**APPLICATION FOR PUBLIC SOCIAL SERVICES FUNDING**

**GRANT YEAR 2017 – TOWN OF WAREHAM**

1. **Applicant Information**

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

Project Address (Location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Project Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CDBG Funding Requested: $

Matching Funds (if any): $

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

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

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Eligible Activity:** Check the category that best describes the type of funding being requested:

* ABE/GED classes
* Domestic Violence Prevention Services
* Economic Self-Sufficiency Services
* Elder Services
* English for Speakers of Other Languages (ESOL)
* Financial Literacy Services
* Food Pantry
* Homebuyer Counseling
* Homelessness Prevention Services
* Literacy Training
* Supportive Services
* Transportation
* Workforce-related Transportation Assistance
* Workforce-related Childcare Assistance
* Workforce Training
* Youth Services
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Project Narrative**
2. **Project Eligibility - National Objective Compliance**

Every Project receiving funding must meet the HUD National Objective of *benefitting low- and moderate-income [LMI] individuals/households*. A National Objective is a statutory requirement of the CDBG Program. This National Objective can be met either under the “area-wide benefit” or “limited clientele” sub-categories. National objectives and related documentation requirements are discussed in this section.

**Check one of the two boxes below** that best describes how your request meets the National Objective “benefits low/moderate income [LMI] individuals/households.” Answer the corresponding questions under the item you selected.

* **Area-wide Benefit Activities:** The proposed project or activity meets the needs of low/moderate income [LMI] persons residing in an **area** where at least 51% of those residents have incomes within 80% of the Area Median Income. ***The benefits of this activity are available to all persons regardless of income.***

A CDBG-assisted project will meet the national objective of benefit to low- and moderate-income persons if its benefits extend generally to all of the residents of the area where the project is located (the “service area”), AND 51% or more of those residents are low- and moderate-income persons. The service area must be primarily residential. The application must clearly document and explain how this requirement will be met*. If you are submitting an application where the National Objective will be met through the “area-wide benefit” provision, you are advised to discuss this in advance with the CEDA staff.*

**If you checked the box for “Area-Wide Benefit” please answer the following questions:**

1. Explain the methodology for establishing geographical boundaries of the service area and the percentage of low- and moderate-income persons.
2. Applicants must furnish a parcel map of the service area, showing the Census Block Groups and the corresponding LMI (low- and moderate-income) statistics.

* **Limited Clientele Activities:** The proposed project benefits a specific **group** of people (rather than all residents in a particular area), where at least 51% of those served are documented or presumed to be low/moderate income persons. (Examples include public services for the homeless, “Meals on Wheels” for the elderly, or job training for the low- and moderate-income individuals.)

A CDBG-assisted project will meet the “Limited Clientele” sub-category if it can be demonstrated that the project is designed so that the benefits are limited to certain groups. There are four (4) group types, listed below. Refer to **Appendix C**, which provides additional important information relating to each of these types of groups.

1. Groups that are presumed by HUD to be low- and moderate-income.
2. Groups of persons already documented as low- and moderate-income.
3. Groups whose composition is such that it can be concluded that a majority of their clientele will be low- and moderate-income persons.
4. Groups that can be documented to be predominantly low- and moderate-income (at least 51%).

Compliance for “Limited clientele” projects must be documented by one of the following methods:

1. For projects that do not provide “income payment” forms of assistance, beneficiaries may “self-declare” their eligibility, generally by completing and signing a form declaring household sizes and income ranges;
2. For projects that offer income payments or subsidies, income eligibility must be determined using source documentation;
3. For projects where the user profile will be low- and moderate-income, a description of the profile must be presented so that the conclusion, without a doubt, will be to benefit low- and moderate- income persons.

**If you checked the box for “Limited Clientele” please answer the following questions:**

1. Explain how the project will meet the National Objective: “benefits low/moderate income individuals/households.”

1. Describe what type(s) of documentation will be available to show that the project meets the National Objective: “benefits low/moderate income individuals/households.” The documentation must be one of the three methods described at the top of this page.

