



**CITY OF NIAGARA FALLS, NEW YORK**

**VINCENZO V. ANELLO, MAYOR**

**2008 CONSOLIDATED PLAN & STRATEGY  
FUNDING APPLICATION HANDBOOK**

**COMMUNITY DEVELOPMENT BLOCK GRANT  
HOME INVESTMENT PARTNERSHIP PROGRAM  
EMERGENCY SHELTER GRANT**

**DEPARTMENT OF COMMUNITY DEVELOPMENT  
1022 MAIN STREET - PO BOX 69  
NIAGARA FALLS, NEW YORK 14302**

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# COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

## I. INTRODUCTION

### Community Development Block Grant (CDBG):

This guideline provides background and application processing information on the CDBG program. This block grant represents an annual entitlement received from the U.S. Department of Housing and Urban Development. CDBG funds must be used to meet one of the following national objectives:

1. benefit low and moderate-income persons; or,
2. eliminate slums or blight; or,
3. meet an urgent need.

The City of Niagara Falls, through its Citizen Participation process, has developed a Consolidated Plan that lists and prioritizes local housing and non-housing community development needs. Projects that address these priorities will be considered for funding. A copy of the City's 5-Year Plan and the current Annual Plan are available for review in the offices of the Department of Community Development, located at 1022 Main Street, Niagara Falls, NY 14302.

## II. CDBG ACTIVITIES

### Basic Eligible Activities

This list is not all-inclusive. A complete list is available in the code of federal regulations (CFR), Part 24, Section 570.201.

1. Acquisition of Real Property (570.201) (a) - acquisition of real property by purchase or long-term lease. A permanent interest must be obtained.
2. Disposition of Real Property (501.201) (b) - costs incidental to disposing of real property acquired with CDBG funds. Disposal must meet a national objective.
3. Public Facilities and Improvements (570.201) (c) including acquisition, construction, or rehabilitation of
  - Streets, street accessories, landscaping and sidewalks;
  - Water and sanitary sewer facilities;
  - Park and recreation facilities;
  - Flood and storm drainage facilities;
  - Centers for the handicapped or neighborhood facilities; or
  - Senior centers;
  - Does not include operating or maintenance expenses as listed on 570.207
4. Clearance – (570.201) (d) clearance, demolition, and removal of buildings and improvements.
5. Public Services (570.201) (e) including labor, supplies, and materials. There is a 15% limitation on the amount of funds that can be obligated to public services. Proposed public service projects must be either: a new or a quantifiable increase in the level of a service. Public services include, but are not limited to: child care,

health care, job training, recreation programs, education programs, crime prevention, fair housing counseling, services for senior citizens, services for homeless persons, drug abuse counseling and treatment, energy conservation counseling and testing, homebuyer down payment assistance, etc.

6. Relocation – (570.606) relocation payments and assistance to displaced persons.
7. Rehabilitation and Preservation Activities (570.202) including the following:
  - Rehabilitation of private residential and non-residential property;
  - Public housing modernization;
  - Removal of architectural barriers;
  - Code enforcement; or
  - Historic preservation.
  - (Rehabilitation does not include maintenance type work)
8. Special Economic Development Activities (570.203) by public or private non-profit organizations and private for-profit entities, when the assistance is necessary or appropriate to carry out an economic development project to stimulate private investment, community revitalization, and to expand employment opportunities for low and moderate income persons.
9. Code Enforcement – (570.202) (c) salaries and overhead costs directly related to enforcement of local/state codes.
10. Micro-Enterprise Assistance – (570.201) (o) establishment, stabilization, and expansion of micro-enterprises (5 or fewer employees).
11. Planning Activities (570.205) Note: There is a 20% limitation on the amount of funds that can be obligated to planning and administrative activities.

### **Ineligible Activities**

The following are activities which **may not** be assisted with CDBG funding (570.207):

1. Buildings or portions thereof used for the general conduct of government: This does not include, however, the removal of architectural barriers.
2. General Government Expenses - Expenses required carrying out the regular responsibilities of the unit of general local government. Title I of the Housing and Community Development Act of 1974, as amended (through 10-29-92), Section 101, last paragraph: It is the intent of Congress that the Federal assistance made available under this title not be utilized to reduce substantially the amount of local financial support for community development activities below the level of such support prior to the availability of such assistance.
3. Political Activities - Shall not be used to finance the use of facilities or equipment for political purposes or to engage in other partisan political activities, such as candidate forums, voter transportation, or registration.

