

CITY OF BUFFALO
2016 PUBLIC SERVICES FUNDING APPLICATION- CDBG
Section A – Program

1. Funding Request CDBG \$ _____

2. Program Type: check one Youth Senior Citizen Fair Housing Employment
 Other _____

3. Program Summary: briefly describe the program you are seeking funding for

4. *Indicate which National Objective the program meets:

- Area Benefit – service area is over 51 percent Low/Moderate Income (LMI)
- Limited Clientele – program is limited to specific users, such as seniors, youth, or disabled; and at least 51 percent of the users are LMI

5. If this program serves a limited clientele, explain how income eligibility will be documented.

Describe eligibility criteria, the client intake/application process, selection criteria, and program enrollment. Please indicate if you charge a fee for any portion of this program, and if so, please identify the process in place for allowing free access to low income residents.

6. If this program provides an Area Benefit, please indicate how you will identify clients and document residency.

7. Persons to be served (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Preschool (under 5 years of age) | <input type="checkbox"/> Adult (22 to 62) |
| <input type="checkbox"/> Youth (5 to 15) | <input type="checkbox"/> Senior (63 and over) |
| <input type="checkbox"/> Young adult (16 to 21) | <input type="checkbox"/> Disabled |

8. Proposed beneficiaries:

Estimated number of unduplicated persons this program will serve: _____

Estimated number of unduplicated LMI persons this program will serve: _____

Estimated number of persons needing these services: _____

9. **Program Information**

Program Name: _____

Address where Program is delivered: _____

If program is delivered at more than one (1) site, please list addresses below:

Address 2: _____

Address 3: _____

Address 4: _____

Identify the geographic area(s) served by this program (include map and census tract data), and give an indication how this area was determined:

Start date: _____ Completion date: _____

Have you delivered this program in the past? _____

How many years have you delivered this program? _____

Do you have a policies and procedures manual for this program? _____

How many years has this manual been in place? _____

10. Program Details

The City's 2013-2017 Consolidated Plan documents indicate the following performance goals for public service activities being delivered by non-profit agencies:

- Children do well in school;
- Youth make wise decisions;
- Seniors maintain and improve healthy lifestyles;
- Persons with special needs have access to services that meeting their needs;
- Adults have literacy skills;
- Communities are safe and supportive; and
- Fair housing is affirmed.

The following questions will help us understand how your project will help achieve these goals.

Describe the need for this program in your community. Please indicate what data supports this need.
(Project Summary)

Describe how this program will address the identified need:

Indicate how you identify clients for this program (marketing); and describe clients in terms of age, gender, ethnicity, income level, or other defining characteristics.

In the chart below, please list the specific activities (objectives) you will undertake, how many eligible participants you expect to serve in each activity, the outcomes you hope to achieve, and how you will measure those outcomes.

Activity(Objective)	# to be served:	Expected outcome :	Measured by:

Please describe the tools you will use to measure your outcomes, indicating whether you will have to create the tools, are using evidence-based practices (name them), or have used these tools in the past.

Please list the name of, and describe the involvement of any partners you work with or plan to work with in delivering this program. Indicate whether the partnership is currently active or pending.

Please list and describe all other sources of funding for this program, and the terms and amount of funds. support this program, and indicate the amount and funds expiration date. (These funds will be shown in the "other column" on your Budget Request detail.) If these funds are pending, please indicate when you expect to be notified.

Do you have any licenses or permits required to run the program you are seeking funding for? If yes, indicate what those licenses or permits are.

Attachments

Please check the box, label each attachment, and include copies of any applicable items:

- Sample one month calendar of activities. If you are running a summer as well as a year round program, please attach a sample calendar for each.
- Organizational chart (indicate where program is located within organization and highlight staff who will be funded in your CDBG program)
- Resume of Program Director or Project Manager
- Job descriptions for all positions that will be funded by this request
- Budget Request Detail Sheet

SIGNATURE SECTION

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.

YOUR SIGNATURE BELOW CONSTITUTES YOUR SIGNATURE AS IF ACTUALLY SIGNED BY YOU IN WRITING.

Applicant

Co-Applicant (if applicable)

Signature

Signature

Name and title

Name and title

Date

Date

Authorized Contact (if different from Applicant)

Name

Title

CITY OF BUFFALO
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Section B – CO-APPLICANT INFORMATION

1. Organization

Legal name: _____
Address: _____ Zip: _____

2. Chief Official

Name: _____ Title: _____
Email: _____ Phone: _____

3. Status

Non-profit (type): _____
For profit (type): _____
Other (describe): _____
Tax Status: _____ Tax ID number: _____
Faith-based: Yes ____ No ____ Years in existence: _____

4. Background Information

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

Describe the organization's capacity and qualifications to carry out the proposed program:

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Section C- PROGRAM BUDGET

Program Budget

Please insert the Budget Request detail after this section

Identify your cost per participant, and explain why the costs for this program are reasonable:

Describe the use of volunteers, donated goods and in-kind services, and estimate their value:

Will this project be undertaken if CDBG funds are not available or the amount granted is less than requested? Explain any provisions you have made to this effect, or indicate how you will run the program with fewer dollars?

