

**CITY OF BUFFALO**  
**2018/ 2019 PUBLIC SERVICES ORGANIZATIONAL ASSESSMENT for NEW agencies seeking**  
**CDBG, ESG and HOPWA program funds**

**1. Total Funding Request**

CDBG     \$ \_\_\_\_\_

ESG       \$ \_\_\_\_\_

HOPWA    \$ \_\_\_\_\_

**2. Organization**

Legal name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Website: \_\_\_\_\_

**3. Chief Official/Executive Director**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**4. Contact Person for Program Information :**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**5. Contact Person for Financial Information :**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**6. Status**

Non-profit (type): \_\_\_\_\_

For profit (type): \_\_\_\_\_

Other (describe): \_\_\_\_\_

Tax Status: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

Duns number: \_\_\_\_\_

Faith-based:     Yes \_\_\_\_    No \_\_\_\_

Community-based: Yes \_\_\_\_    No \_\_\_\_

Years in existence: \_\_\_\_\_ City of Buffalo Vendor ID # \_\_\_\_\_

**7. Background Information**

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

Describe your experience with delivering federal programs:

Describe the financial management procedures that your organization currently has in place  
(Staff, systems, separation of duties, etc.)

8. **Attachments**

Please check the box and include COMPLETE copies of the following items:

- 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 and job descriptions for executive director and CFO (or accountant/bookkeeper)
- D. Current Annual Agency Budget   
*Include revenues, expenses, and meeting minutes approving budget*
- E. Board authorization to request funds   
*Include meeting minutes*
- F. Annual A-133 or other audit, or financial statements.
- G. Most recent 990 and CHAR 500 (2015 or later, or copy of extension request )
- H. Conflict of Interest Disclosure Form (attached)