

9:30 AM
DBCover Sheet – Social Service Activity

AGENCY NAME: Amherst Survival Center
 AGENCY ADDRESS: P.O. Box 9629, 1200 N. Pleasant St., N. Amherst, MA 01059
 AGENCY PHONE NO: 413.549.3968 x207 CONTACT PERSON: Cheryl Zoll
 CONTACT PERSON EMAIL: zoll@amherstsurvival.org
 2012 CDBG REQUEST: \$30,000

1. Project Name: Food Pantry Project

2. Project Description (1-2 sentences)

The Amherst Survival Center is requesting \$30,000 to support the Amherst portion of our *Food Pantry Project*, designed to promote adequate nutrition for low-income residents of Amherst and the surrounding areas, including many who are homeless. Participants in the *Food Pantry Project* are eligible to receive a box of groceries each month. This 50-pound box, which contains canned food, pasta, peanut butter, soup, cereal, meat, juice and milk, supplies nine meals for each family member.

3. Project Location: North Amherst, MA

4. Budget Request: \$30,000

5. Type of Activity (check one):

- Homelessness and sheltering
 Youth development and afterschool care
 Adult education and job training
 Emergency & preventive services: emergency rental assistance, emergency fuel assistance, emergency food and emergency shelter services that can include case management and coordination.
 Other – please explain

6. Demonstrate Consistency with Community Development Strategy

The Community Development Strategy states that, "Especially important at this time are services that support the chronically homeless and extremely low income [individuals]." We provide basic necessities for living to a diverse client base that includes extremely low-income seniors, children and their families, the homeless, and many who struggle with mental illness as well as the so-called "working poor."

7. Describe how you will ensure that participants meet low/moderate income requirements

We use income self-declaration forms with USDA guidelines.

8. National Objective: Benefit to low- and moderate-income persons

Estimate the number of low- and moderate-income persons to benefit from the Project:

- Total number of individuals served: 1,948 Amherst residents (3,016 total from all towns)
- Total Low/Mod individuals served: 1,948 Amherst residents (3,016 total from all towns)

Please submit responses to the following questions:

A. Please describe in full the project for which you are requesting funding:

Include information on the number of individuals or families to be served and who they are, i.e. disabled, low-income, homeless, etc.

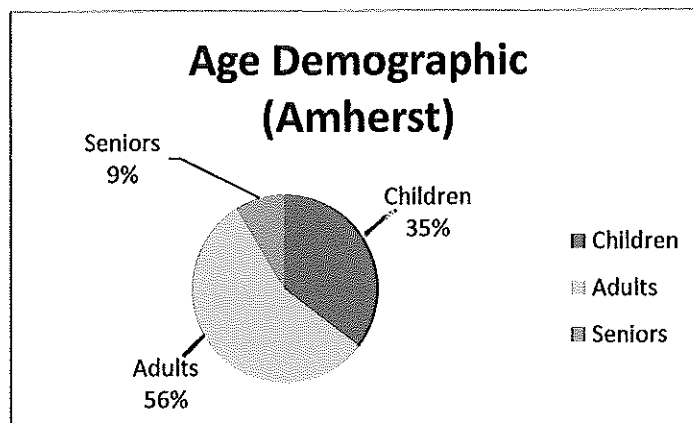
The Amherst Survival Center is requesting \$30,000 to support the Amherst portion of our *Food Pantry Project*.

The *Food Pantry Project* is designed to promote adequate nutrition for low-income residents of Amherst and the surrounding areas, including many who are homeless. "Low-income" in this case, is defined by the USDA standard of at or below 185% of the US poverty level (e.g., \$34,281 for a family of three in 2011).

Participants in the *Food Pantry Project* are eligible to receive a box of groceries each month. This 50-pound box, which contains canned food, pasta, peanut butter, soup, cereal, meat, juice and milk, supplies nine meals for each family member. Food is either purchased at the Food Bank of Western Massachusetts or collected from donors individually or from food drives organized through local churches, schools and community groups.

The benefits of the *Food Pantry Project* go beyond food. While participants shop for their monthly box, the pantry's staff and its 20 volunteers offer cooking tips and nutritional information about available foods. They also use the opportunity to make referrals to other services that consumers identify as a need. These include such things as access to food stamps, health insurance, fuel assistance, and affordable housing, some of which are provided by other Center programs.

