

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):			
Priority Need(s) 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.

PUBLIC SERVICES PROJECT BUDGET

SOURCES

FUNDING SOURCE TITLE		AMOUNT SECURED*	AMOUNT UNSECURED**	% OF TOTAL BUDGET
1.	Community Development Block Grant (CDBG)		\$30,000.00	38.71%
2.	Human Service Coalition	\$22,500.00		29.03%
3.	Foundations(Park Foundation/Private Contributions)	\$25,000.00		32.26%
4.				0.00%
5.				0.00%
6.				0.00%
7.				0.00%
8.				0.00%
9.				0.00%
10.				0.00%
TOTAL SECURED & UNSECURED FUNDING		\$47,500.00	\$30,000.00	100.00%
TOTAL PROJECT BUDGET		\$77,500.00		100%

LEVERAGE OF SECURED FUNDING PERCENTAGE	61.29%
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* Supporting documentation is required for amounts listed as secured.

** Please be sure to list all unsecured funding amounts (e.g., funding applied for, but not yet received).

USES

PERSONNEL EXPENSES: POSITION TITLES	PROPOSED CDBG AMOUNT (SALARY/WAGES + FRINGE)	PROPOSED OTHER	TOTAL
ISP Program Director(15.75 hrs/week)	\$12,166.00	\$14,571.00	\$26,737.00
ISP Program Coordinator(26.25 hrs/week)		\$30,605.00	\$30,605.00
ISP Program Assistant(20 hrs/week)	\$17,834.00	\$1,981.00	\$19,815.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
A-TOTAL PROPOSED PERSONNEL BUDGET	\$30,000.00	\$47,157.00	\$77,157.00

NON-PERSONNEL EXPENSES: LINE ITEM/TYPE	PROPOSED CDBG AMOUNT (SALARY/WAGES + FRINGE)	PROPOSED OTHER	TOTAL
Supplies			\$0.00
Publications/Printing			\$0.00
Rent/Lease (Project Operations)		\$250.00	\$250.00
Insurance			\$0.00
Utilities		\$93.00	\$93.00
Communications			\$0.00
Stipends			\$0.00
Other Expenses (list below)			
Special Assistance			\$0.00
Miscellaneous			\$0.00
			\$0.00
			\$0.00
B-TOTAL PROPOSED NON-PERSONNEL BUDGET	\$0.00	\$343.00	\$343.00
(A+B) TOTAL PROPOSED PROJECT BUDGET	\$30,000.00	\$47,500.00	\$77,500.00

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):

2020 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:	

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:	

PROJECT SCHEDULE

Month	Specify Project Milestone/Actions Completed	Cumulative Amount of CDBG Funds Expended	% of Project Budget
November 2022			
December 2022			
January 2023			
February 2023			
March 2023			
April 2023			
May 2023			
June 2023			
July 2023			
August 2023			
September 2023			
October 2023			
November 2023			
TOTAL:			

ⓘ **Note:** Assume contracts will be executed by NOVEMBER 1, 2022, 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 . Call (607) 274-6565 for questions/assistance.

ALL PROJECT CATEGORIES

FUNDRAISING INITIATIVES

Regarding the secured vs. unsecured funding section of your Excel budget application form, please describe in detail below what fundraising initiatives your organization has undertaken over the past year and/or plans to undertake in the year ahead, to identify/secure additional funding and ensure the financial viability of your project/program (even if you have pursued funding that was declined by the time of your IURA application). The IURA is interested in knowing what your organization does on an ongoing basis to support the program/project.