



Mayor – Sandy Sanders

Acting City Administrator – Jeff Dingman

City Clerk – Sherri Gard

**Board of Directors**

Ward 1 – Keith D. Lau

Ward 2 – Andre' Good

Ward 3 – Mike Lorenz

Ward 4 – George Catsavis

At Large Position 5 – Tracy Pennartz

At Large Position 6 – Kevin Settle

At Large Position 7 – Don Hutchings

**AGENDA**  
**Fort Smith Board of Directors**  
**STUDY SESSION**  
**December 8, 2015 ~ 12:00 Noon**  
**Fort Smith Public Library**  
**3201 Rogers Avenue**

**CALL TO ORDER**

1. Review Project Concern Federal Poverty Level (FPL) participation percentage  
~ *Director Pennartz requested at the April 7, 2015 regular meeting* ~
2. Review recommendations of the Animal Services Advisory Board regarding live animals as prizes
3. Review preliminary agenda for the December 15, 2015 regular meeting

**ADJOURN**



# MEMORANDUM

December 4, 2015

**TO:** Jeff Dingman, Acting City Administrator

**FROM:** Jennifer Walker, Finance Director *Jennifer Walker*

**SUBJECT:** Project Concern Update

Project Concern is a utility assistance program that began in 1983 to offer relief to Fort Smith seniors and other citizens meeting certain income thresholds. The program is administered by the Sebastian Retired Citizens Association (SCRA). Project Concern currently sets eligibility at 165% of federal poverty levels. The table below provides the current equivalents in household income:

Persons in Household	Income Limit (165% Poverty Level)
1	\$19,420
2	\$26,284
3	\$33,148
4	\$40,012
5	\$46,877

- Participation in the program allows the following discounted rates:
- 81% of the monthly sanitation bill
  - 50% of the monthly water meter base charge
  - 50% of the monthly sanitary sewer bill

For a family of four, this can mean savings of \$200 or more per year.

Participation rates have remained extremely low in past years with less than 100 participants at any point in time. Early in 2015, the City Administration increased its efforts to publicize the program through social media and press releases. This resulted in participation nearly tripling to a current participation rate of 261 families receiving assistance through the program. In 2015, the program will have provided an estimated \$32,000 in benefits through Project Concern. While we have made progress toward our goal of increasing awareness of the program, participation rates remain below 1% of total residential accounts. We are looking for additional ways to encourage participation for those families that need it most.

Attachment 1: Poverty Guidelines table for 2015

2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia <a href="#">Back to Top</a>	
Persons in family/household	Poverty guideline
1	\$11,770
2	15,930
3	20,090
4	24,250
5	28,410
6	32,570

Source: <http://aspe.hhs.gov/2015-poverty-guidelines>

Applicants are required to provide, along with a completed and signed application:

- Proof of income for everyone in the household
- Most recent City of Fort Smith utility bill

City of Fort Smith utility customers interested in receiving more information about the program may call the city's customer service representatives at 479.784.2261 or a representative at the Beckman Center at 479.785.0065.

**CITY OF FORT SMITH  
APPLICATION FOR UTILITY ASSISTANCE  
PROJECT CONCERN**

<b>FOR OFFICE USE:</b>	
ACCOUNT #:	_____
EFFECTIVE DATE:	_____

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**TELEPHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

	NAME	SOCIAL SECURITY #	RELATION TO HEAD OF HOUSEHOLD
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____
4:	_____	_____	_____
5:	_____	_____	_____

SOURCE	AMOUNT	SOURCE	AMOUNT
EARNED INCOME	\$ _____	WORKER'S COMP	\$ _____
FARM SELF EMP	\$ _____	UNEMPLOYMENT COMP	\$ _____
NON-FARM SELF EMP	\$ _____	PENSIONS/ANNUITIES	\$ _____
SOCIAL SECURITY	\$ _____	DIVIDENDS/ROYALTIES	\$ _____
V.A.	\$ _____	SAVINGS INTEREST	\$ _____
AFDC	\$ _____	RENTAL INCOME	\$ _____
SSI	\$ _____	CHILD SUPPORT	\$ _____
ALIMONY	\$ _____	FOOD STAMPS	\$ _____
WIC	\$ _____	OTHER INCOME	\$ _____

INCOME FROM OTHERS (FAMILY MEMBERS, BOYFRIEND, ETC) \$ \_\_\_\_\_  
 DO YOU RECEIVE ANY OTHER UTILITY ASSISTANCE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, AMOUNT OF UTILITY ASSISTANCE \$ \_\_\_\_\_ SOURCE OF ASSISTANCE \_\_\_\_\_  
 DO YOU RECEIVE GOVERNMENTAL RENTAL ASSISTANCE, THROUGH FEDERALLY SUBSIDIZED HOUSING, THE HOUSING AUTHORITY, OR HUD? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, AMOUNT OF RENTAL ASSISTANCE \$ \_\_\_\_\_ SOURCE OF ASSISTANCE \_\_\_\_\_  
 TOTAL HOUSEHOLD INCOME \$ \_\_\_\_\_