4. Equipment and Furnishings - Is generally ineligible unless such item constitutes all or part of a public service and is required to carry out a CDBG assisted activity or is an integral structural fixture.
5. Operating and Maintenance Expenses - The general rule is that any expense associated with repairing, operating, or maintaining public facilities, improvements and service is ineligible. Also ineligible are payment of salary for staff, utility costs and similar expenses necessary for the operation of public works and facilities. Please reference CFR 570.207(b) (2) for exceptions and more detail.
6. New Housing Construction - except as provided under the last resort housing provision set forth in 24 CFR part 42; as authorized under Sec. 570.201(m); or when carried out by an entity pursuant to 570.204(a).
7. Income Payments - Examples of ineligible income payments include: payments of income maintenance, housing allowances and mortgage subsidies.

### III. PROJECT REQUIREMENTS

**National Objectives Requirements.** An activity (or project) must also meet one of three National Objectives:

1. Benefit to Low and Moderate Income Persons; or
2. Prevention or Elimination of Slums or Blighted areas; or
3. Other Urgent Needs

#### 1. **Benefits to Low and Moderate Income Persons**

Activities benefiting low and moderate-income persons that meet HUD's income criteria will be considered to benefit low and moderate-income persons. Please reference CFR regulations 570.208 for more detailed information.

##### a. **Area Benefit Activities (LMA)**

Benefits are available to all residents of a particular area that is primarily residential in character. To qualify you must, delineate boundaries of the service area and demonstrate that at least 51% of the residents of the designated area are low/ moderate income persons using officially recognized data, such as HUD Census Data

##### b. **Limited Clientele Activities (LMC)**

Benefits for a limited clientele, at least 51% of whom are low or moderate-income persons. To qualify under this requirement, the activity must meet one of the following:

- information on family size and income to document that at least 51% of clientele are persons whose family income does not exceed HUD's low and moderate income criteria;
- the activity has income eligibility requirements which limit the activity exclusively to low and moderate income persons
- be of such a nature and such location that it may be concluded that the activity's clientele will primarily be low and moderate income persons.

The following groups are presumed by HUD to be principally low/ mod income:

- 1) abused children
- 2) battered spouses
- 3) elderly persons
- 4) adults meeting census definition of severely disabled persons
- 5) homeless persons
- 6) illiterate persons
- 7) migrant farm workers
- 8) persons living with AIDS

**c. Low/Mod Housing (LMH)**

An activity which assists in the acquisition, construction, or improvement of permanent, residential structures may qualify as benefiting L/M income persons to the extent that the housing is occupied by L/M income households. Occupancy of the assisted housing by L/M income households is determined using the following rules:

- All single unit structures must be occupied by L/M income households
- An assisted two-unit structure (duplex) must have at least one unit occupied by a L/M income household, and
- An assisted structure containing more than two units must have at least 51% of the units occupied by L/M income households.

**d. L/M Income Jobs (LMJ)**

A L/M income jobs activity is one which creates or retains permanent jobs, at least 51% of which, on a full-time equivalent (FTE) basis, are either held by L/M income persons or considered to be available to L/M income persons. Income status is determined by household income. In order to consider jobs retained as a result of CDBG assistance, there must be clear evidence that permanent jobs will be lost without CDBG assistance.

**2. Prevention or Elimination of Slums or Blight**

The activity is located in a slums/blight area as defined by the locality and addresses one of the conditions that qualify the area as a slum or blighted area. The activity eliminates a specific condition of blight or physical decay and is limited to one of the following: acquisition, clearance, relocation, historic preservation; or rehabilitation of buildings, but only to the extent necessary to eliminate specific conditions detrimental to public health and safety.

Note: HUD Census Data and City data is available for viewing at the City's Office of Community Development, 1022 Main Street, Niagara Falls, NY 14302.

**HUD INCOME LIMITS**

The following are income limits that represent 80% of the area median income by family size. These income limits are used to determine client eligibility for many Community Development projects. They should be used as a guide in determining if the clients that you serve are from low/moderate income families.

