



**BUCKS COUNTY
2019 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PUBLIC SERVICE APPLICATION**

Project Name:

1. Project Description:

A. Indicate how long you have been providing the proposed service, indicate the number of unduplicated individuals served during the past 12 months, and whether or not the proposal will increase services over the next 12 months. Demonstrate how you will either increase the number of clients served or increase the amount or type of services delivered.

B. Indicate whether the project is a new service not previously funded by the County, or a supplement to an existing service. If supplementing an existing service, discuss how the project will increase the level of services currently being provided. Indicate whether the activity is currently supported or was previously supported (in the 12 months prior to the application due date) with any other source of County funds. If so, explain and list sources. Discuss the status of those funds and why new funds are now being sought.

C. Mark the box(es) below to indicate the program(s) and services(s) provided by your agency.

- | | |
|---|---|
| <input type="checkbox"/> Emergency Shelter Facilities | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Vouchers for Shelters | <input type="checkbox"/> Soup Kitchen/Meal Distribution |
| <input type="checkbox"/> Drop-in Center | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> HIV/AIDS Services |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Alcohol/Drug Program | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Child Care | |
| <input type="checkbox"/> Other _____ | |



D. Attach any letter(s) of support obtained from municipalities impacted by, or home to, the proposed activity/program. In addition, attach a copy of the correspondence from your organization requesting local support.

E. Include how you propose to coordinate your services with other community agencies and leverage resources by providing information on the other funding sources for the project.

2. Project Location:

A. Indicate the location from where the project will be implemented (i.e. street address) and include a map that clearly identifies this location. Indicate client's accessibility to onsite project locations. Describe the targeted geographic area in which the service will be provided and include a map that clearly delineates the targeted area.

B. Describe the site where the program will be implemented. What efforts will your agency and partners make to promote your program and reach eligible clients?

3. Project Benefit

A. Provide an estimate of the number of clients to be served directly by your proposed project.

Income Level	Total Clients Served
Extremely Low Income Clients (30% Median or below)	
Low Income Clients (50% Median or below)	
Moderate Income Clients (80% Median or below)	
Other Clients (above 80% Median)	
Total Clients	

B. Check the box(es) below that represent population(s) served by your agency.

- Chronically Homeless (emergency shelter only)
- Severely Mentally Ill
- Chronic Substance Abuse
- Other Disability
- Veterans
- Persons with HIV / AIDS
- Victims of Domestic Violence
- Elderly (62+)

C. Attach documentation:

- Establishing the service(s) designed to exclusively serve: the particular needs of populations presumed by HUD to be low income including: abused children, battered spouses, elderly persons, adults meeting the Bureau of the Census' definition of "severely disabled," homeless persons, illiterate adults, persons living with AIDS, or migrant farm workers.
- Procedures to obtain information on family size and income so that it is evident that at least 51 percent of the clientele being served by the public service are persons whose family income does not exceed the low and moderate income limit.
- Describing income eligibility requirements which limit the programs or services exclusively to low and moderate income persons.
- Describing how the nature and, if applicable, the location of the public service establishes that the service will be provided predominantly to low and moderate income persons.

4. Project Budget

Provide a detailed project budget and consider the following while preparing the budget:

- A. Describe the use of non-CDBG funds in the budget. As part of HUD's new Performance Measurement System, sub- recipients are required to report the amount of funds leveraged by other sources.

- B. CDBG Funds may not be available to address a project in its entirety. To be considered for partial funding, the budget must contain separate cost estimates for each work element proposed.

- C. If the project goes over budget, does the applicant have funds available to contribute?
 Yes No

- D. If so, will the unexpected cost cause the project to be delayed?
 Yes No

- E. Describe any major procurement anticipated to be undertaken with CDBG funds for this project. Please attach your agency's procurement policy.

- F. Include how you propose to coordinate your services with other community agencies and leverage resources by providing information on the other funding sources for the project.

Please use Sheet B in the budget template. *Please note that if the application is approved, the project budget becomes a binding part of the agreement between the applicant and the County, therefore the projected figures must be accurate and current within the last 90 days.*

