

AGENCY NAME: _____

Public Service Activity Name: _____

BENEFICIARIES

1. Activity will serve residents City Wide or: Only in the following Census Tracts (*Check all that apply*)

- 302 303 304 305 306 307.01 307.02 308.02 309 310 311 312 313 314
 315 316.01 316.02 317 318.01 318.02 319.03 319.04 320.01 321 398 399

2. # of unduplicated persons anticipated to be served 2021-2022 _____

Of those to be served:

What % will be Elizabeth residents _____ What % will be Hispanic _____

What % will be Female _____ What % will be Male _____

What ethnicities will be served (*select all that apply*):

- Caucasian African American Asian Other: _____

3. What months of the year will the activity occur: _____

4. What days of the week will the activity occur: _____

5. What hours of the day will the activity occur: _____

6. Population by age to be served (**choose only one**): Infants (<1 yr.) Children (Over 1 yr. - Up to 12 yrs.)

- Youth (Over 13-Up to 18 yrs.) Adults (Over 19-Up to 64 yrs.) (65yrs & over)

7. Population by Income Range: (*see attached chart*)

- Extremely Low (0-30% AMI) Low (30-50% AMI) Mod (50-80% AMI)

8. Do any other agencies provide this activity in the same target area/census tracts for the same target population?

Yes No If Yes, Please identify _____

9. Activity Will Help: Prevent Homelessness Chronically Homeless those with HIV/AIDS

- Persons with Disabilities Veterans None of These Apply

10. This activity will address the following municipal Public Service priority:

- Employment Training Child Care Services Youth services Senior Services

11. While not one of the above priorities, this activity will address the following community need:

(Answer in the space provided only – no attachments)

This need was determined by:

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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 Services for Person with Disabilities | <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 victims of domestic violence, dating violence, sexual assault or stalking | <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"/> 05N Abused & Neglected Children | <input type="checkbox"/> 05O Mental Health Services |
| <input type="checkbox"/> 05P Screening for Lead Poisoning | <input type="checkbox"/> 05Q Subsistence Payments | <input type="checkbox"/> 05U Housing Counseling |
| <input type="checkbox"/> 05V Neighborhood Clean-Ups | <input type="checkbox"/> 05W Food Banks | <input type="checkbox"/> 03T Homeless/AIDS Patients Programs |
| <input type="checkbox"/> 05Z Other Public Services Not listed above | | |

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 person's 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 or 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: (*please check only one*):

- Area Benefit (Low/Mod Area) – Registration sheet including client's name, address, age & signature which can be compared to census tract info.*
- 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.*
- Urgent Need – Health & Safety Hazard Determination by City Official (Construction, Housing, or Health).*

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.*).

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

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BUDGET

	<i>Total Funds CDBG</i>	+	<u>Fund From Other Sources</u>				=	<i>Total Activity Cost</i>
	<i>Requested</i>		<i>Federal</i>	<i>State</i>	<i>Local</i>	<i>Private</i>		
1. Personnel Costs								
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
_____	_____		_____		_____		_____	_____%
_____	_____		_____		_____		_____	_____%
_____	_____		_____		_____		_____	_____%
2. Consultant/Professional								
_____	_____		_____	_____	_____	_____		_____
_____	_____		_____	_____	_____	_____		_____
Total Consultant Costs	_____		_____	_____	_____	_____		_____
<i>Consultant/Professional Details:</i>								
Nature of Services	Duties/Responsibilities		Hourly Rate	x	# of Hours	=	Total	% of \$ Requested
_____	_____		_____		_____		_____	_____%
_____	_____		_____		_____		_____	_____%
3. Operating Costs								
a. Rent	_____		_____	_____	_____	_____		_____
b. Utilities	_____		_____	_____	_____	_____		_____
c. Insurance	_____		_____	_____	_____	_____		_____
Total Operating Costs	_____		_____	_____	_____	_____		_____
<i>Operating Cost Details:</i>								
4. Project Costs								
_____	_____		_____	_____	_____	_____		_____
_____	_____		_____	_____	_____	_____		_____
Total Project Costs	_____		_____	_____	_____	_____		_____
Project Cost Basis/Justification:								

Total Activity Costs _____

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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	_____