Low to Moderate Income Limits (80%)

<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
33,200	37,950	42,700	47,450	51,250	55,050	58,850	62,650

#### IV. 2008- CONSOLIDATED PLAN

##### Application Process (Tentative)

June 1, 2006	Applications Available For 2008 Funding
July 31, 2006	Submission Deadline 2008 Funding

##### Tentative 2008 Consolidated Plan Schedule -

June 18- July 27	Neighborhood Meetings
August 1 – August 30	Review Applications & Input from Meetings
September 1	2008 Annual Plan available for review
September 18	Public Hearing
September 19 – October 19	30-Day Public Comment Period
October 22	Submit Plan To City Council For Approval
November 15	Submit Consolidated Plan To HUD
November 15 - December 31	HUD 45–Day Review Period
January 1	2008 Program Year Start

#### V. APPLICATION FORMS

1. Submit one application for each project.
2. Submit backup documentation regarding project eligibility (client income levels and method of verification, national objectives, etc.).
3. **All applicants must submit a proposed project line item budget indicating sources and uses of all funds. (sample format included).** Non-profit applicants must additionally submit tax status certification, board of directors list, current audit, by-laws, minutes (last 3 mos.) and agency brochure. .
4. HOME applications for housing projects only. Matching funds must be identified.
5. ESG applications are for non profit agencies providing emergency shelter services to homeless persons only. Matching funds must be identified.
6. Applicants applying for CDBG public service grants will be considered for funding on an annual basis with a maximum three (3) year funding window.

**APPLICATIONS MUST BE SUBMITTED TO:  
Department of Community Development  
PO Box 69 1022 Main Street, Niagara Falls, NY 14302**

**APPLICATION MUST BE RECEIVED or POSTMARKED BY JULY 31, 2006  
LATE APPLICATIONS WILL NOT BE ACCEPTED!!!**

**CITY OF NIAGARA FALLS, NEW YORK  
COMMUNITY DEVELOPMENT DEPARTMENT  
1022 MAIN STREET - PO BOX 69  
NIAGARA FALLS, NEW YORK 14302**

**VI. 2008 CDBG FUNDING APPLICATION**

**1. Project Name** \_\_\_\_\_

**2. Project Costs:**

Community Development Funds	Amount	\$ _____
Other Funding	Amount	\$ _____
Other Funding	Amount	\$ _____
	Total Project Cost	\$ _____

**3. Applicant(s) Organization**

Name: \_\_\_\_\_

**4. Chief Official of Applicant**

Name: \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City & zip: \_\_\_\_\_

Tax ID # \_\_\_\_\_ Phone # \_\_\_\_\_

**5. Contact Person**

Name: \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City & zip: \_\_\_\_\_

Tax ID # \_\_\_\_\_ Phone #: \_\_\_\_\_

**6. Type of Organization**

Non-profit \_\_\_\_\_ For-profit \_\_\_\_\_

Government \_\_\_\_\_ Other \_\_\_\_\_ (describe) \_\_\_\_\_

**a) Required Attachment for All Applicants**

\* project operating budget listing all sources and uses of funds

**b) Additional Required Attachments for Non-Profits**

\* Certificate of Incorporation & Filing Receipt

\* Tax exemption certificate

\* By-Laws

\* Board of Directors list

\* Board Minutes for last 3 months

\* Current Audit

\* Agency brochure or narrative outlining services

**7. Geographic Area to be Served (Census Tracts/Block Groups):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Project Description** (attach additional sheets if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

a. \_\_\_\_\_ New                      \_\_\_\_\_ Previously Funded

**b. Project Objectives** – Rationale for the project. Why is this project needed? What community needs are being addressed? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**c. Service Delivery** – Describe how project will be implemented (including staff, volunteers, sub-contracts, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. List Specific Project Goals**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. Proposed Beneficiaries** - (please indicate the estimated number of individuals to be assisted in 2008):

- a. Total number of persons this project will serve \_\_\_\_\_
- b. Total number of L/M persons this project will serve \_\_\_\_\_
- c. Estimated % of L/M persons this project will serve \_\_\_\_\_
- d. Housing projects, list tenure type and # \_\_\_\_\_ type \_\_\_\_\_ #

e. RACIAL/ETHNIC CHARACTERISTICS

	# Total	#Hispanic
White	_____	_____
Black/African American	_____	_____
Black/African. Amer & White	_____	_____
Asian & White Asian	_____	_____

Amer Indian/Alaska Native & Black	_____	_____
American Indian	_____	_____
Native Hawaiian.	_____	_____
Amer Indian/Alaska Native & White	_____	_____
Other Multi-Racial	_____	_____
<b>Total #</b>	_____	_____

**11. Client Eligibility:**

List the eligibility criteria for your programs. Indicate your application process, income qualifications, selection criteria, where clients apply, where services are delivered, etc.

