

2019 CDBG Public Services Application

Organization Information:		
Organization Legal Name:		DUNS #
Address:		
City:	State:	Zip Code:
CEO/Executive Director:	Name:	Title:
Telephone:	FAX:	Email:
Program Information:		
Program Name:		
Location where activities will take place:	Address:	City:
Program Manager*:	Name:	Title:
Telephone:	FAX:	Email:
*The person identified here should be the person who is paid by CDBG and will report on the client demographics and goals.		
Finance Manager**:	Name:	Title:
Telephone:	FAX:	Email:
**The person identified here should be the person who completes the drawdown and ensures that the financial information is correct.		

Amount requested: \$ _____ Total program cost: \$ _____

Eligible public services activities include the categories listed below. Please check the

<input type="checkbox"/> Child Care Services <input type="checkbox"/> Health Care Services <input type="checkbox"/> Employment Training <input type="checkbox"/> Senior Services <input type="checkbox"/> Handicapped Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Abused and Neglected Children <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Neighborhood Cleanups <input type="checkbox"/> Recreation Programs	<input type="checkbox"/> Homeless Services <input type="checkbox"/> Youth Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Battered and Abused Spouses <input type="checkbox"/> Crime Awareness <input type="checkbox"/> Fair Housing <input type="checkbox"/> Tenant/Landlord Counseling <input type="checkbox"/> Subsistence Payments <input type="checkbox"/> Food Banks <input type="checkbox"/> Housing Counseling
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applicable service your program proposes to serve:

To receive CDBG funding your program must meet one of the National Objectives identified by HUD please read the instructions provided with this application for more information.

1. Briefly describe your program:

2. Describe the program goal(s) and objective(s).

3. Check the City goal(s) and strategy(ies) that **BEST** aligns with your program.

Goal 1: Support People in their efforts to transition out of poverty		
Strategy	Description	Check Mark
1	Focus on helping young people growing up in poverty to get the personal and educational skills needed to live a healthy and productive adult life.	
2	Support low-income adults to be better parents and workers through education and skill development, including work readiness and job training programs.	
3	Support services that meet people's basic needs	
Goal 2: Prevent Homelessness		
Strategy #	Description	Check Mark
1	Support case management services to help homeless get the appropriate help to reconnect to the job and housing markets	
2	Support the "housing first" approach that focuses on getting people back in regular housing as a first step towards helping them re-integrated into the community.	

4. List the impact(s) your program will have on the strategies checked above (if you checked multiple strategies you will need to describe multiple impacts).

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5. Describe how your program meets a critical unmet need in the community?

6. What information or evidence do you have that you are addressing an unmet need? (internal example: # on waiting list, surveys; or external examples: studies from national, state or local sources)

7. How frequently is the program offered?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time/Duration:							

8. Provide the total number of households or persons the program will serve, the number of low- and moderate-income households or persons, and how many in each category are Lewiston residents.

Program Recipients	Total Program	Lewiston Residents	% Lewiston Residents
Total households or persons			
Low-moderate income households or persons			
% Low-moderate income			

Are you counting participants by person(s) _____ or household(s) _____?

9. Is the program offered seasonally or ongoing throughout the year?

10. Leveraged resources are critical to supplement the small amount of CDBG funding that is provided for the program. Please fill in the budget for the program that you are applying for.

Do not include the agency budget.

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When filling in the budget table, please remember that CDBG will only fund wages, fringe benefits, supplies/materials, and rent and utilities for the portion of the space where the program takes place.

PROGRAM BUDGET

INCOME:

Description	Funding Applied For	Funding Received	Total Funding for the Program
Source: CDBG			
Source:			
Source:			
Source:			
Source:			
Total Program Income:	\$	\$	\$

EXPENSE:

Description	CDBG Funding	Other Program Funding	Total Funding
Staff Wages:			
Staff Benefits:			
Supplies/Materials:			
Rent:			
Utilities:			
Please list other categories on the following lines to complete the program budget:			
Total Program Expense:	\$	\$	\$

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11. **Financial Management:** CDBG Recipients are subject to 2 CFR PART 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

A) Does your organization have a 501(C) (3) tax exempt status? _____ y _____ n

B) Is your organization currently a recipient of CDBG funding? _____ y _____ n

If no, please describe the experience that your organization has had administering federal grants:

C) Did your organization spend more than \$750,000 in federal awards during its most recent fiscal year? _____ y _____ n

If yes, your organization will be required to submit a single audit conducted for that year that complies with the requirements of 2 CFR 200 Subpart F.

If no, your organization is exempt from Federal audit requirements for that year, but must submit a Program-specific audit 2 CFR 200.501(c) or may submit financial compilation statement.

D) Describe your organization's fiscal management including financial reporting, record keeping and accounting systems.

1) Does your Board require an audit? _____ y _____ n

2) How often are you audited? _____ annually _____ every two years

3) Name of the firm conducting the most recent audit:

4) Who at your organization receives the reimbursements from CDBG?

5) Who deposits the CDBG funds?

E) How do you intend to sustain your program if you receive partial or no CDBG funding?

Please remember: Applications must be in by December 31, 2018 AND an agency representative must attend one of the mandatory trainings offered or your application will not be accepted.

Certifications are included on a separate page and must be signed by the CEO or Executive Director saved in the PDF format and submitted with your application.

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Applicant Certifications:

- 1) To the best of my knowledge and belief, the information contained in this application and in the additional required documentation submitted with this application is true and correct.
- 2) The submission of this application has been duly authorized by the governing body of the Applicant.
- 3) The Applicant agrees that if the project is allocated CDBG funding, it will comply with all federal, state and local statutes, regulations, policies and requirements applicable to CDBG funding.

Signature of Authorized Applicant Representative

Date

Name and Title of Authorized Applicant Representative (Please Print or Type)