

# CITY OF POUGHKEEPSIE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

## Public Service Agency Application

Please review the **Community Development Block Grant Policies and Procedures** for requirements and guidelines for the Grant program.

Please complete the below application and attach all required documentation. A checklist is available at the end of the application to help confirm that your application is complete.

**APPLICATION DEADLINE:            March 15, 2023**

<b>Agency Name</b>					
<b>Executive Director</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>	NY	<b>Zip</b>	
<b>Contact Person</b>			<b>Contact Title</b>		
<b>Contact Email</b>			<b>Contact Phone</b>		
<b>Tax ID No.</b>					
<b>EIN No.</b>					
<b>Plan Priority</b>	<b>2023 Community Development Block Grant Program</b>				
<b>Funding Request</b> <small>(Based on Program Budget)</small>					
<b>Prior Funding Received</b>					
<b>Other Funding Sources &amp; Amounts</b>					

**CERTIFICATION:** I hereby certify that all of the information stated herein is true and accurate; I have read and understand the program policies and procedures; and I am authorized to submit this application on behalf of the applicant. Check for Certification:

<b>Name</b>	
<b>Title</b>	
<b>Date</b>	

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**A. Non-Profit Organization:** Is your organization registered as a nonprofit Section 501(c)(3) organization? Please provide your organization's IRS non-profit determination letter with this application.

Yes

No

**B. Eligible Public Service Activity:** Please indicate the current status of your agency's proposed program/project:

New

Existing

Expanded or Quantifiable increase in the level of service

**C. Population Benefitted:** Please indicate which objective will be met by your proposed program/project by completing the following:

**Low/Moderate Area Benefit** (Activity that benefits all residents in an area where at least 51% of the residents are less than 80% of area median income. Please refer to map of eligible areas)

**Low/Moderate Limited Clientele** (Activity that benefits residents presumed to be low/moderate income, specifically, abused children, elderly, victims of domestic violence, homeless individuals, severely disabled/handicapped adults, homeless individuals, illiterate adults, persons living with AIDS, and migrant farm workers)

**Low/Moderate Housing** (Activity that provides or improves permanent residential structures, which will be occupied by low/moderate income individuals. Income data is collected for each resident that documents their household as low/moderate income as defined by HUD)

**Low/Moderate Employment** (Creation or retention of jobs where at least 51% will be held by low/moderate income individuals)

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**D. Population Served:** Please complete the table below.

City Resident Race/Ethnicity	Number of City Residents Proposed for 2023
Number of City Residents served by your agency.	
Number of City Residents that have been served by your agency's CDBG funded program.	
Number of Low/Moderate Income City Residents that have been served by your agency's CDBG funded program.	
Number of Caucasian individuals that have been served by your agency's CDBG funded program.	
Number of Black/African American individuals that have been served by your agency's CDBG funded program.	
Number of Hispanic/Latino individuals that have been served by your agency's CDBG funded program.	
Number of American Indian or Alaska Native individuals that have been served by your agency's CDBG funded program.	
Number of Asian or Other Pacific Islander individuals that have been served by your agency's CDBG funded program.	
Number of Chinese individuals that have been served by your agency's CDBG funded program.	
Number of Japanese individuals that have that have been served by your agency's CDBG funded program.	
Number of Korean individuals that have been served by your agency's CDBG funded program.	
Number of Filipino individuals that have been served by your agency's CDBG funded program.	
Number of Vietnamese individuals that have been served by your agency's CDBG funded program.	
Number of Other/Multi Racial individuals that have been served by your agency's CDBG funded program.	

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## I. Section 1: Conformity to Consolidated Plan (25 points)

A. **Consolidated Plan Priorities:** Please indicate which consolidated plan priority your agency's proposed program/project meets to determine preliminary priority status:

### 1. Homelessness Emergency Housing and Support Services:

Programs that support existing shelters and programs for the homeless, including homeless and runaway youth, especially those with street-based outreach programs.