In the last twelve months, the *Food Pantry Project* provided nutritious food for 3,016 people (unduplicated), of whom 1,948 were low-income residents of Amherst (an increase of approximately 15% over the previous year). Among Amherst residents, 82 consumers identify themselves as homeless (an almost 60% increase over last year), and at least 256 households (out of a total of 772 unduplicated households in Amherst) contain at least one disabled member. Consumers range in age from newborn to 92 years old. The following graph shows the age breakdown of participants.



The goal of the *Food Pantry Project* is to make sure that adequate nutrition is accessible to all.

For the 690 Amherst children we serve (a 25% increase over last year), we make sure to have an abundance of child-friendly nutritious food. For those at the other end of the age spectrum, the *Food Pantry Project* delivers food boxes monthly to the Amherst Senior Center, Clark House, Anne Whalen and Chestnut Court. The program also makes additional effort to provide food for people suffering from nutrition-related conditions such as diabetes, lactose intolerance, gluten allergies, high cholesterol and high blood pressure.

B. What is the community's need for the proposed project/program?

Define the need or problem to be addressed by the proposed project. Explain why the project is important. Provide evidence of the severity of the need or problem. Who the affected population and why is this population presently underserved or not served?

Basic needs services like ours are critical in Amherst and the surrounding area. Project Bread's 2007 annual *Status Report on Hunger in Massachusetts* names Amherst as one of thirty-five municipalities in the state with the highest concentration of hunger and poverty, along with cities such as Greenfield, Holyoke, and Springfield. The rate of free and reduced lunch usage in schools, whose cut-off is approximately double the US poverty level, provides another measure of poverty in the region. In Amherst, 29% of our elementary students, nearly one-in-three, utilize the free and reduced lunch program.¹ This is a large number of struggling families who must make dire choices between food and heat, health care and childcare every day.

Alarming as this statistic is, it does not capture the true level of poverty in the area. The Economic Policy Institute has demonstrated that at the US poverty level (\$18,530 for a family of three in 2011), the full range of basic needs, including food, clothing, shelter, transportation, health care and child care, remains unaffordable.² A more realistic "basic needs" budget is approximately 250% of the poverty level in an area like ours, or \$46,325 for a family of three, requiring an hourly salary of over \$22/hour.³ This is out of reach for many.

Reduced buying power forces families to cut corners where nutrition is concerned, with adverse physical and mental health consequences as a result. This is especially true of the vulnerable population served by the Survival Center, which includes children, the elderly, people suffering from mental illness and the homeless. Many studies have shown that rates of obesity and type 2 diabetes in the United States, beginning in childhood, follow a socioeconomic gradient, with the burden of disease falling disproportionately on the poor. A report in the *New York Times* in March 2008 documented moreover "widening socioeconomic inequalities in life expectancy" at birth and at every age level. Significantly lower life expectancies for people in poverty are attributed in part to unhealthy diets that are a consequence of the unavailability of fresh produce.

Low-income seniors are also particularly vulnerable to malnutrition. *America's Second Harvest*, the nation's largest charitable hunger relief organization, reported that in 2006 "28.7 percent of client households with seniors indicated that they have had to choose between food and medical care and 31 percent had to choose between food and paying for heat/utilities." The consequences of food insecurity among the elderly are high; a 2001 Tennessee study on women's health and

¹ Amherst Regional Public School's 2007-2008 State of the District Report

² Bernstein, Brocht and Spade-Aguilar (2000), How Much is Enough? Basic Family Budgets for Working Families

³ National Center for Children and Poverty, Columbia University

aging, for example, found that poor nutrition among the elderly contributes significantly to depression and to an overall lower quality of life.

The impact of inferior nutrition on the mentally ill is even more pronounced. A recent study reports that although, in the general population, death rates from cardiovascular disease have declined sharply, “patients with severe mental illnesses, such as schizophrenia, bipolar disorder, and depression that together affect 5% to 10% of the US population, lose 25 or more years of life expectancy, with the majority of the excess premature deaths due to cardiovascular disease.”⁴ In addition, the *New York Times* reports, “among the mentally ill, roughly one in every five appear to develop diabetes — about double the rate of the general population.”⁵

This problem is even more pronounced among the homeless. Studies have shown that more than one third of the people who are homeless are undernourished, a rate significantly higher than that of the general population.^{6,7} This is attributable to a number of factors, including lack of income to buy healthful food and complications of substance and alcohol abuse. Nutritional deficits result in higher levels of anemia, gastrointestinal disorders and hypertension.

