City of Everett

PUBLIC SOCIAL SERVICES APPLICATION

Agency Name:_____

Address:_____

Contact Person:_____

Telephone Number:_____

EMAIL:_____

FAX:_____

- ○ Domestic Violence Prevention Services
- ○ Elder Self-sufficiency Services
- ○ English for Speakers of Other Languages (ESOL)
- ○ Financial Literacy Services
- ○ Homebuyer Counseling
- ○ Individual Development Accounts
- ○ Job-related Childcare Assistance
- ○ Job-related Transportation Assistance
- ○ Job Training
- ○ Literacy Training

  ABE/GED classes

- ○ Food Pantry
- ○ Elder Services
- ○ Homelessness Prevention Services
- ○ Substance Abuse Counseling
- ○ Youth Services

1. **Name of Project:** _____

2. **Program Description:** Please provide a summary of the proposed project. The summary should include a detailed scope of the services that will be provided, including the beneficiary info, as well as cost of total project, including the non-CDBG funded components.

    The applicant certifies that:*

    (a) the proposed project will be a new service, an expansion of an existing service or a continuation of a project presently funded with Massachusetts CDBG funds. Public Social Service Projects are eligible for CDBG assistance under Section 105(a)(8) of TItle I of the Housing and Community Development Act of 1974, as amended, if such services have not been funded with local funds -- i.e., not funded by the municipality using locally raised funds or state funds that pass through the municipality -- within the twelve-month period prior to the date of the application;

    and

    (b) the proposed project is not provided by other state and federal agencies, or are provided but not available to CDBG-eligible residents in the applicant community(ies).

3. **Project Budget Information:**
    Total CDBG cost: **$** _____

    Cite sources of other Project funds: _____

    a. Provide a detailed budget for the proposed program to include program delivery and direct program costs. Please **specify how grant funds will be used.**

    b. Document the experience of the provider, costs of comparable services and the process used to review the accuracy of the budget.

    c. Explain the qualifications of person who prepared the budget.

    d. Please provide projected monthly invoice amount (12 months). If billing on a quarterly basis please state that in the application.

4. **Location of Project:** _____

5. **Estimated number of total beneficiaries:** _____

Please respond to the following questions. Please provide an answer to each question listed. All proposals will be evaluated upon the extend of their response.

a) <u>Project Need</u>: What is the need for the proposed project? Define the need or problem to be addressed. Provide evidence of the severity of the need or problem. Who is the affected population and why is this population presently underserved or not served? Include verifiable information such as needs assessments, reports, surveys and characteristics and current needs of the target area and target population.

   The need for the project will be evaluated upon the extent to which the response demonstrates the severity of need and the strength of documentation provided through summary descriptions of surveys, census data.

b) <u>Community Support and or involvement</u>: Explain how the project is responsive to expressed community needs. Describe and document the method that was used to involve the community as a whole and the target population in the selection and the development of this program. Define the process to be used to maintain involvement of the project beneficiaries in the implementation of the proposed project.

c) <u>Project Feasibility</u>: Why is the project feasible? To demonstrate please respond to the following:

   1. Describe what evidence exists to show that the community at large or project beneficiaries will use the project. Include documentation of demand for the project through surveys, inquiries, waiting lists (do not provide specific names) social service provider data and statistics, and past participation.
   2. Describe and document the availability of matching or other funds needed to complete the project. Do not include in-kind services for town employees who would otherwise be responsible for a grant–related administrative function. In kind services are accepted only ad directly related to the project. (For example, in-kind provision of program delivery space is acceptable)
   3. Identify the project milestones, state the duration of time needed for each milestone, and identify when each milestone will be completed.
   4. Provide a management plan for the project that identifies the roles and responsibilities of all personnel involved in the project as well as internal controls.
   5. Citing past accomplishments, document that:

        i. The community has the necessary past expertise to conduct the activity and has successfully completed past activities in a timely manner

       ii. The timeline for completion is realistic.

a) <u>Project Impact:</u> What will be the impact of the proposed project/program? Describe the impact the activity will have on the specifically identified needs. What measurable improvements will result from the activity? How much of the need will be addressed? Define the direct and indirect outcomes that will result from the project. Identify quantitative and qualitative measures to determine that the outcomes are achieved.