Programs that provide counseling and assistance to address immediate needs and locate suitable housing, employment, educational/vocational training, medical assistance, financial support, and other services.

Programs that assist homeless individuals, especially homeless youth, in developing independent-living skills.

### 2. Housing:

#### a. Rental Housing:

Programs that create new rental housing through new construction, rehabilitation of vacant residential buildings, and adaptive reuse of commercial or industrial properties.

Intergenerational or non-restricted housing.

Housing in communities or neighborhoods with limited affordable opportunities.

Housing that sets aside a portion of the units for hard-to-serve special needs populations.

Housing which:

- Is located in established or emerging city centers
- Is located along transit routes, and near employment and services
- Incorporates active design
- Incorporates universal design
- Green infrastructure

#### b. Owner Occupied Housing:

Volunteer rehabilitation programs such as Rebuilding Together and/or Habitat for Humanity.

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Homeownership as part of specific efforts to revitalize neighborhoods and expand fair housing choice.

Implementation of the City of Poughkeepsie's Distressed Properties Initiative.

c. Homeless – Transitional or Permanent Housing:

Permanent or transitional housing for the homeless.

Housing that address needs also identified in the Dutchess County Continuum of Care and the 10-Year Plan to End Homelessness.

Housing that sets-aside a portion of their units for hard-to-serve special needs populations.

Housing developed by agencies that demonstrate collaboration and are active participants in the DCHC.

### **3. Youth:**

Programs that provide youth engagement activities, education services, workforce skills and youth outreach.

Programs that develop high quality workforce skills for youth. Program may include job mentoring, paid or unpaid internships, partnership between schools and business, training for emerging employment sectors, work readiness skills and educational support services.

### **4. Substance Abuse and Domestic Violence:**

Programs that support residential services that facilitate the recovery of chemical dependent individuals and families.

Programs that support emergency housing for individuals with active chemical dependency problems and for individuals who may not be intoxicated, but are at risk of relapse and homelessness.

Programs that support follow-up chemical dependency treatment programs to prevent further homelessness.

Programs that address accidental fatal drug overdoses.

Programs that address the unmet need for services for individuals age 12-17 and the high incidence of alcohol and other drug abuse in the schools.

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- Programs that focus on domestic violence education services and counseling.

## **5. Senior Citizens:**

Programs that address the needs of seniors including transportation, loneliness and isolation, and insufficient money for food, shelter or clothes. In particular, support alternative options for transportation for seniors to fill the gap from recent cutbacks in transportation services by Dial-A-Ride.

Programs that address the concerns of seniors, including understanding health insurance/Medicare, keeping up with medical costs, and knowing where to obtain information about services and benefits.

Programs that focus on senior services including mental health, senior activities and socialization.

## **6. Meal Programs:**

Programs that provide daily meals/food support and/or household essential items to individuals in need.

## **7. Gun Violence Mitigation:**

Programs that develop and implement risk-reduction strategies to reduce gun violence with the goal of saving lives and helping individuals turn their lives around.

Programs that provide counseling, juvenile delinquent diversion, education, services to youth and youth outreach.

Programs that aim to curb gun violence and save lives by intervening in the aftermath of shootings to prevent retaliation, working with high-risk youth to connect them to services and programs, and other community engagement initiatives

If your agency's proposed program/project does not meet one of the specified Consolidated Plan Priorities set forth above, please indicate how it will be adapted to meet the priorities.

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**II. Section 2: Scope of Service (25 points)**

**A. Scope of Service:** In the space below, provide your agency's scope of service that details program activities. Include the following:

- A description of the work to be performed;
- Program location and hours of operation;
- A description of intake procedures and eligibility documentation;
- A description of outreach plan to engage City of Poughkeepsie residents.

**III. Section 3: Organizational Overview and Experience (15 points)**

**A. Organizational Overview:** In the space below, provide your agency's organizational overview. Include the following:

- A description of the history, mission, and services of the organization;
- A description of past Federal Grant Management Experience.

