

CITY OF BUFFALO
2016 PUBLIC SERVICES ORGANIZATIONAL ASSESSMENT for CDBG, ESG and HOPWA

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: _____

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:

Does your agency receive an annual A-133 Audit? Yes No

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 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, if applicable
- G. Most recent 990 and CHAR 500