C. Community Involvement

What process was used to select this particular project? How was the process responsive to expressed community need?

We are requesting funding for the *Food Pantry Project* because food, the most basic of human needs, is at the heart of our mission. In this tight economy, people often end up relying on less expensive, less nutritious, high-calorie foods to stave off hunger. As Section B demonstrated, the negative health consequences of a poor diet include a variety of serious potential health problems that have implications for a person’s ability to succeed in school, work and all areas of life.

While the Center has a number of food distribution programs (including daily produce distribution and a daily hot lunch), we are seeking funding for the *Food Pantry Project* because this program most efficiently feeds large numbers of people. Unlike our Lunch Program, which is accessible only to people who are able to come to the Survival Center at noon, the *Food Pantry Project* allows a single household member to retrieve a comprehensive assortment of groceries for an entire family in a single visit. It is this program that ensures that elderly parents, children attending school, and low-wage workers with inflexible schedules can all get the food and nutrition they need.

Define the process that will be used to maintain involvement of the project beneficiaries in the implementation of the project.

Central to the Amherst Survival Center’s mission is to provide food, health care, clothing and community through volunteer efforts. The success of the *Food Pantry Project*, like that of all our other programs, is largely due to the outpouring of volunteer involvement by non-consumers and consumers alike. Our sustained history of volunteer efforts serves both to lower costs

⁴ Newcomer and Hennekens, “Severe Mental Illness and Risk of Cardiovascular Disease,” *JAMA*.2007; 298: 1794-1796

⁵ “In Diabetes, One More Burden for the Mentally Ill,” *New York Times*, June 12, 2006.

⁶ Wiecha, Dwyer, & Dunn-Strohecker (1991) “Nutrition and health services needs among the homeless,” *Public Health Reports* 106(4): 364–374.

⁷ Gelberg, Stein and Neumann (1995), “Determinants of Undernutrition Among the Homeless,” in *Public Health Reports* 110(4): 448-454.

significantly and to engage the whole community in every aspect of the project.

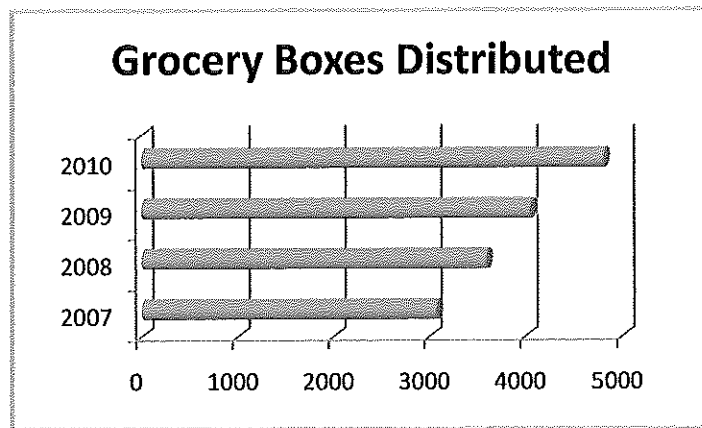
D. Project Feasibility

The project impact will be evaluated upon the extent to which the response meets the following criteria:

1. Describe what evidence exists to show that the community at large or project beneficiaries will use the project. Include documentation of demand for the activity through summary descriptions of surveys, inquiries, waiting lists or past participation.

The greatest expression of community need and best predictor of continued participation in the program can be found in the increasing demand for the *Food Pantry Project* at the Survival Center. The program has experienced 34% growth in the number of people requesting assistance in the last three years, as illustrated by the graph below.

Number of boxes distributed by the Food Pantry 2007-2010



2. If applicable, describe and document the availability and source of matching or other funds needed to complete the project.

As with all programs at the Amherst Survival Center, project financing involves support from diverse sources. The table below, taken from our Program Budget, shows that we will seek matching funds from the United Way of Hampshire County, the federal Emergency Food and Shelter Program and individual donors to support the *Food Pantry Project*.

