



INSTITUTE FOR THE STUDY OF COMMUNITY ECONOMIC DEVELOPMENT
ISCED Management Training Program
Assessment Questionnaire

Part I - Agency Information

- A. NAME OF AGENCY: EAST PALO ALTO SENIOR CENTER
- B. ADDRESS: 2120 Euclid Avenue
(Street & Number or Post Office Box Number)
Fast Palo Alto California 94303
(City) (State) (Zip Code)
- C. TELEPHONE NUMBER: 415 322-6809
(Area Code) (Number)
- D. AGENCY PURPOSE: Briefly state the purpose/mission of your agency.
The purpose of the EPA Senior Center is to give to the community of East Palo Alto a well-located facility, accessible to its senior citizen population. It is a focal point of services for meeting the total needs of the community's seniors.
- E. AGENCY PROGRAMS: List the major program services provided by your agency.
1. Information and referral; 2. Outreach; 3. Group counseling; 4. Transportation and Escort services; 5. In-home support; 6. Nutrition services; 7. Education and Recreation.
- F. GEOGRAPHIC REGION SERVED BY AGENCY: East Palo Alto, California
- G. DESCRIPTION OF CLIENTELE SERVED BY AGENCY: The clientele are all seniors 60 years of age or older; most reside in EPA but some are from surrounding communities; most are low-income and minority



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Part I - Agency Information, Continued

H. NUMBER OF CLIENTELE SERVED ANUALLY BY AGENCY:

ADULTS: ___ Less than 100 ___ 100-250 ___ 251-500 **XX** Over 500

YOUTH: ___ Less than 100 ___ 100-250 ___ 251-500 ___ Over 500

I. NAME OF DIRECTOR/CHIEF ADMINISTRATIVE OFFICER: Mrs. Barbara A. Mouton, Director

J. NUMBER OF STAFF: Full-Time 2 Part-Time 2 Volunteer ___

K. TOTAL AGENCY BUDGET: 1980-1981 \$ 44,543.00 1981-1982 \$ 44,543.00

L. MAJOR FUNDING SOURCE(S): ___ Federal **XX** State ___ County ___ City
___ Foundation ___ Memberships ___ Fees
___ Events ___ Other (Please Explain) _____

