

AGENCY NAME:

Public Service Activity Name:

12. This activity fits the definition of the following Public Services Matrix Code (*Check Only One – See Definitions*):

- | | | |
|---|---|---|
| <input type="checkbox"/> 05A Senior Services | <input type="checkbox"/> 05B Handicapped Services | <input type="checkbox"/> 05C Legal Services |
| <input type="checkbox"/> 05D Youth Services | <input type="checkbox"/> 05E Transportation Services | <input type="checkbox"/> 05F Substance Abuse Services |
| <input type="checkbox"/> 05G Services for Battered & Abused Spouses | <input type="checkbox"/> 05H Employment Training | <input type="checkbox"/> 05I Crime Awareness/Prevention |
| <input type="checkbox"/> 05J Fair Housing Activities | <input type="checkbox"/> 05K Tenant/Landlord Counseling | <input type="checkbox"/> 05L Child Care Services |
| <input type="checkbox"/> 05M Health Services | <input type="checkbox"/> 05O Mental Health Services | <input type="checkbox"/> 05P Screening for Lead Poisoning |
| <input type="checkbox"/> 05U Housing Counseling | <input type="checkbox"/> 05V Neighborhood Clean-Ups | <input type="checkbox"/> 05W Food Banks |
| <input type="checkbox"/> 03T Operating Costs of Homeless/AIDS Patients Programs | <input type="checkbox"/> 05 Other Public Services | |

13. This activity falls under one the following Performance Measures codes (*please check only one*):

- Suitable Living & Availability/Accessibility
 - Senior Citizen educational, community health, nutrition, & recreational programs;
 - Disabled persons health, safety, education & recreational programs;
 - Coordinators or assistants for social services programs for seniors, disabled, and low-income;
 - Food pantries, meal deliveries & holiday food programs;
- Suitable Living & Affordability
 - Senior Citizen transportation programs;
 - Subsidized recreation/camp programs for low income families & seniors;
 - Community youth & latch key programs;
 - Community education programs for seniors, disabled & low income clientele;
 - Housing Counseling.
- Descent Housing & Availability/Accessibility
 - Emergency Shelter
- Economic Opportunities & Sustainability
 - Job Training Programs

14. This activity will meet the indicated National Objective with the following documentation:

- Area Benefit (Low/Mod Area) – Registration sheet including client’s name, address, age & signature which can be compared to census tract info. – including area boundaries.
- Low/Mod Income Persons (Low/Mod Clientele) – Registration sheet including client’s address, # in household, income, ethnicity, age, if Hispanic/ signature. Include proof of income (tax return, public benefit letter, etc.)
- Slum/Blight – Slum/Blight Determination signed by Construction Official including address or area boundaries.
- Urgent Need – Health & Safety Hazard Determination by City Official (Construction, Housing, or Health) including address or area boundaries.

15. Briefly explain the resulting anticipated measurable outcomes (*resulting benefits to participants i.e. # of clients placed in permanent jobs at a living wage, # of homeless that moved into permanent housing, etc.*).

16. How will the agency self evaluate the proposed activity and at what intervals?

AGENCY NAME:

Public Service Activity Name:

BUDGET

1. Personnel Costs	<i>Total Funds Requested</i>	+	<u>Fund From Other Sources</u> <i>Federal + State + Local + Private</i>	=	<i>Total Activity Cost</i>
Salary & Wages					
Fringe Benefits (Insert Rate)					
Total Personal Costs					
<i>Personnel Details:</i>					
Position/Title/Name/Vacant	Hourly Rate	x	# Activity Hrs./Week	x	# Activity Weeks/Year = Total % of \$ Requested
<hr/>					
2. Consultant/Professional	<i>Total Funds Requested</i>	+	<u>Fund From Other Sources</u> <i>Federal + State + Local + Private</i>	=	<i>Total Activity Cost</i>
Total Consultant Costs					
<i>Consultant/Professional Details:</i>					
Nature of Services	Duties/Responsibilities		Hourly Rate	x	# of Hours = Total % of \$ Requested
<hr/>					
3. Operating Costs	<i>Total Funds Requested</i>	+	<u>Fund From Other Sources</u> <i>Federal + State + Local + Private</i>	=	<i>Total Activity Cost</i>
a. Rent					
b. Utilities					
c. Office Equipment					
d. Office Supplies					
e. Telephone					
f. Insurance					
g. Other:					
Total Operating Costs					
<i>Operating Cost Details:</i>					
<hr/>					
4. Project Costs	<i>Total Funds Requested</i>	+	<u>Fund From Other Sources</u> <i>Federal + State + Local + Private</i>	=	<i>Total Activity Cost</i>
Total Project Costs					
<i>Project Cost Basis/Justification:</i>					

Total Activity Costs

AGENCY NAME:

Public Service Activity Name:

Status of Other Funds

<u>Source</u>	<u>Name</u>	<u>Date Submitted</u>	<u>Pending/Approved</u>	<u>Amount</u>
----------------------	--------------------	------------------------------	--------------------------------	----------------------

Other Federal

State

Local

Private

TOTAL