

**APPLICATION FOR PUBLIC SOCIAL SERVICES FUNDING
GRANT YEAR FY 2024 - CITY OF EVERETT**

I. Applicant Information

Project Title: _____

Project Address (Location): _____

Brief Project Description: _____

CDBG Funding Requested: \$ _____

Matching Funds (if any): \$ _____

Organization Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____ Website: _____

Contact Person(s): _____

II. Eligible Activity: Check the category that best describes the type of funding being requested:

- ABE/GED classes
- Domestic Violence Prevention Services
- Economic Self-Sufficiency Services
- Elder Services (including Elder Self-Sufficiency)
- English for Speakers of Other Languages (ESOL)
- Financial Literacy Services
- Food Pantry
- Homebuyer Counseling or Mortgage Foreclosure Prevention Counseling
- Homelessness Prevention Services
- Literacy Programs/Literacy Training
- Supportive Services (Specify... _____)
- Transportation
- Job-related Transportation Assistance
- Job-related Childcare Assistance
- Workforce Training
- Youth Services
- Other: _____

III. Project Narrative

A. Project Eligibility - National Objective Compliance

Every Project receiving funding must meet the HUD National Objective of *benefitting low- and moderate-income [LMI] individuals/households*. A National Objective is a statutory requirement of the CDBG Program. This National Objective can be met either under the “area-wide benefit” or “limited clientele” sub-categories. National objectives and related documentation requirements are discussed in this section.

While the City of Everett targets its physical activities, it allows social services to be offered on a City-wide basis (Area-wide benefit activities) or to specific groups (Limited clientele activities) where at least 51% of those who are served are documented or presumed to be low/moderate income persons.

A CDBG-assisted project will meet the “Limited Clientele” sub-category if it can be demonstrated that the project is designed so that the benefits are limited to certain groups. There are four group types, listed below. Refer to **Appendix C**, which provides additional important information relating to each of these types of groups.

1. Groups that are presumed by HUD to be low- and moderate-income.
2. Groups of persons already documented as low- and moderate-income.
3. Location of services or groups whose composition is such that it can be concluded that a majority of their clientele will be low- and moderate-income persons.
4. Groups that can be documented to be predominantly low- and moderate-income (at least 51% of those served).

Compliance for “Limited Clientele” projects must be documented by one of the following methods:

- For projects that do not provide monetary, “income payment” forms of assistance, beneficiaries may “self-declare” their eligibility, generally by completing and signing a form declaring the household size and income. For projects where the user (beneficiary) profile is low- and moderate-income, a description of the profile must be presented so that the conclusion, without a doubt, will be to benefit low- and moderate-income persons.
- For projects that offer “income payments” or subsidies to a third party (e.g., rental assistance, emergency utility payments), income eligibility must be determined using *source documentation* that provides evidence of the household’s income falling within the income limits. Assistance involving income payments requires a more complex process than that for the types of assistance that do not provide income payments. **NOTE:** For income payment types of assistance, CDBG funds must be used limited to only those individuals/households who have been determined to meet income CDBG income limits.

*Answer the questions below. **Provide concise but clear answers.** Please double-check to make sure that you have provided answers to all questions in Sections B-D.*

B. Information on the Proposed Program or Service

1. **Who will be served by your program or service?** (e.g., individuals, families, youth, any LMI person/household, or special populations groups or segments?) Describe the degree of severity of the need of those to be served.

