

CITY OF BUFFALO
2018/2019 PUBLIC SERVICES ORGANIZATIONAL ASSESSMENT
For Previously Funded Applicants
(please complete one assessment per organization)

1. Total Funding Request

CDBG \$ _____ ESG \$ _____ HOPWA \$ _____

2. Organization

Legal name: _____

D/B/A/: _____

Address: _____ Zip: _____

Website: _____ Phone: _____

3. Chief Professional Officer/CEO/Executive Director:

Name: _____ Title: _____

Email: _____ Phone: _____

4. Contact Person for question regarding the funding application:

Name: _____ Title: _____

Email: _____ Phone: _____

5. Board President :

Name: _____ Title: _____

Email: _____ Phone: _____

6. Status

Non-profit (type): _____

For profit (type): _____

Other (describe): _____

Tax Status: _____

Tax ID number: _____ Duns number: _____

Community-based: Yes ____ No ____ Faith-based: Yes ____ No ____

Years in existence: _____

City of Buffalo Vendor ID # _____

7. Attachments

Please check the box and include copies of the following items in the following order:

- A. List of board members
Include representation, voting powers, terms of office, and attendance records
- B. List of board meetings held during past 12 months
Include certification by Secretary
- C. Resumes for executive director and CFO (or accountant/bookkeeper)
- D. Current Agency budget
Include revenues, expenses, and meeting minutes approving budget
- E. Conflict of Interest Disclosure :Exhibit D
- F. Board authorization to request funds
Include meeting minutes