

OFFICE OF COMMUNITY DEVELOPMENT  
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***PUBLIC SERVICE AGENCY GRANT APPLICATION***  
**July 1, 2021-June 30, 2022: Program Year 47**

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**PART I: GENERAL INFORMATION**

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

**Type of Organization (Check One):**

- Non-Profit Organization
- Education Agency
- Government Agency
- Other

Employer ID# \_\_\_\_\_

IRS Tax Exempt # \_\_\_\_\_

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

Registered in System for Awards Management (SAM) YES or No? \_\_\_\_\_

SAM Cage Code? \_\_\_\_\_

**Project Overview:**

Name of Project \_\_\_\_\_

Estimated Project Starting Date \_\_\_\_\_

Estimated Project Completion Date \_\_\_\_\_

Total Amount of Funds Requested \_\_\_\_\_

Total Amount of Funds Approved During PY 46 (July 1, 2020– June 30, 2021)  
(If no funds were awarded, please indicate “0” ) \_\_\_\_\_

**PART II: ORGANIZATION INFORMATION**

**SECTION 1**

List three key persons who are familiar with the contents of this application.

<b>Name</b>	<b>Title</b>	<b>Telephone</b>
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**SECTION 2**

List the person(s) responsible for making decisions on how the organization's funds are expended and how persons served will be selected: (i.e. Board of Directors, Finance Director, Department Head, Director, etc.).

<b>Name</b>	<b>Title</b>	<b>Telephone</b>
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**SECTION 3**

List the person responsible for accounting for organizational funds: (i. e. Bookkeeper, Treasurer, Finance Director).

<b>Name</b>	<b>Title</b>	<b>Telephone</b>
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**SECTION 4**

On a separate sheet, please provide a brief description of the applicant organization. This narrative should contain the following information: date organization was established, purpose of the organization, geographical area served, number of staff (paid and volunteer), and Board of Directors.

This description should be clearly labeled "Description of Organization" and be placed at the end of this application when assembled.

**PART III: COMMUNITY DEVELOPMENT OBJECTIVES & PERSONS BENEFITED**

**SECTION 1 - National Objectives**

Each Public Service Agency funded through the Town’s CDBG program must meet at least one of the following U.S. Department of Housing & Urban Development National Objectives. Which community development objective does your activity attempt to accomplish? (Please check all that apply)

- 1) Benefit Low and Moderate Income Persons \_\_\_\_\_
- 2) Eliminate Slums and Blight \_\_\_\_\_
- 3) Urgent Need \_\_\_\_\_

**SECTION 2 - Type of Activity**

Which of the following best describes your activity?

- Direct services to clients \_\_\_\_\_
- A group activity or activities \_\_\_\_\_ (Category: *Area-Wide Benefit* \_\_\_\_\_ *Limited Clientele* \_\_\_\_\_)
- A project or projects \_\_\_\_\_
- A major purchase or purchases \_\_\_\_\_

**SECTION 3 - Persons Benefited**

A) Estimate the number of Hamden residents that will benefit from your activity or project. \_\_\_\_\_

B) What age group is this project most likely to serve or benefit?

- All age groups \_\_\_\_\_
- Primarily children under 5 \_\_\_\_\_
- Primarily children ages 5 to 12 \_\_\_\_\_
- Primarily children ages 12 to 18 \_\_\_\_\_
- Primarily adults age 18 to 60 \_\_\_\_\_
- Primarily Seniors age 60+ \_\_\_\_\_

C) How many residents of low-to-moderate income do you anticipate assisting through your program/service? \_\_\_\_\_

**PART IV: PROJECT NARRATIVE**

On separate sheets prepare a description of the proposed project or activity. The narrative should be no longer than three pages but should contain at a minimum the following information:

1. The task(s) to be accomplished.
2. The population to be benefited (i.e. age, economic status, geographical location, other pertinent information).
3. Describe how you will document how at least 51% of your participants will be of low-to-moderate income.
4. The specific need(s) to be addressed and the strategy to be used to address these needs.
5. The resources to be used. (i.e. staff, other funds, existing service delivery systems, etc.)
6. **If your organization is currently funded with Hamden CDBG funds in 2020-2021, please indicate how you will provide an increased level of service to Hamden residents if approved for 2021-2022 funding.**

This description should be clearly labeled "Project Narrative" and be placed at the end of this application when assembled.

**PART V: OTHER RESOURCES**

**SECTION 1: *Other Funding***

List other major sources of funds your organization receives. (Grants, donations, program fees, client fees, etc.)

<b>Source</b>	<b>Anticipated Amount</b>
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List other resources your organization receives. (In-kind services, borrowed staff, use of services, volunteers, etc.)

**SECTION 2: *Other Avenues Pursued for Funding this Project***

List other grant sources to which you have applied or will apply (indicate application date) to fund this project.

**PART VI: ACCOUNTING COMPLIANCE AND BUDGETS**

**SECTION 1: ACCOUNTING COMPLIANCE**

Has The Applicant received \$750,000 in federal funds in the previous fiscal year, or during the current fiscal year?  
Yes \_\_\_ No \_\_\_

If yes, please submit the most recent A-133 Single Federal Audit.

**SECTION 2: BUDGETS**

**BUDGET A—PROJECT BUDGET**

**OR, PLEASE ATTACH THE PROJECT BUDGET**

<b>Estimated Expenses</b>	<b>Amount</b>
Wages, salaries, and benefits	
Rent	
Consumable supplies	
Utilities	
Postage	
Major Purchases (over \$500)	
Other (List)	
<b>Total Expenses</b>	

List positions to be fully or partially paid from Community Development Block Grant (CDBG) funds.

- 1. \_\_\_\_\_ hrs/wk. \_\_\_\_\_
- 2. \_\_\_\_\_ hrs/wk. \_\_\_\_\_
- 3. \_\_\_\_\_ hrs/wk. \_\_\_\_\_

List planned purchases of over \$500.

Purchase	Anticipated Amount

If you will derive income from this CDBG funded project, please list below.

Source	Estimated Amount

**BUDGET B—ORGANIZATION'S BUDGET**  
 (OR, PLEASE ATTACH STANDARD BUDGET)

Fiscal Year: July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

Estimated Expenses	Amount
Wages, salaries, and benefits	
Rent	
Consumable supplies	
Utilities	
Postage	
Major Purchases (over \$500)	
Other (List)	
<b>Total Expenses</b>	

Estimated Income	Amount
Source(s)	
<b>TOTAL INCOME</b>	

**Total Expenses of Organization:** \_\_\_\_\_

**Total Income of Organization:** \_\_\_\_\_

**Certification**

I certify that the information presented in this proposal is correct to the best of my knowledge.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*