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**12. Accomplishments/Outcomes** – indicate your anticipated quantifiable measure of results; include immediate and anticipated long-term accomplishments. \_\_\_\_\_

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**13. Timeframe:**

<p>Project Estimated Start Date: _____</p> <p>Project Completion Date _____</p>
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**14. Fund Leveraging: (see note below for public service grantee funding ratio limits)**

TOTAL PROJECT COST \$ _____		
List other funding for this project:		
<u>Funding Source</u> _____	<u>Funds Requested</u> _____	<u>Amt Awarded/Obtained</u> _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**15. Proposed Project Line Item Budget** - .(use additional sheets as necessary. You may attach your own form in lieu of this sample format as long as all of the required information is included)

	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>
<b>Budget Item#</b>	<b>Budget Line Items</b>	<b>Amount of CDBG Funds Requested – include program income</b>	<b>Other Funds Committed (if applicable)</b>	<b>Total Item Cost</b>
	<b>Administration</b> (list individual employee services and benefits for the proposed project)			
	<b>Administration Subtotal</b>			
	<b>Project Costs</b> List Specific Project Line Item Costs			
	<b>Project Subtotal</b> <b>PROJECT TOTALS</b>			

**\* Identify Source of Other Funds**

Construction Projects - please use a current, itemized industry professional cost estimate when completing this budget. **Please note: the City will not reimburse expenses incurred prior to official notification of award of funding.**

**16. Pre-Award Assessment**

This section of the application is for assessing the capabilities of prospective Sub-recipients prior to awarding CDBG funds, as well as a beginning point for identifying training and technical assistance. Attach agency staff chart, critical job descriptions, staff experience, description of current services or functions performed, and description of agency administrative functions and systems.

**a. Capacity:**

What services/activities are you currently providing to what type of clientele? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your organization's current capacity and qualifications in carrying out the proposed activity. How is this proposed project similar and/or different to current activities undertaken by your agency? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your organization's administrative systems. Please check each item that exists within your organization's capacity.

- |                                     |                               |
|-------------------------------------|-------------------------------|
| _____ Audit System                  | _____ Formal Personnel System |
| _____ Client Eligibility            | _____ Fund Raising            |
| _____ Conflict of Interest Policies | _____ Insurance Coverage      |
| _____ Financial System              | _____ Procurement System      |

Describe gaps in your administrative systems and how they will be addressed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**b. Experience:**

Has your agency ever done this type of activity before? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your organization's experience with CDBG or other Federal grant programs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT, AND THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED ITS SUBMISSION.

\_\_\_\_\_  
Signature, Chief Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Date

**CITY OF NIAGARA FALLS, NEW YORK  
COMMUNITY DEVELOPMENT DEPARTMENT  
1022 MAIN STREET - PO BOX 69  
NIAGARA FALLS, NEW YORK 14302**

**VII. 2008 HOME FUNDING APPLICATION**

**1 Project Name** \_\_\_\_\_

**2. Project Costs**  
HOME Funds Amount \$ \_\_\_\_\_  
Other Funding Amount \$ \_\_\_\_\_  
Total Project Cost \$ \_\_\_\_\_

**3. Applicant(s) Organization**  
Name: \_\_\_\_\_

**4 Chief Official of Applicant**  
Name: \_\_\_\_\_ Title \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City & zip: \_\_\_\_\_  
Tax ID # \_\_\_\_\_ Phone # \_\_\_\_\_

**5 Contact Person**  
Name: \_\_\_\_\_ Title \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City & zip: \_\_\_\_\_  
Tax ID # \_\_\_\_\_ Phone #: \_\_\_\_\_

**6 Type of Organization**  
Non-profit \_\_\_\_\_ For-profit \_\_\_\_\_  
Government \_\_\_\_\_ Other \_\_\_\_\_ (describe) \_\_\_\_\_