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**B. Organizational Experience:** In the space below, provide your agency's organizational experience. Include the following:

- Name, staff title, and years of experience that contribute time toward this program, whether funded by CDBG or some other source.

1. Has your organization completed a CDBG program in a prior year?

Yes  No

2. Has this program received funding from the City of Poughkeepsie before?

Yes  No

If yes, for how many years? \_\_\_\_\_

3. What was the funding amount and number of persons served for this program for the last complete year?

Year: \_\_\_\_\_ Amount: \_\_\_\_\_ Planned Number Served: \_\_\_\_\_

Actual Number Served: \_\_\_\_\_

If you did not meet your planned number served, please provide an explanation below.

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**IV. Section 4: Evidence of Need for Service (15 points)**

**A. Activity Description:** In the space below, describe your program and state specifically what community need will your project address and how grant funds will be utilized.

**B. Program Objectives:** In the space below, describe your program’s target population in terms of age, gender, ethnicity, income level, and other defining characteristics. Identify special needs groups to be served (for example, abused children or spouses, elderly persons 62 years or older, disabled adults, illiterate adults, persons living with HIV/AIDS, or homeless.)

**C. Program Documentation and Monitoring:** In the space below, describe how your organization intends to document and monitor the income eligibility of participants. Include as much local data as possible, as well as any relevant statistics collected by the applicant organization, such as the number of referral calls, number of clients on waiting lists, time on waiting list, etc.

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## **V. Section 5: Appendix A – Program Budget (15 points)**

- A. Program Budget:** Complete Appendix A. Please provide an explanation for each line item expense in the specific cost column.

## **VI. Section 6: Appendix B – Program Timeline (5 points)**

- A. Program Timeline:** Complete Appendix B.

## **VII. Section 7: Appendix C – Roster of Board Members**

- A. Roster of Board Members:** Complete Appendix C, if applicable.

## **VIII. Section 8: Appendix D – Required Certifications**

## **IX. Section 9: Bonus (5 points)**

- A. Success Story:** Please submit on a separate page (one page maximum) a success story that best illustrates your program outcomes.

## **X. Section 9: Application Checklist**

- Completed Application;
- Appendix A – Program Budget;
- Appendix B – Program Timeline;
- Appendix C – Roster of Board Members;
- Appendix D – Required Certifications;
- IRS non-profit determination letter.

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## Appendix A - Program Budget

If you have a Budget in comparable format, you may submit that as an attachment.

EXPENSE ITEM	CDBG FUNDS REQUESTED	OTHER FUNDING SOURCES	SPECIFIC COST
Salaries/Wages			
Fringe Benefits			
Contractual Fees			
Advertising Fees			
Program Supplies			
Office Supplies			
Fixed Costs (Utilities, Occupancy, Maintenance, Storage)			
Equipment Rental/Maintenance			
Equipment Purchase			
Program Transportation			
Program Transportation			
Insurance			
Telephone			
Other (Specify)			
<b>Total Project Expenses</b>			

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**Appendix B – Program Timeline**

<b>Proposed Timeline</b>
<b>Project Start Date:</b> _____ <b>Project Completion Date:</b> _____
<b>Outline program plan activities/events that will take place during the award period.</b>

<b>Program Schedule</b>	<b>Activity/Action</b>
<b>Quarter 1:</b>	
<b>Quarter 2:</b>	
<b>Quarter 3:</b>	
<b>Quarter 4:</b>	



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**Appendix D - Required Certifications**

Signature of Agency Representative with Binding Authority below certifies the following statements:

- Applicant organization will comply with all Federal HUD CDBG requirement. All requirements are described in 24 CFR 570 (CDBG entitlement grants).
  
- Authorized official certifies that this CDBG application package has been reviewed and all information provided in this application and appendices are true and accurate.

Name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Title of applicant: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Date: \_\_\_\_\_