

## 2021 CDBG Public Services Application

APPLICATION COVER SHEET		
<b>Organization Information:</b>		
Organization Legal Name:		DUNS #
Address:		
City:	State:	Zip Code:
CEO/Executive Director:	Name:	Title:
Telephone:	FAX:	Email:
<b>Project/Program Information:</b>		
Program Name:		
Location where activities will take place:	Address:	City:
Program Manager*:	Name:	Title:
Telephone:	FAX:	Email:
*The person identified here should be the person who is paid by CDBG and will report on the client demographics and goals.		
Finance Manager**:	Name:	Title:
Telephone:	FAX:	Email:
**The person identified here should be the person who completes the drawdown and ensures that the financial information is correct.		

Amount requested: \$ \_\_\_\_\_

Total program cost: \$ \_\_\_\_\_

<p><b><u>Federal Suspension and Debarment Certification:</u></b>                      Federal Executive Order 12549 prohibits federal, state, and local public agencies receiving grant funding from contracting with individuals, organizations, or companies who have been excluded from participating in federal contracts or grants. The purpose of this certification is for the contractor/vendor to advise the City of Lewiston, Maine, in writing, of any current Federal Suspension and Debarment.</p> <p><u>Debarment Certification.</u> By signing and submitting a response to this competitive solicitation, I certify that this firm and its principals are not currently suspended or debarred by any Federal Department or Agency from participating in Federal Funded Contracts.</p>
<p><b>Authorized Signature of Applicant:</b> To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding.</p> <p>Signature of Authorized Representative: _____</p> <p>Typed Name and Title: _____</p> <p style="text-align: right;">Date Signed: _____</p>

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## **SECTION 1. COMMUNITY NEED & BENEFIT (Scoring Criteria – Maximum 10 points)**

**1. What community needs and gaps in services does this project/program address?** (Identify the current need in the community for the proposed project in the context of the CDBG priorities. Describe any gaps in service and the need for the services proposed. Provide current local statistics, agency statistics or other evidence to document the needs and gaps.)

**2. Will the project provide a new service based on the 2020-2024 Consolidated Plan?** (If yes, describe. If no and is a continuing service, answer the next question)

**3. If the project is a continuing service, (funded in the first year of the 2020-2024 Consolidated Plan) answer the following questions:**

**a. What is your current level of services?** (Describe, what the service is; who and how many do you serve now; how often is the service provided; number of staff)

**b. Does CDBG fund this program currently?** (If yes, how much funding do you receive?)

**c. In quantifiable terms, how will new or increased funding be used to provide a quantifiable increase in the current level of service?**

**d. Does it align with the new goals and strategies in the new 2020-2024 Consolidated Plan?** (Appendix A)

**4. Describe the population who will benefit from the service.** (homeless or at risk of being homeless, children, youth, victims of domestic violence, special needs, etc.)

**5. What is the proximity of your location to the persons being served?**

**6. How will the program/project collaborate with other service providers that service the same population?** (Include any formal agreements or describe a history of partnerships in the community.)

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**SECTION 2. PROJECT DESCRIPTION & SOUNDNESS OF APPROACH**  
**(Scoring Criteria – Maximum 10 points)**

**Provide a clear, detailed description of the program. Which strategy does the program address? (Appendix A.)**

**2. Define and describe the services that will be provided by this program including your organization’s experience in serving the target population.**

**3. When is the program offered?**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time/Duration:							

**4. Describe the staffing plan and qualifications (such as, education, training, or experience) of the staff members who will manage the project and provide the services.**

**5. Indicate the number of unduplicated households or persons to be assisted and the number to be assisted with CDBG funds. Agencies providing non-housing related services should count Person’s. Agencies providing Homebuyer down payment assistance, rental housing subsidies or Security Deposits should count Households.(Use chart below)**

# Served	Households		Persons	
	Lewiston Residents	Non-Lewiston Residents	Lewiston Residents	Non-Lewiston Residents
Total assisted with all funds				
Total assisted with CDBG funds				

**6. HUD Performance measures:**

**A. Select one of the three objectives that best describes the purpose of the public service activity.**

\_\_\_\_\_ a. Provide essential public services to improve quality of life for individuals and families with low-moderate incomes, including special needs populations and those experiencing homelessness or at risk of becoming homeless.

\_\_\_\_\_ b. Increase, maintain, and improve the supply of safe, decent and affordable housing

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\_\_\_\_\_ c. Create economic opportunities for individuals and families with low-moderate incomes.

**B. Select one of three outcome categories that best describes what the public service activity will achieve.**

\_\_\_\_\_ a. Availability/Accessibility

\_\_\_\_\_ b. Affordability

\_\_\_\_\_ c. Sustainability

**C. Select one of the following indicators:**

\_\_\_\_\_ a. Number of persons receiving new or continuing access to the service or benefit; or

\_\_\_\_\_ b. Number of persons receiving improved access to the service or benefit

**D. Describe how your organization will track, count and report this data.**

<p style="text-align: center;"><b>SECTION 3: ORGANIZATIONAL CAPACITY</b> <b>(Scoring Criteria – Maximum – 6 points)</b></p>
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1. Describe any specific experience your organization has in administering public funds.

2. Describe your organization's fiscal management including financial reporting, record keeping and accounting systems.

3. If you have received CDBG funding before, did you meet the reporting requirements?

<p style="text-align: center;"><b>SECTION 4: FINANCIAL FEASIBILITY (Scoring Criteria – Maximum 4 Points)</b></p>
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**1. Budget located in Appendix B (Sub-Category 1: Project Budget - Maximum 2 Points)**

**2. What funds have you committed from your organization or have obtained from another organization to fund the project/program described in this application?** (Leveraged funds are defined as “a financial commitment toward the costs of a project or program other than the granting agency”. **(Sub-Category 2: Leverage - Maximum 1 Point)**)

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### **3. What steps has your organization taken to sustain its mission as defined below?**

(Sustainability is defined as the ability of an organization to continue its mission or program into the future. A project/program can be considered sustainable in three main categories: organizational, financial, and community sustainability.) **(Sub-Category 3: Sustainability - Maximum 1 Point)**