Program Income	Amherst	Non-Amherst	
Town of Amherst	\$ 30,000	\$ -	<i>pending</i>
United Way Hampshire	\$ 1,000	\$ 5,000	<i>confirmed</i>
United Way Franklin		\$ 4,500	<i>confirmed</i>
Emergency Food & Shelter: Hampshire	\$ 400	\$ 1,700	<i>pending</i>
Emergency Food & Shelter: Franklin		\$ 720	<i>pending</i>
Contributions	\$ 500	\$ 4,500	<i>proposed</i>
Total Program Income	\$ 31,900	\$ 16,420	
	<i>Amherst 65%</i>	<i>Non-Amherst 35%</i>	

3. *Identify the roles and responsibilities of all personnel involved in the project as well as internal controls.*

- **Executive Director:** Responsible for fundraising and community outreach
- **Program Director:** Responsible for overseeing agency logistics and managing volunteers for the program
- **Pantry Coordinator:** Responsible for overseeing food pantry operations, procuring food at the Food Bank of Western Massachusetts, coordinating food drives and reporting on *Food Pantry Project* participation for funders

Survival Center staff members work together on this project with more than 20 volunteers, many of whom are also service consumers. The volunteers undertake core tasks such as serving clients, loading food, stocking shelves and keeping the Food Pantry clean and orderly.

4. *Citing past accomplishments, document that the agency has the necessary past expertise to conduct the activity and has successfully completed past activities in a timely manner.*

The Amherst Survival Center has a thirty-five year history of providing for families' basic needs in this community. During this time, the *Food Pantry Project* has expanded from a shelf with a few random cans to a model operation serving 1,505 unique households each year. Now, more than 4,000 people use the Center for food assistance, as well as clothing and health care.

The ASC has been recognized statewide for its high quality programs. We receive significant competitive funding, and we have been honored with several awards. Clinic co-founder Dr. Susan Lowery was presented with a *Community Leadership Award* by the Massachusetts Department of Public Health for her work at the Free Clinic, and the ASC was among only five service agencies across the state to receive the *2009 Peer Provider Award* at the Providers' Council *34th Annual Convention & Expo* in Boston. The Food Bank of Western Massachusetts also recognized ASC's accomplishments by inviting our Executive Director to be part of a panel on *Non-Profit Best Practices* at the 2010 annual *Hunger Summit* in Springfield. Later this year ASC will be receiving a *2011 A+ Award* from the Amherst Area Chamber of Commerce. This award is given to "community leaders, organizations, and businesses that have worked to make Amherst a better place."

5. *Please submit a program budget that includes all sources of revenue and all expenses.*

Please see attached.

E. **Impact**

The most obvious and direct impact of this program is that fewer people will go to bed hungry in Amherst. Numerous studies confirm that "persons who had access to and used a wide variety of free food sources such as soup kitchens [and] pantries that give free groceries..."⁸ were significantly better nourished than those without those resources. The variety of healthful choices we provide prevents serious malnutrition.

Harder to measure, but equally important, is the impact that good nutrition has on families' and individuals' ability to thrive. A recent study by Katherine Alaimo, a community health scholar at the University of Michigan, for example, demonstrates that "food deprivation...puts children at risk

⁸ Gelberg, Stein and Neumann (1995), "Determinants of Undernutrition Among the Homeless," in *Public Health Reports* 110(4): 448-454.

for multiple developmental problems” including major depression and inability to get on with school peers as well as cognitive deficits that lead to difficulty with school work. Our Emergency Food services have the potential to have a major direct impact on food deprivation and consequent indirect impact on the full range of quality of life issues for families, including children’s development and success in school.

F. Evaluation

Goals & Assessments: Please explain your short-term goals and long-term goals. Describe the changes in the target population that indicate the program’s success. How will these changes be measured? Will anticipated changes affect the municipality’s responsibility to this target population? How will the impact of this service on individual clients be tracked over time? Will there be additional beneficiaries? Will this service enable clients to become self-sufficient? How is this service linked to other human/social service programs in the community?

Our strategic plan lays out basic methods and benchmarks for assessing progress toward this and other programmatic goals. Qualitative measures look at numbers of consumers using the program, waiting time for services, and the consistency of volunteer coverage for key activities. We also assess the demographics of consumers quarterly to make sure that services are being utilized by all those in the community who may need them. In addition, it is the policy at the Survival Center to provide ongoing feedback opportunities (such as quarterly open meetings and an anonymous suggestion box). The information we gather allows us to adjust our services to best meet community needs.

While the Survival Center has made the difference for thousands of people over the last thirty-five years, our statistics show that low-income Amherst residents are still underserved. In the last 12 months, 343 Amherst households with children utilized the Food Pantry Project at least once (a 33% increase over last year). According to the 2000 U.S. census, however, there are at least 329 families in Amherst living at or below the poverty level (which in 2011, for a family of four, is \$18,530), and approximately twice that number who meet the somewhat higher USDA poverty guidelines (\$34,281).

