

CITY OF BUFFALO CDBG (COMMUNITY DEVELOPMENT BLOCK GRANT)
APPLICATION



Agency: _____

Requested Award Amount: _____

Did your program receive CDBG funding in last year? Yes No*

Application Contact

Name:
Title:
Phone:
Email:

If you have any questions or issues with completing this application, you may reach out to:
Sue Lumadue (716) 851-5531, slumadue@city-buffalo.com (General)
Rebecca Harris (716) 851-4135, rharris@city-buffalo.com (General)
Sean Tulumello (716) 851-4017, stulumello@city-buffalo.com (General and Technical)

*****STOP*****

The CDBG Application is significantly different from previous years. Please review these changes in the "Public Services Workbook" before completing.

For internal use only:

Received by: _____

Date: _____

I. AGENCY INFORMATION

Agency Legal Entity Name:	
Address:	City, State, Zip:
Phone:	Fax:
Agency Website:	
DUNS #	
Tax ID #	
City of Buffalo Vendor ID #	

II. CONTACT INFORMATION

CEO/Executive Director:
Email:
Phone:
Mailing Address:
CFO/Fiscal Officer:
Email:
Phone:
Mailing Address:
Board President:
Email:
Phone:
Mailing Address:
Program Contact:
Position:
Email:
Phone:
Mailing Address:
Finance Contact:
Position:
Email:
Phone:
Mailing Address:
Emergency Contact:
Email:
Phone:
Mailing Address:

III. BOARD INFORMATION

How many members are currently on your Board of Directors?	
What is the minimum required number of Board Members in your Bylaws?	
How often does the Board of Directors meet?	

IV. PROGRAM INFORMATION

On the next page, please select which activity (or activities) your program will address.

City of Buffalo CDBG Public Services Funding Application for Year 46 (2020-2021)

Economic Stability**★	Education**★	Social and Community Context***	Health and Health Care	Neighborhood and Built Environment ★
<input type="checkbox"/> Food security and access to healthy food	<input type="checkbox"/> HS Graduation and HSE completion	<input type="checkbox"/> Socialization opportunities (i.e. holiday and special events, coffee hour)	<input type="checkbox"/> Physical health education (i.e. Chronic Disease prevention, presentations from Health Care, etc.)	<input type="checkbox"/> Fair Housing practices (i.e., anti-discrimination education and interventions)
<input type="checkbox"/> Career exploration and job skill development	<input type="checkbox"/> Adult Continuing Education	<input type="checkbox"/> Enrichment activities (i.e. cultural exposure, community resource exposure, trainings and workshops)	<input type="checkbox"/> Benefits coordination and assistance	<input type="checkbox"/> Improve housing stability, homeownership programs, homelessness prevention activities
<input type="checkbox"/> Adult/Family budgeting and debt reeducation	<input type="checkbox"/> S.A.T. preparation	<input type="checkbox"/> Sports and fitness for youth (i.e. clinics, camps, leagues, yoga)	<input type="checkbox"/> Sexual Health Education and Prevention (i.e. safe sex, LGBT cultural competency)	<input type="checkbox"/> Legal Assistance to low income
<input type="checkbox"/> Life Skills for Youth – budgeting, banking, practical skills	<input type="checkbox"/> Homework Help and tutoring	<input type="checkbox"/> Recreation (i.e. games, crafts, reading, drop-in activities)	<input type="checkbox"/> Mental health education	<input type="checkbox"/> Transportation access to services
<input type="checkbox"/> Employment and job skills development	<input type="checkbox"/> Higher Ed enrollment and Financial Aid assistance	<input type="checkbox"/> Summer Camps	<input type="checkbox"/> Exercise and Fitness activities	<input type="checkbox"/> Other:
<input type="checkbox"/> Child Care	<input type="checkbox"/> Language and Literacy	<input type="checkbox"/> Mentoring (i.e. 1-on-1, group)	<input type="checkbox"/> Substance use education and prevention	
<input type="checkbox"/> Summer and School Days off/Emergency Child care	<input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> Family-focused events and activities	<input type="checkbox"/> Medical Case Management	
<input type="checkbox"/> Re-entry employment	<input type="checkbox"/> Parent Child Home Program	<input type="checkbox"/> Youth Leadership and volunteer opportunities	<input type="checkbox"/> Medical Transportation	
<input type="checkbox"/> Other:	<input type="checkbox"/> Access and introduction to Arts (Visual, dance, music, etc.)	<input type="checkbox"/> Intergenerational events and activities	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		

1. Program Activities and Schedules: Use CDBG Activity and Schedule document to complete the rest of the section. Please note: You must complete one CDBG Activity and Schedule document for each of these activities selected. For example: if you selected three activities from Page 3, you must complete three separate CDBG Activity and Schedule documents for each activity.

V. BUDGET AND FINANCE

1. Contract Budget: Use the CDBG Contract Budget spreadsheet in order to complete this section. The budget must match the total amount entered on Page 1. The budget will include all expenses related to delivering the program that you are seeking funding for. You do not need to complete individual budgets for each activity.
2. Annual Agency Income: Use the Annual Agency Income spreadsheet. This form should identify what other funds you are providing to carry out the activities proposed. This must match the total amount entered on Page 1. You do not need to complete individual annual agency incomes for each activity.

VI. ATTACHMENTS

Please check each box and include copies of all applicable items:

Provide one copy each:

- Organizational Chart: Highlight staff who will be funded through CDBG
- List of Board Members Include names, positions, organization or business affiliation, and years on the board
- Board Meeting Attendance: List of Board's attendance for the past 12 months
- Board Authorization to request funds
- Audited financial statements or most recent audit
- Most recent 990 and CHAR 500 (no earlier than 2018, or copy of extension request)
- Résumés of Key Staff: Include names and position titles. Applies to staff funded by program and the Executive Director
- Copy of Internal Controls Policy

Provide three copies each:

- CDBG Application Year 46
- Activities and Program Schedules (separate attachment): Three copies for each activity selected.
- CDBG Budget (separate attachment): Fill out all three columns. The first column is for funding you are requesting for this program, the second column is for the additional funding resources you have secured for this

program, and the third column is for the total amount of funding used for this program. The third or total column must match the total on your Annual Agency Income.

CDBG Annual Agency Income (separate attachment): Must be equal to or exceed the amount in the “other funding” column of the Budget Request Details, and include all fundraising indicated in Section V.

VII. SIGNATURES

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

Authorized Contact (if different from Applicant)

Signature

Signature

Name and Title

Name and Title

Date

Date