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Human Services Application for Community Development Block Grant   
(CDBG-CV) Funding in Response to the Coronavirus Pandemic

1. **AGENCY INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Agency Legal Name/Address | | | | 1. Contact for Application | | |
| Name: |  | | | Name: | |  |
|  |  | | | Phone: | |  |
| Address: |  | | | Email: | |  |
| Agency Budget | | 2021 Fiscal Year | $ | |  | |
| Agency Mission (max 200 characters): | | | | | | |
|  | | | | | | |
| 1. Attach a copy of the agency’s most recent independent audit, single audit and management letter, if prepared. If no independent audit, attach one paragraph providing the reasons. 2. Attach the agency’s 2021 Actual Operating Budget. 3. Attach a list of current board members (include name, position/title, city of residence, length of time on the Board and expiration of term). 4. Applicants NOT previously funded by the City (either CDBG or General Fund) -- Attach proof of non-profit status (typically an IRS letter certifying 501(c)(3) filing status) and Provide the date of the organization’s incorporation. | | | | | | |

1. **PROGRAM INFORMATION**

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| --- | --- | --- | --- | --- |
| Title of Program: | | | | |
|  | | | | |
| CDBG-CV Funds Requested: | $ |  | | |
| Has this project been funded with CDBG in prior years? | | | \_\_\_\_YES \_\_\_\_NO |  |

1. **CDBG QUALIFICATION -** Programs must meet a National Objective.

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| The National Objective used will be Limited Clientele – please indicate how the program will benefit low-and-moderate income persons – CHOOSE ONE – A, B or C. | | | | | | |
|  | 1. Agency maintains client information verifying at least 51% low/moderate benefit. | | | | | |
|  | *Attach a copy of form used to verify income and household size.* | | | | | |
|  | *What is the annual percentage of low/moderate income persons served?* | | | |  | *%* |
|  | 1. Presumed Benefit – the program will exclusively serve (select ONE): | | | | | |
|  |  | Elderly persons (over 62) |  | Battered spouses | | |
|  |  | Illiterate adults (not ESL) |  | Persons living with AIDS | | |
|  |  | Homeless persons |  | Migrant farm workers | | |
|  |  | Abused children |  | Severely disabled adults | | |
|  | 1. Nature/Location. Programs which due to their nature or location can reasonably be assumed to serve predominately low-and-moderate-income persons (i.e. food banks, clothing banks, services located at public housing sites). | | | | | |
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1. **PROGRAM DESCRIPTION**

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| Describe the program for which you are requesting funds and the need that the project will address. **IMPORTANT:** As these funds must be used to prevent, prepare for, or respond to the COVID emergency, please describe how your project also addresses this requirement. |
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1. **CLIENT POPULATION**

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| Describe the clients to be served by your program. How are they selected or referred to your program? |
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1. **PROGRAM ACCESSIBILITY**

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| Describe how your program is accessible in terms of 1) physical accessibility, 2) affordability, and 3) transportation. |
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1. **DIVERSITY AND RACIAL EQUITY**

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| To assess the **agency’s commitment** to diversity and racial equity: Describe your organization’s internal efforts to support diversity and racial equity.  What are current priorities and what resources (ex. staff, time, funds, etc.) are being provided to support this work?  Examples may include training, programming, changes of internal systems and processes, or other efforts relevant for the cultural context of your organization. |
|  |
| To assess if **program services** supporting diversity and racial equity: Describe your client population and how direct service staff reflect communities being served (ex. linguistic, racial and/or cultural composition of clients and staff, income levels, other social identities).  If staff do not reflect communities being served, how is your organization ensuring cultural and racial equity in program delivery? Describe how your program services are provided in inclusive, culturally relevant, and racially equitable ways. |
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1. **PERFORMANCE MEASURES**

Provide information on residents to be served and corresponding unit(s) of service.

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| --- | --- | --- | --- | --- |
| **Proposed Unduplicated Number To Be Served** *(indicate if this number represents either a resident or a household)* | | |  | \_\_\_\_Resident \_\_\_\_Household |
| Name of Service Unit |  | | Projected # |  |
| Description of Service Unit | |  | | |
| Name of Service Unit |  | | Projected # |  |
| Description of Service Unit | |  | | |

1. **FINANCIAL AND BUDGET**

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| --- | --- |
| **Proposed timeframe (start and end) for program** |  |

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| --- | --- | --- |
| **Line-Item Budget** | **CDBG-CV Funds** | **Other Sources** |
| Personnel Services (detail below) |  |  |
| Office or Operating Supplies |  |  |
| Consultant or Purchased Services |  |  |
| Communications |  |  |
| Travel and Training |  |  |
| Other (specify): |  |  |
| **Total CDBG-CV and Total Other Sources:** |  |  |
| **TOTAL PROJECT BUDGET (CDBG-CV and Other Sources):** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel Detail** |  |  |  |
| *Position Title* | *Position Full Time Equivalent* | *Annual Salary and Benefits* | *CDBG-CV Funds* |
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| **Totals:** |  |  |  |

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| --- | --- | --- | --- |
| **Fund Sources** | **Committed Funds** | **Requested Funds (not committed)** | **Anticipated Funds to be Requested** |
| CBDG-CV FUNDS |  |  |  |
| Other Source of Funds (*please specify*): |  |  |  |
| **Total Project Sources** |  |  |  |

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| Additional Budget Information (if needed). |
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