It is harder to evaluate the scale of poverty in households without children, due to the large presence of University undergraduates, some of whom are considered to be living in poverty but whose circumstances differ significantly from many of our clients. Nevertheless, the gap between the number of individuals served by the *Food Pantry Project* in Amherst (1,948), and the number of individuals living in poverty reported in Census 2000 (4,530) suggests that we have some work to do in reaching out to struggling individuals and couples as well.

The *Food Pantry Project* has become a major thread in Amherst’s safety net, serving families and individuals who utilize the services of a number of agencies. We also cooperate directly with other local agencies such as Jessie’s House, The Literacy Project, and Big Brothers Big Sisters of Hampshire County to help struggling families thrive. Amherst has a system of providing vouchers for child care that go to many of the same people that Survival Center programs serve. Family Outreach social workers frequently accompany parents to our Food Pantry for extra groceries. This support through informal collaboration is ongoing.

G. Agency Information

Please provide an overview of your organization, including length of time in existence, experience in successfully conducting activities for which funding is being sought, and skills and current services that reflect capacity for success.

The Amherst Survival Center is a regional resource founded in 1975 that provides food, health care, clothing and community through volunteer efforts to over 4,000 people each year, 65% of whom live in Amherst. The only organization of its kind in the area, we offer an Emergency Food Pantry, Soup Kitchen, Free (Thrift) Store, drop-in Free Health Clinic, volunteer opportunities and an extensive referral system, all in a single location that serves as an easy one-stop operation for families and individuals in need in the Amherst area. As detailed above in Section D, the Survival Center has been commended as a model provider by local agencies and foundations.

Our approach begins with a broad definition of basic needs, which includes not only food and clothing, but also health care, access to entitlements such as health insurance and food stamps, and a supportive community, created in large part by providing consumers with opportunities both to receive services and to gain skills through volunteering themselves.

The Amherst Survival Center is the only agency in the area that provides comprehensive basic needs services in a single location. Studies have shown that service integration of this sort “produced significant dividends in the form of reduced duplication and waste, strengthened local communities, and improved client outcomes.”⁹

Perhaps the greatest measure of ASC’s success comes from the testimony of participants in our programs. Standing in a hallway at the Survival Center, a homeless man who both relies on and volunteers here gestured in every direction and said, “In how many organizations can I stand in one spot like this, and point to all these services for the homeless—lockers for storing my stuff, a place to shower, clean clothes and a washer and dryer, great food, free medical care, a chance to volunteer, and get help finding a place to live? This is tremendous.”

⁹ Hassett and Austin (1997), “Service Integration: Something old and something new,” in *Administration and Social Work*.

Amherst Survival Center

**July 2012-June 2013:
Projected Emergency Food Pantry Budget**

Program Income

Town of Amherst	\$ 30,000	\$ 30,000	\$ -	pending
United Way of Hampshire County	\$ 6,000	\$ 1,000	\$ 5,000	confirmed
United Way of Franklin County	\$ 4,500	\$ -	\$ 4,500	confirmed
Emergency Food & Shelter Program: Hampshire County	\$ 2,100	\$ 400	\$ 1,700	pending
Emergency Food & Shelter Program: Franklin County	\$ 720	\$ -	\$ 720	pending
Contributions	\$ 5,000	\$ 500	\$ 4,500	proposed
Total Program Income	\$ 48,320	\$ 31,900	\$ 16,420	

Amherst 65% Non-Amherst 35%

Program Expenses

Pantry Coordinator	\$ 29,700
Program Director	\$ 3,955
Work Study Students	\$ 2,000
Food	\$ 9,000
Transportation	\$ 1,170
Overhead	\$ 2,475
Total Program Expenses	\$ 48,300

Net Program Income

	\$ 20
In Kind Goods: Food Donations	\$ 40,000

Amherst Survival Center
Board of Directors
July 2011

Susan C. Lowery, MD (2008-2011)
274 Greenfield Road
Montague, MA 01351
413-695-1512

Dr. Susan Lowery is a Board Certified Family Physician who had a private practice in Amherst for 13 years prior to retiring in 1994. She trained at Montgomery County Hospital, a subsidiary of Temple University, where she completed her MD in 1987. She has a BA in Psychology from LaSalle University in Philadelphia.

