

**CDBG PUBLIC SERVICE GRANT APPLICATION (FY 2012)
CITY OF GAITHERSBURG, MARYLAND**

Please complete the checklists below and submit them with your application.

I. COMPLETENESS CHECKLIST

<u>REQUIRED SECTIONS</u>	<u>PAGE(S)</u>
<input type="checkbox"/> 1. COVER PAGE	2
<input type="checkbox"/> Certification	
<input type="checkbox"/> Federal I.D. Number	
<input type="checkbox"/> 2. EXECUTIVE SUMMARY	3
<input type="checkbox"/> 3. COMMUNITY NEED	4
<input type="checkbox"/> 4. PROJECT DESCRIPTION	5-7
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<input type="checkbox"/> 6. COMMUNITY DEVELOPMENT (COLLABORATION)	9
<input type="checkbox"/> 7. ACTION PLAN	9-12
<input type="checkbox"/> Project Budget, using the forms provided	
<input type="checkbox"/> Timeline	
<input type="checkbox"/> Key Staff	
<input type="checkbox"/> 8. LEVERAGING	13
<input type="checkbox"/> Evidence of other funding commitments	
OUTCOME MEASURES	14

II. ATTACHMENT CHECKLIST

Please include the following attachments, if applicable. Number and label the attachments as indicated below. On the checklist, mark an "X" next to each attachment being submitted.

- 1. Board of Directors listing.
- 2. Organizational chart or organizational structure.
- 3. Organization's current budget and most recent annual report and audit.
- 4. Resumes of your organization's chief executive, administrative and/or fiscal officers and any key staff who will work on the proposed project (if known).
- 5. Two letters of community support (from other organizations, former or current clients, elected officials, etc.)

SECTION 2 - EXECUTIVE SUMMARY

Provide a project summary that identifies the services to be provided and the population to be served. The summary should also indicate the needs the proposed project will address and the outcomes or goals it is intended to achieve. (Maximum length - 150 words).

SECTION 3 -

COMMUNITY NEED

Describe the community (e.g, housing, health care, employment) needs that the proposed project will address. Explain how you identified such needs, and how your project will address them.

SECTION 4 - PROJECT DESCRIPTION

4a. Services

Describe the services to be provided, identifying any factors that make the proposed project unique or innovative.

4b. **Number of City Residents to be Served / Documentation of Income and City Residence**

Approximately how many **City residents** will be served by the proposed project? _____

4c. **Units of Service to be Provided**

Indicate the approximate number of units of service you expect the proposed project to deliver to City residents during the upcoming year (e.g., hours of housing counseling, educational workshops, courses, etc.)

4d. **Location of Project / Primary Service Area(s)**

Describe the primary service area(s) for the proposed project—that is, the geographic area from which most of the clients will come. If the service area is Citywide, please state that; however, if expected beneficiaries live in certain neighborhoods, areas, or parts of the City, please identify those areas by street, neighborhood, community, or Census tract.

4e. **Previous Project Implementation**

Other than with CDBG public service funding through the City, have you previously carried out or attempted to carry out this type of project in the City of Gaithersburg?

Yes ___ No ___

If “yes,” please describe that effort and explain how the project you currently propose compares and/or contrasts with your previous project:

4f. **Special Needs Populations**

Please identify any special needs populations (see list below) to be served by your project. More than one group may be identified. For any special needs population identified, estimate the number of persons your project will serve.

Special Needs Population	Number
Persons who are homeless	
Persons with physical disabilities	
Persons with mental disabilities	
Elderly persons (62 or older)	
At-risk children and youth (type of risk: _____)	
Other (specify: _____)	
Persons with multiple special needs as listed above (specify: _____)	

4g. **Racial/Ethnic Categories Served**

Approximately what percentage of those persons served by the proposed project fall within each of the following racial/ethnic categories?

Racial/Ethnic Category	Percentage of Persons Served
Non-Hispanic White	
African-American	
Hispanic	
Asian/Pacific Islander	
American Indian/Alaska Native	
Other (Identify)	
TOTAL	100%

SECTION 5: ORGANIZATION EXPERIENCE AND CAPABILITY

5a. **Background**

1. On what date was your organization incorporated?
2. Number of paid staff in your organization: Full-time: _____ Part-time: _____
3. Number of paid staff currently with your organization who will work on the proposed project:
Full-time: _____ Part-time: _____
4. Number of new staff who will be hired to work on the proposed project, if funded:
Full-time: _____ Part-time: _____
5. Will consultants be hired to help implement the project?
Yes ___ No ___
If “yes,” please describe the services the consultant will offer:

NOTE: If your organization is funded, all subcontracts executed to carry out this project must be approved by the City.