2. **What is the need that will be addressed with CDBG funding? Why and how is the target population underserved, or not served currently?** To the extent possible, provide data to document this. If appropriate, supplement data with anecdotal information.
3. **What is the program or service that you will provide with the requested funding?** In a few paragraphs, clearly describe the program or service, including any key elements that are part of it. What will CDBG funds be used for? Is this a new, continuing, or expanded program or service? *(As appropriate, you can provide both a narrative and bullet list of services or program components. It is important to clearly describe your proposed use of CDBG funds.)* How frequently do you expect that an individual or household will receive your services?
4. **How will the proposed project address this need?** Be specific in describing the direct relationship between the need and how the program/service responds to it. To what degree will the program or service meet the need? How will you measure success, as well as determine areas for where future improvement is needed? Will you be able to track the impact on clients of this program/service over both the short- and long-term?
5. **Estimate the number of low and moderate-income persons or households who will benefit from the project/services and provide the following information:**

- a. **Total number of beneficiaries.** Estimate number of unduplicated beneficiaries and total (duplicated or repeat clients) beneficiaries (if different) that will be served with your requested funding *regardless of income*. Below select either Individuals or Households (If your service primarily assists households or families, check that box, even though it may include individuals (households of one person)).

Unduplicated: Individuals, Est. #: _____ Households, Est. #: _____

Total (Duplicated): Individuals, Est. #: _____ Households, Est. #: _____

- b. **Total low- and moderate-income (LMI) beneficiaries** (duplicated and unduplicated). Estimate both households (if applicable) and individuals.

Unduplicated: Individuals, Est. #: _____ Households, Est. #: _____

Total (Duplicated): Individuals, Est. #: _____ Households, Est. #: _____

- c. **Percentage of low- and moderate-income beneficiaries.**

_____ %

- d. **Cost per beneficiary** (based on total number of beneficiaries, both duplicated and unduplicated).

\$ _____

C. Organizational Capacity & Experience (Please respond to the questions below):

1. **Provide an overview of your organization including: mission statement, length of time in existence, services provided** (including those not related to this application), **and other relevant information.** Identify the person responsible for

program operations and financial management of the proposed project. List all other people who will be directly involved in your proposed project, along with their skills and qualifications and note whether these positions are current, new, or pending this award (attach resumes or described the experience and qualifications for each staff person or contractor who will be involved in delivering the program/service). Attach brochures and outreach or other prepared materials if appropriate.

2. **Describe your organization's prior experience with successfully conducting this type of project.**
3. **If applicable, identify partners in your proposed project and describe their roles and responsibilities.**

D. Detailed Budget Requirements

1. **Complete the Budget Form that follows.**
2. **On a separate sheet, provide an itemized budget that relates to the Budget Form.** Describe all existing funding sources and amounts for your proposed project, and how those funding sources will be used. Provide an itemized budget for your project (use the template below). For any Matching Funds, please identify the specific sources, the dollar amount and what the matching funds will be used for. Identify all staff positions for which funding is being requested and specify the hourly wage (or other basis of compensation) being paid.¹ If more than one staff position has the same title, list them separately.
3. **Identify the person who prepared the budget and that person's qualifications.**

¹ In developing a budget that includes staffing/consultant costs, remember to factor in salary increases (if any) that will be in effect during the expected contract period.

PUBLIC SOCIAL SERVICES BUDGET SUMMARY SHEET

Program/Project Name: _____

CATEGORY	CDBG \$ REQUESTED	MATCHING \$ (if any)	TOTAL \$
PERSONNEL SERVICES			
SALARY & WAGES			
FRINGE			
SUBTOTAL – PERSONNEL			
NON-PERSONNEL SERVICES			
ADVERTISING			
COMMUNICATION			
EQUIPMENT *			
INSURANCE			
SUPPLIES AND MATERIALS *			
MEETINGS			
PRINTING			
RENT			
TRAINING			
POSTAGE			
TRAVEL COSTS			
OTHER (Specify...)			
SUBTOTAL – NON-PERSONNEL			
DIRECT SERVICES			
COMMODITIES (e.g., Food, Clothing)			
OTHER (e.g., Rent, Utilities, Transportation)			
OTHER (Specify)*			
SUBTOTAL – DIRECT SERVICES			
TOTAL			

* Equipment, supplies and materials that will be used directly by program participants should be listed under the “Direct Services” subcategory, not under “Non-Personnel Services,” which are for the agency’s general operating costs.