Tini Sawicki (2008-2011)
35 University Drive
Amherst MA 01002
413-549-2600

Owner, Prudential Sawicki Real Estate

As Owner of Prudential Sawicki Real Estate, Tini is invested in the Amherst community and brings her social and professional skills to the Board of Directors and Development Committee.

Marcie Sclove (2007-2013)
20 McClellan Street
Amherst MA 01002
413-256-8727

Retired

After working as a professional chef, culinary professor, and restaurant owner for 25 years, Marcie became the Food Coordinator at the ASC in 1997. Since then, Marcie has remained active in the ASC community as a volunteer and Board Member. She also works as a doula (childbirth attendant), often volunteering to support low income and at-risk birthing women at Baystate Hospital and Franklin Medical Center.

Kenneth K. Toong (2011- 2014)
10 Algonquin Drive
Hadley, MA 01035
413-586-2251

University of Massachusetts

Ken is the Executive Director of Auxiliary Services at the University of Massachusetts Amherst. He is responsible for oversight of the Campus Center/Student Union complex and Events Office; Dining Services, retail food services, Hotel and Conference Services, retail services and the UMass system's trademark and licensing program and serves as the contract administrator for bookstore operations.

Amherst Survival Center
Board of Directors
July 2011

Sarah Barr (2011-2014)
102 Keefe Campus Center
Amherst MA 01002
413-542-2982

Director of Academic Programs

Sarah is the Director of Academic Programs at the Center for Community Engagement at Amherst College. She works with faculty, staff, students, alumni, and community organizations to develop community-based courses, research projects, internships, and co-curricular initiatives. She recently completed a master's degree in Theology and Ethics at Hartford Seminary.

Richard Cohen (2010-2013)
389 Henry Street
Amherst, MA 01002
413-256-6145/413-345-1063

Legal Consultant

Richard is an attorney who presently works as a consultant advising companies in the areas of commercial and antitrust law. He was employed for 27 years as an in-house corporate attorney and 3 years as a litigator at a Wilmington, DE law firm. He is a graduate of the University of Pennsylvania Law School.

Aron P. Goldman (2007-2013)
73 Weatherwood Road
Amherst, MA 01002
413-548-8188

Executive Director, Policy Development

Aron is the Executive Director of the Springfield Institute, a research, policy, and community organizing initiative. Goldman has 14 years experience in program development for grassroots, regional, national, and international organizations. Goldman holds a Masters degree from Princeton University's Woodrow Wilson School for Public and International Affairs.

Sabine Holub (2009-2012)
Chancellor's House
University of Massachusetts
Amherst, MA 01003
Community Activist

Sabine is the wife of University of Massachusetts Chancellor, Robert Holub. She brings experience in fundraising and development to the Board of Directors and Development Committee.

Amherst Survival Center
Board of Directors
July 2011

The Board of Directors meets the 2nd Monday of each month at the Amherst Survival Center at 5:30 pm.

Jan Eidelson (2006-2012)

(President)

80 Kellogg Ave.

Amherst, MA 01002

413-549-2631

Domestic Violence Specialist

Jan has spent her youth and adult life focused on social justice and advocating for abused women. She is the President of the Board of Directors and a member of Psychologists for Social Responsibility.

Gail Lansky (2010-2013)

(Vice President)

39 Summerfield Road

Amherst, MA 01002

413-259-1222

Outreach and Development Director, Amherst Cinema Arts Center

Gail is the Outreach and Development Director for the Amherst Cinema Arts Center, a nonprofit organization with two independent movie theaters in Northampton and Amherst. She is the former Director of LGA Discovery Camps. From June 2005-November 2009 she was the National Director of B'nai Tzedek Teen Philanthropy Program at the Harold Grinspoon Foundation where she coordinated the first-ever Jewish Youth Philanthropy Conference.

Susan Cramer (Interim 2011)

(Treasurer)

47 Amity Street

Amherst, MA 01002

413-259-3762

Retired

Susan has a law background and served as a Bank Trust Officer for 30 years. She volunteers as a tax preparer with Tax Counseling for the Elderly.

Amy Rothenberg, ND (2011-2012)

(Secretary)

356 Middle Street

Amherst, MA 01002

413-253-5011

Dr. Amy Rothenberg graduated from the National College of Naturopathic Medicine, and has been in private practice since 1986. She writes and teaches widely on topics in complementary and alternative medicine. She served on the Amherst Board of Health for six years.

AMHERST SURVIVAL CENTER
ORGANIZATIONAL CHART