5b. **Mission and Activities**

1. Describe your organization’s mission and how the proposed project fits within this mission and current activities.

2. Describe your organization’s most recent key accomplishments (e.g., awards, recognitions, certifications, etc.)

SECTION 6 - COMMUNITY DEVELOPMENT (COLLABORATION)

6a. Describe how you will work with area organizations and agencies to ensure that services provided through the proposed project are coordinated with other services being delivered in the community.

6b. List any State, County, or local networking or coordinating groups that you belong to (e.g., the Upcounty Latino Network, Montgomery County Housing Fair Committee, the Gaithersburg Coalition of Providers, etc).

SECTION 7 - ACTION PLAN

7a. **Budget**

Please provide a program budget for the proposed project on the budget form provided and follow instructions below. **NOTE:** This form seeks information only for the project for which you are requesting funds. Do not include your organization's total operating budget.

INSTRUCTIONS FOR BUDGET FORM

In Column A, list the titles of all positions to be funded in whole or in part with CDBG/ funds.

In Column B, for each employee shown in column A, list the total hours per week to be spent on the CDBG project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

In Column C, show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), use either different lines for each staff person or the highest rate for the position title.

In Column D, show the total CDBG budget for this line item (hourly rate times the number of CDBG hours).

In Column E, show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the grantee.

Under the FRINGE BENEFITS section, show the percent to be applied for each line item under column C. Multiply this percentage by the total salaries for each fringe item.

The TOTAL SALARIES & BENEFITS line should be the subtotal of all costs shown in Part I. This figure will be included in the GRAND TOTAL under Part II.

FY 2012 BUDGET FORM FOR PROPOSED CDBG PUBLIC SERVICE PROJECT

NOTE: Not all line items under parts I and II may apply; fill in costs for only those that apply. Applicants requiring assistance with this form should call Louise Kauffmann at 301-258-6320.

	A	B	C	D	E
I. PERSONNEL COSTS		PROJECT HRS./ TOTAL		TOTAL CDBG BUDGET	
	(List all positions to be assigned to The proposed project)	HRS. PER WEEK	HOURLY RATE	(project hrs. X rate)	OTHER FUNDS
		/	\$	\$	\$
		/	\$	\$	\$
		/	\$	\$	\$
		/	\$	\$	\$
		/	\$	\$	\$
	TOTAL SALARIES			\$	\$
				TOTAL CDBG BUDGET (% X Total Salaries)	OTHER FUNDS BUDGET
	FRINGE BENEFITS		PERCENT		
	FICA		%	\$	\$
	Retirement		%	\$	\$
	Insurance		%	\$	\$
	Workman's Compensation		%	\$	\$
	State Unemployment Insurance		%	\$	\$
	Other (Specify)		%	\$	\$
			%	\$	\$
			%	\$	\$
	TOTAL SALARIES & BENEFITS		%	\$	\$

7b. **Partial Funding.** By providing partial funding for multiple projects, rather than full funding for a few projects, the City may be able to address numerous requests. Please describe in detail specific changes to your project or scope of services that could be made if your project were partially funded (e.g., the project could be undertaken on a smaller scale or it could serve fewer people). Explain how such changes could be made and whether additional funds could be obtained from other sources.

7c. **Timing:** Any CDBG funds awarded should be fully expended within 12 months of the date of the contract signing. Indicate below how activities will be undertaken and how funds will be spent each quarter to meet this timeframe requirement:

Quarter	Activities Undertaken and/or Results Achieved	Estimated CDBG Costs	Other Project Costs
July – Sept.			
Oct- Dec.			
Jan. - March			
April – June			

7d. **Key Staff and Resumes**

1. List the key staff members who would be responsible for carrying out the proposed project. For each, provide a name and/or title, telephone number, and email address. For each, also indicate the number of years with the organization, job responsibilities relevant to the proposed project, and the percentage of his or her time to be devoted to the project.
2. If new staff will be hired to carry out this project, indicate, for each, the proposed job title, responsibilities, and the percentage of time the staff person will spend on the project.
3. At the end of your completed application, please attach resumes of your chief administrative, executive, and/or financial officers and any other key staff members who will work on the proposed project.

SECTION 8 - LEVERAGING

8a. List any CDBG or other federal funds received for this project, or for any other CDBG project, within the past five years (including Montgomery County or State of Maryland CDBG funds):

Project Name: _____

CDBG/Other federal funds received: \$_____ Year prior funds received: _____

Project Name: _____

CDBG/Other federal funds received: \$_____ Year prior funds received: _____

8b. Have you applied for funding from other sources for the proposed project? Yes ____ No ____

If “yes,” please list the organization(s) from which you have requested funding and the amount of funding requested.

8c. Explain the use any volunteers or in-kind contributions for this project.

