capacity to assist limited English proficient persons, follow Fair Housing laws and provide reasonable accommodations.**

**Authorized Signature:**

To the best of my knowledge, the information provided on this application and all attached forms is true and I am authorized to submit this application on behalf of the applicant's organization/agency.

NOTE: Programs using a Fiscal Receiver must have signatures by both the program director and a representative authorized to sign on behalf of the Fiscal Receiver.

Kelly Laugenour  
Print Name of Non-Profit Representative  
Or Fiscal Receiver Representative

K. Lang  
Signature  
(Fiscal Receiver or Organization Representative)

2/4/26  
Date

\_\_\_\_\_  
Name/Signature of Program Director  
(If different from above)

	A	B	C	D	E	F	G	H	I	J
1	2026-27									
2	City of Chico - Community Development Block Grant Program									
3	<b>Proposed Program Budget</b>									
4	<i>The Peg Taylor Center</i>									
5	Organization: <i>Innovative Health Care Services</i>									
6										
7										
8										
9	<b>USES</b>									
10	<b>Budget Category</b>	<b>Program related expenses</b>	<b>CDBG Funding</b>	<b>State/ Local Funds</b>	<b>Private Funds/ Donations</b>	<b>Other</b>	<b>Totals</b>			
11	Salaries & Wages*	610000	15000	48000	100000	800000	963000			
12	Fringe Benefits	85000					0			
13	Consultant/Contract Services						0			
14	<b>TOTAL PERSONNEL BUDGET</b>	695000	15000	48000	100000	800000	963000			
15	Office/Space Rent	36000	5000				5000			
16	Utilities	26000	3000				3000			
17	Telephone	6480	2000				2000			
18	Office Supplies	4000					0			
19	Equipment						0			
20	Printing/Duplication	9000					0			
21	Travel/Conference						0			
22	Janitorial	23000					0			
23	Meals	38400					0			
24	Meal Transport	5400					0			
25	<b>TOTAL NON-PROJECT</b>	148280	10000	0	0	0	10000			
26	<b>TOTAL PROJECT</b>	<b>843280</b>	<b>25000</b>	<b>48000</b>	<b>100000</b>	<b>800000</b>	<b>973000</b>			

	A	B	C	D	E	F	G	
1								
2	City of Chico - Community Development Block Grant Public Services Program							
3	<b>Agency Operations Budget (local agency totals only)</b>							
4								
5	Organization Name	Innovative Health Care Services						
6								
7	<b>AGENCY REVENUES</b>							
8					Current FY	Estimated		
9					(projected)	Funding FY		
10	<b>INCOME SOURCES:</b>				<b>2025-26</b>	<b>2026-27</b>		
11	1. BEGINNING BALANCE (July 1)				25803	-79304		
12								
13	2. Local/State/Federal Grants (Specify)				88000	86000		
14	<u>Dess Grant</u>				48000	48000		
15	<u>Bridge to Recovery</u>				40000	38000		
16	_____				0	0		
22								
23	3. City of Chico CDBG Funding				24820	25000		
24								
25	4. Community Donations/Fundraising				170000	100000		
26								
27	5. Fee for Services				639000	800000		
28								
29	6. Other Income Sources ( <i>indicate if restricted sources, explain on A-3</i> )				0	0		
30	_____				0	0		
31	_____				0	0		
32	_____				0	0		
36								
37	7. TOTAL INCOME				921820	1011000		
38								
39	8. TOTAL FUNDS AVAILABLE				947623	931696		
40								
41								
42	<b>AGENCY EXPENDITURES</b>							
43	<b>EXPENDITURES</b>				Current FY	Funding FY		
44								
45	TOTAL FUNDS AVAILABLE				947623	931696		
46								
47	1. Salaries/Employee Benefits				800505	695000		
48								
49	2. Expenses				54780	55580		
50	Travel Expenses				0	0		
51	Office Space Expenses				30000	36000		
52	Consumable Supplies				3780	3800		
53	Equipment Expenses				0	0		
54	Insurance Expense				21000	15780		

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'Unhide' lines as needed

	A	B	C	D	E	F	G
55							
56			6. Other Operating Expenses		171642	126900	
57			Transportation		12642	12000	
58			Meals		43000	38400	
59			Utilities		32000	26000	
60			Janitorial		25200	23000	
61			Building Maintenance		36750	8000	
62			Printing		11550	9000	
63			Licensing		10500	10500	
64							
65			7. Capital Expenses (show detail on separate attachment)		0	0	
66							
67			8. TOTAL EXPENDITURES		1026927	877480	
68							
69			9. ENDING BALANCE (if negative, please explain on A-3)		-79304	54216	
70							
71							

v1.1 1.30.23

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as needed

