

## PUBLIC SERVICES PROJECTS

### SUMMARY INFORMATION

Total Public Services funding will be limited to approximately \$100,200 (15% of CDBG entitlement grant), for all projects.

#### GENERAL INFORMATION

Applicant Legal Name:	
Project Name:	
Funding Amount Requested:	

#### PROJECT INFORMATION

Project Location(s):			
Project Goal(s) (be specific and succinct):			
<a href="#">Priority Need(s)</a> Which Project Will Address (Consolidated Plan):			
Total Number of People to Be Served:	% City of Ithaca Residents:		% Below 80% AMI:
Characteristics of People to Be Served (i.e., youth, elderly, disabled, formerly incarcerated, homeless, etc.):			
Proposed Use of Requested Funds (i.e., staff salaries, materials, participant stipends, etc.):			
Total Project Cost:		Total Budgeted Matching Funds:	

#### CONTACT INFORMATION

Head of Agency Information	
Name:	
Title:	
Address:	
Phone Number:	
E Mail Address:	
Application Contact Information	
Name:	
Title:	
Address:	
Phone Number:	
E Mail Address:	

## PROJECT DESCRIPTION

In the space below, provide a clear project summary that contains a description of the proposed project, including services and activities that will be provided. Include the Census tract number in which the project will be located (see Application Instructions).



**INSERT EXCEL BUDGET SPREADSHEET(S) IMMEDIATELY AFTER THIS PAGE.**

**Women's Empowerment Services and Training WEST  
IURA Budget 2023-2024**

**Revenue**

IURA	\$44,000
OAR	\$17,640
<b>Total Revenue</b>	<b>\$61,640</b>

**Expenses**

OJT cleint intern	\$8,840	10 hours per week
Outreach/ Caseworker	\$10,400	10 hours per week
Outreach/ Sr Caseworker	\$12,655	10 hours per week
Mileage/ Bus passes	\$3,500	Transportation of clients and staff
Supplies	\$5,645	clothing, food, essentials, toiletries, plates, blankets,
Emergency hotel	\$2,000	71-91 dollars per night
Nutrition	\$1,000	ensure improved health, address underlining issues like eating disorders
Storage Unit	\$1,600	hold belongings
Classes self help	\$1,000	cooking, trauma support, self defense
GEMS Trainings: One 25-45 people	\$15,000	expensive due to numbers served, quality facilitator
Two 10-15 people		TBA
Three 10-15 people		TBA
<b>Total Expenses</b>	<b>\$61,640</b>	

**PROJECT DESCRIPTION (cont.)**

Explain how the amount of funding requested is justified, taking into account other available sources of funding for the project type. Explain how and when the cost estimates for the project were prepared. Provide the name, title, company/organization name, and qualifications of the individual who prepared the cost estimates.

Does the project require coordination with, or participation of, another entity or organization? If so, how will you ensure the project's successful and timely completion?

## POPULATION SERVED & PROJECT IMPACT

Describe the population the project will serve, being sure to include income levels (i.e., 30% AMI, 50% AMI, 80% AMI), and any special needs characteristics (e.g., disabled, elderly, homeless). How has the project been designed to address the specific needs of this population?

Explain the project goal(s). How will each goal be measured and documented to confirm whether or not it has been met?

**POPULATION SERVED & PROJECT IMPACT (cont.)**

Will your project advance the City's goal of ending and preventing homelessness? How?

Will your project advance the City's goal of moving people out of poverty? How?

## PROMOTION OF FAIR HOUSING

How will your project address any of the factors contributing (“Contributing Factors”) to fair housing issues and problems in the City of Ithaca? Refer to: [Explanation of IURA Assessment of Fair Housing Contributing Factors](#) document.

## ORGANIZATIONAL CAPACITY

Describe your organization's experience in successfully implementing projects of similar scope and comparable complexity to the proposed project.

Describe your staffing plan for the proposed project. Indicate what percentage of each staff member's time will be allocated to this project and how many other projects, in addition to the one proposed, each staff member will be responsible for. *If you are requesting funds to pay staff salaries, please explain how the proposed project will be impacted, if full funding is not awarded.* If the project is collaborative, explain how participating organizations will work together and who will be the lead.



**PAST IURA FUNDING**

If your organization received funding from the IURA in the past two program years, please complete the following table(s):

2021 Project Name:	
Amount of Funding Awarded:	
Amount Expended to Date:	
Total Number of Unduplicated Clients to Be Served:	
Total Number of Unduplicated Clients Served to Date:	

2022 Project Name:	
Amount of Funding Awarded:	
Amount Expended to Date:	
Total Number of Unduplicated Clients to Be Served:	
Total Number of Unduplicated Clients Served to Date:	

**PROJECT SCHEDULE**

Month	Specify Project Milestone/Actions Completed	Cumulative Amount of CDBG Funds Expended	% of Project Budget
November 2023			
December 2023			
January 2024			
February 2024			
March 2024			
April 2024			
May 2024			
June 2024			
July 2024			
August 2024			
September 2024			
October 2024			
November 2024			
<b>TOTAL:</b>			

**Note:** Assume contracts will be executed by NOVEMBER 1, 2023, so that funds may be drawn that month.

**CERTIFICATION & SUBMISSION REQUIREMENTS**

By checking this box and providing the following information, I certify the statements made in this application are true and correct, and I am authorized to submit this application on behalf of my organization.

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Organization Title/Role

\_\_\_\_\_  
E Mail Address Phone Number

Is your organization a 501(c)(3)? Yes  No

Federal Tax ID: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Required Attachments:

- Excel budget page
- Resumés of key staff and/or consultants who will be responsible for this activity
- List of your organization’s current board members
- Letter(s) of commitment from any other individuals or entities (outside your own organization) whose participation is required for project completion
- Evidence of commitment for any funds indicated as “secured” in your project budget
- Most recent Form 990 or tax returns for applicant entity (only 1 copy needed)

Optional Attachments:

- Letters of support
- Program materials (e.g., brochures, program guidelines, outreach materials)

**IMPORTANT: Unlike prior years, all application materials are to be submitted *electronically*, by e-mailing Charles Pyott, Contracts Monitor, at: [cpyott@cityofithaca.org](mailto:cpyott@cityofithaca.org) . Call (607) 274-6565 for questions/assistance.**