

PUBLIC SERVICES PROJECTS

SUMMARY INFORMATION

Public Services funding will be limited to approximately \$90,000 (15% of the CDBG entitlement grant), for all projects.

GENERAL INFORMATION

Applicant Legal Name:	
Project Name:	
Amount of Funding Requested:	

PROJECT INFORMATION

Location of Project:				
Goal(s) of the project (be <i>specific</i> and <i>succinct</i>):				
Priority need(s) the project will address (Consolidated Plan):				
Total number of people who will be served:		% city of Ithaca residents:		% below 80% AMI:
Characteristics of people who will 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:		Leverage (divide total funding from other sources by amount requested):		

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 within which the project will be located (see Application Instructions).

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 the goal 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?

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 for staff salaries, please explain how the proposed project will be impacted if full funding is not awarded. If the project is collaborative, explain how involved organizations will work together and who will be the lead.

PROJECT BUDGET

***** You must complete Excel form that accompanies this document. *****

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

2016 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:	

2017 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 2018			
December 2018			
January 2019			
February 2019			
March 2019			
April 2019			
May 2019			
June 2019			
July 2019			
August 2019			
September 2019			
October 2019			
November 2019			
	TOTAL:		

① Note: Assume contracts will be executed by NOVEMBER 1, 2018, 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

Optional Attachments:

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

Submission Requirements:

- One (1) ORIGINAL of complete application, including all attachments
- Twelve (12) double-sided 3-HOLE PUNCHED CLIPPED COPIES of the complete application, including all attachments — except Form 990/tax return
- One (1) ELECTRONIC PDF COPY of application, including all attachments, on a disc or a flash/thumb drive
- Complete application packages must be received by noon, February 28, 2018 at the following address:

Ithaca Urban Renewal Agency
3rd Floor, City Hall
108 E. Green Street
Ithaca, NY 14850

- Applications will be date- and time-stamped upon arrival. Applications received after the deadline will not be considered.