**a) Required Attachment for All Applicants**

\* proposed project line item budget listing all sources and uses of funds

**b) Additional Required Attachments for Non-Profits**

- \* Certificate of Incorporation & Filing Receipt
- \* Tax exemption certificate
- \* By-Laws
- \* Board of Directors list
- \* Board Minutes for last 3 months
- \* Current Audit
- \* Agency brochure or narrative outlining services

**c) CHDO's** – must submit certification that no organizational changes have been made that would negatively affect CHDO status

7. Geographic Area to be Served or Address of Project: \_\_\_\_\_

8. Project Description (attach additional sheets if necessary) \_\_\_\_\_

a. \_\_\_\_\_ New \_\_\_\_\_ Previously Funded

b. **Project Objectives** – Rationale for the project. Why is this project needed? What community needs are being addressed? \_\_\_\_\_

c. **Service Delivery** – Describe how project will be implemented (including staff, volunteers, sub-contracts, etc.) \_\_\_\_\_

9. List Specific Project Goals \_\_\_\_\_

10. **Proposed Beneficiaries** - (please indicate the estimated number of persons estimated to be assisted in 2008):

- a. Total number of persons this project will serve \_\_\_\_\_
- b. Total number of L/M persons this project will serve \_\_\_\_\_
- c. Estimated % of L/M persons this project will serve \_\_\_\_\_
- d. Housing projects, list tenure type and # \_\_\_\_\_  
type #

e. RACIAL/ETHNIC CHARACTERISTICS

	# Total	#Hispanic
White	_____	_____
Black/African American	_____	_____
Black/African. Amer & White	_____	_____
Asian & White Asian	_____	_____
Amer Indian/Alaska Native & Black	_____	_____
American Indian	_____	_____
Native Hawaiian.	_____	_____
Amer Indian/Alaska Native & White	_____	_____
Other Multi-Racial	_____	_____
<b>Total #</b>	_____	_____

**11. Client Eligibility:**

**a. Homeownership Projects** - Are clients to be served by this project of low/moderate income?(at or below 80% of median)

\_\_\_yes                      \_\_\_\_\_no

**b. Rental Projects** - Are clients to be served by this project of low income?(at or below 50% of median)

\_\_\_yes                      \_\_\_\_\_no

**12. Accomplishments/Outcomes** – indicate your anticipated quantifiable measure of results; i.e., units to be completed include immediate and anticipated long-term accomplishments. \_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. Timeframe:**

Project Estimated Start Date:	_____
Project Completion Date	_____

**14. Fund Leveraging – Please list all other funding proposed for your HOME projects.**

TOTAL PROJECT COST	\$_____	
List other funding for this project:		
<u>Funding Source</u>	<u>Funds Requested</u>	<u>Amt Awarded/Obtained</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**15. Proposed Project Line Item Budget** - (use additional sheets as necessary. You may attach your own form in lieu of this sample format as long as all of the required information is included)

	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>
<b>Budget Item#</b>	<b>Budget Line Items</b>	<b>Amount of HOME Funds Requested – include program income</b>	<b>Other Funds Committed (if applicable)</b>	<b>Total Item Cost</b>
	<b>Administration</b> (list individual employee services and benefits for the proposed project)			
	<b>Administration Subtotal</b>			
	<b>Project Costs</b> List Specific Project Line Item Costs			
	<b>Project Subtotal</b> <b>PROJECT TOTALS</b>			

**\* Identify Source of Other Funds**

Construction Projects - please use a current, itemized industry professional cost estimate when completing this budget. **Please note: the City will not reimburse expenses incurred prior to official notification of award of funding.**

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT, AND THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED ITS SUBMISSION.

\_\_\_\_\_  
Signature, Chief Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_

**CITY OF NIAGARA FALLS, NEW YORK  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 1022 MAIN STREET - PO BOX 69  
 NIAGARA FALLS, NEW YORK 14302**

**VIII. 2008 EMERGENCY SHELTER GRANT APPLICATION**

- 1. AGENCY NAME \_\_\_\_\_
- 2. ADDRESS \_\_\_\_\_
- 3. PHONE NO. \_\_\_\_\_
- 4. CONTACT PERSON \_\_\_\_\_

**5. EMERGENCY SHELTER SERVICES PROVIDED BY YOUR ORGANIZATION:**

**Current # of Beds** \_\_\_\_\_  
**Average # of Persons Served Daily** \_\_\_\_\_  
**Average # of Persons Served Yearly** \_\_\_\_\_  
 (count individuals once only)

