

COMMUNITY DEVELOPMENT BLOCK GRANT

Public Service Project Application-2010 Program Year

(January 1st - December 31st, 2010)

Applications must be TYPED and fully completed



COUNTY OF SUMMIT
THE HIGH POINT OF OHIO

RUSSELL M. PRY, EXECUTIVE

A. GENERAL INFORMATION- Public Service programs involve the use of CDBG funds to pay the non-construction costs of providing new or expanded human and/or social services such as: legal aid, health, senior and education services. **(5 points.) FAILURE TO COMPLETE THIS SECTION WILL RESULT IN A DEDUCTION OF 5 POINTS.**

Applicant: _____

Address: _____

City: _____ Zip Code: _____

Project Manager(s) and Title(s): _____

Telephone Number: _____

Fax Number: _____

Email: _____

Federal Tax ID Number: _____

Have you applied for CDBG funds before? YES NO

If "NO," you must submit additional information about your organization, including incorporation documents, your mission statement, a detailed agency budget, and verification of the non-profit status, if applicable.

B. PROJECT INFORMATION (15 points.)

Proposed project name: _____

Total project cost: _____ Amount of CDBG funds requested: _____

Is this project a continuation from a previous year? YES NO

Will this project be continued in subsequent years? YES NO

If the project is not fully funded, will it still move forward? YES NO

Does your organization or community receive other County funds? YES NO

If **YES**, please list other funding sources. YES NO

Which Consolidated Plan goal and priority does this project/activity meet? _____
(For example, Goal 1, Priority H-1) – A complete listing of Con Plan goals and Summit 2010 goals and priorities is available at <http://www.co.summit.oh.us/executive/blkgrant.htm>

Is the Consolidated Plan Priority (check the appropriate box):

High (10 points) Medium (5 points) Low (0 points)

Project does not meet any of the goals/priorities listed (-10 points)

Identify the Summit 2010 Goal this project meets (5 points): _____

Identify the Summit 2010 Priority Indicator this project meets: _____

C. PROJECT GOALS AND OBJECTIVES – THIS ACTIVITY SHOULD HAVE CLEARLY STATED GOALS AND OBJECTIVES. (10 pts.)

In the space below (do not attach additional sheets), provide a detailed description of the proposed project goals. What is the purpose of the project? What do you want to achieve? How does it benefit Summit County and your community?

D. PROJECT DESCRIPTION - In the space below (do not attach additional sheets) provide a Detailed description of the proposed project and how the funds will be used. Explain how the proposed activity(s) will accomplish the objectives described in Section C. **(10 pts.)**

E. CITIZEN INPUT/PARTICIPATION (5 pts.)

Please demonstrate how citizen input and participation was used in determining the need for the project. Attach 1) copies of notices for public hearings, 2) copy of the advertisement, 3) legislation, 4) attendance list/sign in sheet and 5)citizen participation summary.

F. PROJECT ELIGIBILITY AND MEETING THE NATIONAL OBJECTIVES (15 pts.)

To be eligible to receive funding under a public service activity, the project must primarily benefit low and moderate income persons, **OR** the project must primarily benefit a limited clientele that is generally presumed to be principally low and moderate income such as elderly persons, disabled adults, homeless persons, illiterate adults, and/or persons living with HIV/AIDS.

Examples of limited clientele activities include: public services for the homeless; meals on wheels for the elderly; job training, and the removal of architectural barriers to allow accessibility for the disabled. (Check only one):

Is this project of primary benefit to low / mod income persons? **YES (5 pts.)** **NO (0 pts.)**

Is this project of primary benefit to limited clientele? **YES (10 pts)** **NO (5 pts)**

G. PROJECT BENEFICIARIES FAILURE TO COMPLETE THIS SECTION WILL RESULT IN A LOSS OF 5 POINTS

Using the income guidelines provided, please estimate the income levels of all anticipated CDBG beneficiaries in the spaces provided below. Please note whether the beneficiaries are individuals (I) or households (H).

INCOME GUIDELINES – FY 2008								
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Total low/ Moderate income:	\$34,550	\$ 39,500	\$44,400	\$49,350	\$53,300	\$57,250	\$61,200	\$65,150
Total low income	\$21,600	\$24,700	\$27,750	\$30,850	\$33,300	\$35,800	\$38,250	\$40,700
Total Extremely Low Income	\$12,950	\$14,800	\$16,650	\$18,500	\$20,000	\$21,450	\$22,950	\$24,400

Estimate the number of individuals served by this project: _____

How many of the individuals identified above are low-to-moderate income: _____

Identify the source of the estimate:
(ex. census, agency records, client lists, surveys, etc.) _____

Identify the **primary** beneficiaries that this project will serve. Check the appropriate category below:

- | | |
|---|--|
| <input type="checkbox"/> Low and/or moderate income community | <input type="checkbox"/> Individuals with disabilities |
| <input type="checkbox"/> Elderly individuals (over age 62) | <input type="checkbox"/> Illiterate adults |
| <input type="checkbox"/> At risk and/or abused children and youth | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Battered spouses | <input type="checkbox"/> Persons living with HIV/AIDS |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> (Explain) | |

G. PROJECT BENEFICIARES (Cont'd)

In the space below, identify the estimated number of project beneficiaries by race and ethnicity. Each category in addition to "White" is worth 1 bonus point – Must be documented)

	TOTAL	# Hispanic
White:	_____	_____
Black/African American:	_____	_____
Asian:	_____	_____
American Indian/Alaskan Native:	_____	_____
American Indian/Alaskan Native/White:	_____	_____
American Indian/Alaskan Native/Black:	_____	_____
Asian & White:	_____	_____
Black/African American & White:	_____	_____
Native Hawaiian/Pacific Islander:	_____	_____
Other Multi Racial:	_____	_____

Estimate the number of persons to be assisted with new access to a service: _____

Estimate the number of persons to be assisted with improved access to a service: _____

Estimate the number of persons to be assisted with an activity that will be used to meet a quality standard or measurably improved quality:

THIS SECTION IS TO BE COMPLETED BY EMERGENCY SHELTER AND HOMELESS ASSISTANCE AGENCIES ONLY. (10 points.)

