

2017-2018 CDBG PUBLIC SERVICES FUNDING APPLICATION

1. **Agency Name** _____

2. **Funding Request** CDBG \$ _____

Check one: Youth Senior Crime Prevention Fair Housing Other

3. **Program Summary**

Program Name: _____

Site location: _____

Eligible activity: _____

Start date: _____

Completion date: _____

Do you have a policies and procedures manual for this program? _____

How many years has this manual been in place? _____

4. **Program Information**

Identify the geographic area served by this program (attach map), and how this area was determined:

Please check all type of client categories this program will serve:

___ Preschool (under 5 yrs.)

___ Young Adult (20-24 yrs.)

___ Youth (6-12 yrs.)

___ Adults (25-61)

___ Adolescent/Teens (13-19 yrs.)

___ Senior Citizen (age 62 and over)

___ Disabled

Please indicate which of these HUD National Objective criteria you will meet:

___ Low/Mod Area Benefit

___ Low/Mod Limited Clientele

___ Low Mod Income Jobs

If this program benefits residents of a low mod area (low mod area benefit), describe how you will document residency in the low mod area. Describe eligibility criteria, the application process, address verification criteria and program enrollment.

If this program serves a limited clientele, explain how income eligibility will be documented. Describe eligibility criteria, the application process, selection criteria, and program enrollment

What are the needs of the clients that you are proposing to assist? How did you identify those needs?

Given the needs identified, what goals have you developed for your program? Participants?

Program Goals:

Participant Goals:

What objectives or activities, will you undertake in this funding year in order to meet those goals?
Please list each objective (1, 2, 3 etc.) and describe.

Will you be utilizing any evidenced based curriculum in your efforts? Nationally recognized best practice models?

Yes Please identify _____

No

Will you be partnering with any other organizations in delivering your proposed program?

Yes Please identify _____

No

Please complete below information on proposed beneficiaries:

Estimated number of unduplicated persons this program will serve: _____

Estimated number of unduplicated LMI persons this program will serve: _____

Estimated number of persons needing these services: _____

Please use the space below to indicate any other compelling evidence and/or support for your program, or any anecdotal of other information you want to share about your proposal.

Attachments

Please check the box and include copies of any applicable items:

- A. Organizational chart (indicate where program is located within organization)
- B. Resume of Program Director or Project Manager
- C. Job descriptions for all positions that will be funded by this request
- D. Marketing/Outreach Plan
- E. A one month long sample daily calendar of events
- F. Budget Details

SIGNATURE SECTION

To the best of my knowledge and belief, the information in this application is true and correct, and its submission has been duly authorized by the governing body of the applicant. With this submission, we agree to follow all rules and regulations that govern federal entitlement funding.

We also agree to participate in any technical assistance training or seminars for staff and board members that the City of Buffalo offers during the program year; and understand that failure to attend this training may result in the loss of eligibility for future funding.

Finally, the person listed below as the "Authorized Contact" has been authorized by the governing body of the applicant to negotiate on behalf of the organization.

Applicant

Co-Applicant (if applicable)

Signature

Signature

Name and title

Name and title

Date

Date

Authorized Contact (if different from Applicant)

Name

Title

CO-APPLICANT INFORMATION

1. Organization

Legal name: _____

Address: _____ Zip: _____

2. Chief Official

Name: _____ Title: _____

Email: _____ Phone: _____

3. Status

Non-profit (type): _____

For profit (type): _____

Other (describe): _____

Tax Status: _____ Tax ID number: _____

Faith-based: Yes ____ No ____ Years in existence: _____

4. Background Information

Describe the primary purpose of the organization and the types of services it provides:

Describe the organization's capacity and qualifications to carry out the proposed program:

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Attachment D: Program Budget

Please insert both pages from the budget workbook after this page.

Explain why the costs for this program are reasonable:

Describe other funds that have been secured for this program, including funding sources, amounts, and intended uses. If the proposed funding is used to leverage additional resource, please indicate how it will be used.

Describe the use of donated goods and in-kind services, and estimate their value:

Outline any plans to seek new funding, including sources, amounts, and intended uses: