

OFFICE OF HOUSING AND NEIGHBORHOOD DEVELOPMENT
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PUBLIC SERVICE AGENCY GRANT APPLICATION

PART I: GENERAL INFORMATION

Name Of Organization _____

Mailing Address _____

Contact Person _____

Phone No. _____ **Alternate Phone No.** _____

Email _____

Website _____

Type of Organization (Check One):

Non-Profit Organization

Employer ID# _____

Education Agency

Government Agency

IRS Tax Exempt # _____

Other

Project Overview:

Name of Project _____

Estimated Project Starting Date _____

Estimated Project Completion Date _____

Total Amount of Funds Requested _____

Total Amount of Funds Approved During PY 33 (July 1, 2007– June 30, 2008) _____

PART II: ORGANIZATION INFORMATION

SECTION 1

List three key persons who are familiar with the contents of this application.

Name	Title	Telephone
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SECTION 2

List the person(s) responsible for making decisions on how the organization's funds are expended and how persons served will be selected: (i.e. Board of Directors, Finance Director, Department Head, Director, etc.).

Name	Title	Telephone
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SECTION 3

List the person responsible for accounting for organizational funds: (i. e. Bookkeeper, Treasurer, Finance Director).

Name	Title	Telephone
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SECTION 4

On a separate sheet provide a brief description of the applicant organization. This narrative should contain the following information: date organization was established, purpose of the organization, geographical area served, number of staff (paid and volunteer).

This description should be clearly labeled "Description of Organization" and be placed at the end of this application when assembled.

PART III: COMMUNITY DEVELOPMENT OBJECTIVES & PERSONS BENEFITED

SECTION 1 - National Objectives

Each Public Service Agency funded through the Town's CDBG program must meet at least one of the following U.S. Department of Housing & Urban Development National Objectives. Which community development objective does your activity attempt to accomplish? (Please check all that apply)

- 1) Benefit Low and Moderate Income Persons _____
- 2) Eliminate Slums and Blight _____
- 3) Urgent Need _____

SECTION 2 - Type of Activity

Which of the following best describes your activity? (For definitions of types of activities see the Instruction Packet.)

- Direct services to clients _____
- A group activity or activities _____ (Category: *Area-Wide Benefit* _____ *Limited Clientele* _____)
- A project or projects _____
- A major purchase or purchases _____

SECTION 3 - Persons Benefited

A) Estimate the number of Hamden residents that will benefit from your activity or project. _____

B) What age group is this project most likely to serve or benefit?

- All age groups _____
- Primarily children under 5 _____
- Primarily children ages 5 to 12 _____
- Primarily children ages 12 to 18 _____
- Primarily adults age 18 to 60 _____
- Primarily Seniors age 60+ _____

C) Based on the schedule provided in the instruction packet, how many residents of low-to-moderate income do you anticipate assisting through your program/service? _____

PART IV: PROJECT NARRATIVE

On separate sheets prepare a description of the proposed project or activity. The narrative should be no longer than three pages but should contain at a minimum the following information:

1. The task(s) to be accomplished.
2. The population to be benefited (i.e. age, economic status, geographical location, other pertinent information).
3. Describe how you will document how at least 51% of your participants will be of low-to-moderate income.
4. The specific need(s) to be addressed and the strategy to be used to address these needs.

5. The resources to be used. (i.e. staff, other funds, existing service delivery systems, etc.)
6. **If your organization has been approved for CDBG funds in 2007-2008, please indicate how your program will provide an increased level of service if approved for additional CDBG funding.**

This description should be clearly labeled "Project Narrative" and be placed at the end of this application when assembled.

PART V: OTHER RESOURCES

SECTION 1: Other Funding

List other major sources of funds your organization receives. (Grants, donations, program fees, client fees, etc.)

Source	Anticipated Amount
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List other resources your organization receives. (In-kind services, borrowed staff, use of services, volunteers, etc.)

SECTION 2: Other Avenues Pursued for Funding this Project

List other grant sources to which you have applied or will apply (indicate application date) to fund this project.

PART VI: BUDGETS

Estimated Expenses	Amount
Wages, salaries, and benefits ¹	
Rent	
Consumable supplies	
Utilities	
Postage	
Major Purchases (over \$500) ²	
Other (List)	
Total Expenses	

List positions to be fully or partially paid from community development block grant (CDBG) funds.

1. _____ hrs/wk. _____
2. _____ hrs/wk. _____
3. _____ hrs/wk. _____

List planned purchases of over \$500.

Purchase	Anticipated Amount

Estimated income to be used only for this project.

Source	Estimated Amount

BUDGET B—ORGANIZATION'S BUDGET

Fiscal Year: July 1, _____ to June 30, _____

Estimated Expenses	Amount
Wages, salaries, and benefits ³	
Rent	
Consumable supplies	
Utilities	
Postage	
Major Purchases (over \$500) ⁴	
Other (List)	
Total Expenses	

Estimated income of organization

Source	Estimated Amount

Total Expenses of Organization: _____

Total Income of Organization: _____

PART VII: CERTIFICATION

Certification

I certify that the information presented in this proposal is correct to the best of my knowledge.

Name

Signature

Title

Date