**List Services Provided:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. PROPOSED BENEFICIARIES - (please indicate the number of individuals estimated to be assisted by race/ethnicity in 2008):**

**A. RACIAL/ETHNIC CHARACTERISTICS (numbers, not %)**

	#Total	#Hispanic
White	_____	_____
Black/African American	_____	_____
Black/African. Amer & White	_____	_____
Asian & White Asian	_____	_____
Amer Indian/Alaska Native & Black	_____	_____
American Indian	_____	_____
Native Hawaiian.	_____	_____
Amer Indian/Alaska Native & White	_____	_____
Other Multi-Racial	_____	_____
<b>Total #</b>	_____	_____

**B. RESIDENTIAL SERVICES –yearly average (% , not numbers)**

Unaccompanied Males \_\_\_\_\_ %  
Unaccompanied Females \_\_\_\_\_ %  
Families with Children:  
Male Head \_\_\_\_\_ %  
Female Head \_\_\_\_\_ %  
Two Parent \_\_\_\_\_ %

**C. CLIENT CHARACTERISTICS -daily average: (% , not numbers)**

Runaway/Throwaway Youth: \_\_\_\_\_ %  
Chronically Mentally Ill: \_\_\_\_\_ %  
Developmentally Disabled: \_\_\_\_\_ %  
HIV/AIDS: \_\_\_\_\_ %  
Alcohol Dependent Individuals: \_\_\_\_\_ %  
Drug Dependent Individuals: \_\_\_\_\_ %  
Elderly: \_\_\_\_\_ %  
Veterans: \_\_\_\_\_ %  
Physically, Disabled: \_\_\_\_\_ %  
Other: \_\_\_\_\_ %

**D. FACILITY TYPE: (check all that apply)**

_____ barracks/dormitory	_____ group home/large home
_____ scattered site apartments	_____ single-family detached house(s)
_____ single room occupancy units	_____ congregate housing
_____ single site apartment complex	_____ hotel/motel accommodations

**7. STATEMENT OF NEED:**

**Identify homeless groups and "at risk" of becoming homeless that your agency serves**

**Note: To receive funding under the ESG Program, you must provide shelter or services to the homeless. HUD's definition of homeless is:**

- a. individual or family that lacks a fixed, regular, and adequate nighttime residence; or
- b. an individual or family that has a primary nighttime residence that is
  1. a supervised publicly or privately operated shelter designed to provide temporary living accommodations ( including welfare hotels, congregate shelters, and transitional housing for persons with mental illness
  2. an institution that provides temporary residence for individuals intended to be institutionalized; or
  3. a public or private place not designed for, or ordinarily used as regular sleeping accommodations

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**8. SERVICE DELIVERY:**

(how does your agency address the needs that you have cited?)

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**9. FUNDING LEVEL REQUESTED:**

**Activity Type:** (check those that apply)

\_\_\_\_\_ **Rehabilitation** - (renovation, rehabilitation or conversion of building to be used as an emergency shelter) \_\_\_\_\_ \$Amount Requested

\_\_\_\_\_ **Essential Services** – professional services provided such as employment, nutritional substance abuse counseling, assistance in obtaining permanent housing, child care, job placement & training \_\_\_\_\_ \$Amount Requested

\_\_\_\_\_ **Operations** – payment made for shelter maintenance, operation, rent, repair, security, food, fuel utilities etc. \_\_\_\_\_ \$Amount Requested

\_\_\_\_\_ **Homeless Prevention** – short term financial assistance to families to prevent homelessness \_\_\_\_\_ \$Amount Requested

**10. MATCHING FUNDS:**

\_\_\_\_\_ \$Amount of Funds  
 \_\_\_\_\_ \$Amount of Funds  
 \_\_\_\_\_ \$Amount of Funds  
 \_\_\_\_\_ \$Amount of Funds

**Source of Matching Funds:**

**Check source & attach detailed list**

\_\_\_\_\_ cash  
 \_\_\_\_\_ In-Kind Services  
 \_\_\_\_\_ Donations  
 \_\_\_\_\_ Volunteer Labor @\$5 hr

**Please note: the City will not reimburse expenses incurred prior to official notification of the award of funding.**