Estimate the number of homeless persons given overnight shelter: _____

Estimate the number of beds created in overnight shelter or emergency housing: _____

Estimate the number of households that may receive emergency financial assistance to prevent homelessness: _____

Estimate the number of households that may receive emergency legal assistance to prevent homelessness: _____

H. PROJECT BUDGET (15 pts.) - DO NOT ATTACH A DIFFERENT BUDGET

Personnel	Total Project Costs	CDBG Funds Requested	Agency Contribution	Federal Funds	State Funds	* Other
Salaries:	\$	\$	\$	\$	\$	\$
Fringe Benefits:	\$	\$	\$	\$	\$	\$
Operations						
Rent:	\$	\$	\$	\$	\$	\$
Insurance:	\$	\$	\$	\$	\$	\$
Utilities:	\$	\$	\$	\$	\$	\$
Phone/Fax:	\$	\$	\$	\$	\$	\$
Supplies:	\$	\$	\$	\$	\$	\$
Postage:	\$	\$	\$	\$	\$	\$
Printing:	\$	\$	\$	\$	\$	\$
Travel:	\$	\$	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$	\$	\$

* List/Explain Other: _____

Leveraged Funds: The ratio of CDBG funds requested for this program to all additional funds is:

- 1:1 (5 points)
 1:2 (10 points)
 1:3 or more (15 points)

I. PROJECT TIME TABLE (5 pts.)

Project Begin Date: _____ Project End Date: _____

Project Duration:

- 9 – 12 months (5 points.)
 12 – 15 months (3 points)
 15 or more months (1 pt.)

J. ACCOUNTS PAYABLE/RECEIVABLE (5 points.)

In the space provided below, please indicate the person who will be responsible for submitting your requests for reimbursement and beneficiary reports. **FAILURE TO COMPLETE THIS SECTION WILL RESULT IN A LOSS OF 5 POINTS:**

Name and Title: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Has this person submitted invoices for your community/agency in the past? YES NO

The County typically disburses amounts awarded in four, equal, quarterly draws. If this arrangement will pose a hardship for your agency, please let us know and we will consider an alternate schedule.

If quarterly draws will not work with your project, please check the appropriate box below and attach a statement that explains what arrangements you would like, and why you feel they are necessary.

Yes, we need an alternate disbursement schedule

No, we do not need an alternate disbursement schedule

K. APPLICATION AUTHORIZATION (5 points.)

The undersigned certifies that:

1. He/she is legally authorized to request and accept financial assistance from the County of Summit; to the best of his/her knowledge, all representations that are part of this application are true and correct;
2. That all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and
3. Should the requested financial assistance be provided, that in execution of this project, the applicant will comply with all assurances required by federal laws which govern the Community Development Block Grant Program of the Department of Housing and Urban Development and all assurances set forth in the contract to be signed with the County of Summit.

Name of Certifying

Representative: _____

Title of Certifying

Representative: _____

Signature & Date Signed _____

CHECKLIST FOR THE COMPLETION OF THE APPLICATION

ALL applicants must include the following information or your application will be considered ineligible.

- Documentation providing the basis for the estimated number of beneficiaries, such as a list of current recipients.
- A copy of the application(s) that clients submit in order to receive your service(s).
- A certified copy of the legislation by the governing body of the applicant authorizing a designated official to submit this application and execute contracts.
- A letter from the applicant's Chief Financial Officer certifying that all local, public and/or other revenues listed are available for this project. ** Note this grant is on a reimbursement basis only.
- A copy of the current fiscal year agency budget.
- Support Documentation: This may include items such as photographs, additional descriptions, letters of support, and other information as deemed appropriate. **Maximum of five (5) pages.**

If your agency is a non-profit and has not received funding in the last three years, you must also provide the following information:

- Incorporation Documents Mission Statement
- 501(c)(3) Determination A list of Current Board Members

- **ALL APPLICATIONS ARE DUE TO THE DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT, NO LATER THAN 12:00 P.M. ON WEDNESDAY, JULY 15, 2009.**
- **APPLICATIONS SUBMITTED VIA MAIL MUST BE POST MARKED BY TUESDAY, JULY 14, 2009 AND SENT CERTIFIED MAIL.**
- **ALL APPLICATIONS SHOULD BE SENT/DELIVERED TO:**
County of Summit – Department of Community & Economic Development
175 South Main St., Room 207
Akron, Ohio 44308
ATTENTION: Kathleen Petsko
- **PLEASE PROVIDE THE ORIGINAL, UNBOUND APPLICATION, ALONG WITH ONE UNBOUND COPY.**
- **LATE APPLICATIONS WILL NOT BE ACCEPTED.**
- **FACSIMILIES WILL NOT BE ACCEPTED.**
- **DIRECT QUESTIONS TO:**
Kathleen Petsko, Grant Program Analyst
(330) 643-2566 or kpetsko@summitoh.net