***Answer the questions below. Provide concise but clear answers. Please double-check to make sure that you have provided answers to all questions in Sections B-D.***

1. **Information on the Proposed Program or Service**
2. **Who will be served by your program or service?** (e.g., individuals, families, youth, any LMI person/household, or special populations groups or segments?)Describe the degree of severity of the need of those to be served.
3. **Why and how is the target population underserved, or not served currently?** To the extent possible, provide data to document this. If appropriate, supplement data with anecdotal information.
4. **What is the program or service that you will provide?** In a few paragraphs, clearly describe the program or service, including any key elements that are part of it. What will CDBG funds be used for? Is this a new, continuing, or expanded program or service? *(As appropriate, you can provide both a narrative and bullet list of services or program components. It is important to be as clear in describing your proposed used of the funds.)*
5. **Describe how the proposed project will address this need.** Be as specify as possible in describing the direct relationship between the need and how the program/service responds to it. To what degree will the program or service meet the need? How will you measure success, as well as determine areas for where future improvement is needed? Will you be able to track the impact on clients of this program/service over both the short- and long-term?
6. **Beneficiaries: Estimate the number of low and moderate-income persons to benefit from the project/services and provide the following information:**
7. **Total number of beneficiaries.** Estimate number of unduplicated beneficiaries and total (duplicated or repeat) beneficiaries (if different) that will be served with your requested funding.
8. **Total low- and moderate-income (LMI) beneficiaries** (duplicated and unduplicated)**.**
9. **Percentage of low- and moderate-income beneficiaries.**
10. **Cost per beneficiary** (duplicated and unduplicated)**.**
11. **Organizational Capacity & Experience** (Please respond to the questions below):
12. **Provide an overview of your organization including: mission statement, length of time in existence, services provided** (including those not related to this application)**, and other relevant information**. Identify the person responsible for program operations and financial management of the proposed project. List all other people who will be directly involved in your proposed project, along with their skills and qualifications and note whether these positions are current, new, or pending this award (attach resumes or described the experience and qualifications for each staff person or contractor who will be involved in delivering the program/service). Attach brochures and outreach or other prepared materials if appropriate.
13. **Describe your organization’s prior experience with successfully conducting this type of project.**
14. **If applicable, identify partners in your proposed project and describe their roles and responsibilities.**
15. **Detailed Budget Requirements**
16. **Complete the Budget Form that follows.**
17. **On a separate sheet, provide an itemized budget that relates to the Budget Form.** Describe all existing funding sources and amounts for your proposed project, and how those funding sources will be used. Provide an itemized budget for your project (use the template below). Identify all staff positions for which funding is being requested and specify the hourly wage (or other basis of compensation) being paid.[[1]](#footnote-1) If more than one staff position has the same title, list them separately.
18. **Identify the person who prepared the budget and that person’s qualifications.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **CDBG $ REQUESTED** | **MATCHING $** | **TOTAL $** |
| **PERSONNEL SERVICES** |  |  |  |
| SALARY & WAGES |  |  |  |
| FRINGE |  |  |  |
| **SUBTOTAL – PERSONNEL** |  |  |  |
|  |  |  |  |
| **NON-PERSONNEL SERVICES** |  |  |  |
| ADVERTISING |  |  |  |
| COMMUNICATION |  |  |  |
| EQUIPMENT |  |  |  |
| INSURANCE |  |  |  |
| SUPPLIES |  |  |  |
| MEETINGS |  |  |  |
| PRINTING |  |  |  |
| RENT |  |  |  |
| TRAINING |  |  |  |
| POSTAGE |  |  |  |
| TRAVEL COSTS |  |  |  |
| OTHER (Specify) |  |  |  |
| **SUBTOTAL – NON-PERSONNEL** |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

**PUBLIC SOCIAL SERVICES BUDGET**

1. In developing a budget that includes staffing/consultant costs, remember to factor in increases (if any) that will be in effect during the expected contract period. [↑](#footnote-ref-1)