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I hereby certify that the above information is true and correct and authorize the Sebastian Retired Citizens Association (SRCA) and/or the City of Fort Smith Representatives to make any investigations necessary to establish my eligibility for services. I understand that if I am dissatisfied with the decision rendered that I may request a hearing. I agree that I shall report any changes to my income that may affect my eligibility within 5 days as long as I am a participant of the Project Concern Assistance Program. I understand that if false statements are found on this application it shall be considered sufficient cause for removal from the Project Concern Utility Assistance Program, and ineligibility for further billing at the discount rate. Further, I understand that the City of Fort Smith will bill me for any discounts obtained fraudulently through these false statements.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF FORT SMITH  
"PROJECT CONCERN" TERMS OF AGREEMENT**

The form which you just completed is a record of an application for services made by you for the City of Fort Smith Utility Assistance Program. You should be aware of the following information.

**1. YOU WILL NEED PROOF OF INCOME FOR EVERYONE IN THE HOUSEHOLD, AND YOUR MOST RECENT WATER BILL WHEN THIS APPLICATION IS PRESENTED TO THE BECKMAN CENTER FOR APPROVAL. COMPLETED APPLICATION, PROOF OF INCOME AND CURRENT WATER BILL WILL NEED TO BE MAILED OR TAKEN TO THE BECKMAN CENTER LOCATED AT 2100 N 31 ST. FORT SMITH, AR 72904**

2. Your application must be process within 30 days of being completed.

3. You have the right to request a hearing from the City Administrator if you are determined ineligible for the Utility Assistance Program. Requests must be filed in writing within 10 days of notification of ineligibility to the City Administrator, PO BOX 1908, Fort Smith, AR 72902

4. You have the responsibility to report within 5 days if you or any member of your family covered by this request for service moves from the state, enters a nursing home, or institution for the mentally retarded, ceases to receive AFDC or SSI, has changes in their income, or if there are any other changes in information supplied on the front of this application.

5. Your case may be selected for a detailed review of eligibility factors by staff of the Sebastian Retired Citizens Association, Inc (SRCA), or the City of Fort Smith.

6. The SRCA is required to make information in your application available to the City of Fort Smith for any purpose connected with "Project Concern" utility assistance program. Such purposes may include, but are not necessarily limited to audit of SRCA records to establish that the program was operated in compliance with the requirements of the City of Fort Smith. your signature on this form is your consent to the release of any information for those purposes. You may refuse to supply any or all such information to the SRCA, but your refusal to do so may result in the denial or discontinuation of your eligibility for utility assistance through Project Concern.

7. Both SRCA and the City of Fort Smith are required to keep any personal information for which you have supplied about you and your family confidential and this information will not be released to anyone without your written consent , except as stated in item 5 above.

I \_\_\_\_\_ certify that all facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for ineligibility, and that I may be required to pay for any discounts that I received fraudulently. Your signature certifies that you have read and understand the Terms of Agreement for "Project Concern" utility assistance. If you do not understand any of the terms of this application, please request further explanation before signing and submitting this application. You may refuse to sign the Terms of Agreement for utility assistance, but your refusal may result in ineligibility of utility assistance through "Project Concern".

**Client Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Determination of Eligibility**

**Eligible**

**Ineligible**

**Mail Application to :**

Beckman Center  
Attention: Candace Graham  
2100 N 31 St  
Fort Smith, AR 72904  
479-785-0065

**Date of Determination:** \_\_\_\_\_

**Signature of SRCA Representative** \_\_\_\_\_



## Fort Smith Police Department

Kevin Lindsey, Chief of Police

### INTERDEPARTMENTAL MEMORANDUM

**To: Jeff Dingman, Acting City Administrator**

**From: Kevin Lindsey, Chief of Police**

**Subject: Proposed Ordinance by Animal Services Advisory Board**

**Date: December 3, 2015**

The purpose of this memorandum is to provide City Directors with advance information concerning a proposed ordinance from members of the Animal Services Advisory Board (ASAB). At their quarterly meeting held on November 4, 2015, wording was finalized for the proposed ordinance which serves to ban the practice of offering animals as prizes, or as an incentive to buy any item. The ASAB previously offered a similar proposal several months ago, however that proposal was denied by the city's Board of Directors. The reason given was that it would negatively impact charitable organizations that routinely hold raffles in which an animal is offered as a prize. This new proposal specifically seeks to exempt any 501 (C) (3) charitable organization as well as any animal activity related to a 4-H or Future Farmers of America organization. The concern conveyed by the ASAB is that often when an animal is offered as a prize, the animal grows, and the animal's owner loses interest in the animal, thereby increasing the likelihood the animal may suffer from neglect as a result. Therefore, the ASAB offers this proposed ordinance for the consideration of the Board of Directors.

Sergeant Greg Copeland, police department liaison to the ASAB, will be present at the December 8<sup>th</sup> study session along with members of the ASAB to answer any questions Directors may have concerning the proposed ordinance.

Please contact me if you have questions or need additional information.