

Fiscal Year 2022

**CITY OF POUGHKEEPSIE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

Application for Funding

Please review the application instructions to verify that your project is both eligible and competitive. A checklist is available at the end of the application to help confirm that your application is complete.

Agency Name					
Executive Director					
Street Address					
City		State	NY	Zip	
Contact Person		Contact Title			
Contact Email		Contact Phone			
EIN No.					
Agency Program					
Funding Request (Based on Program Expenses)					
Other Funding Sources & Amounts					

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:

Name	
Date	

APPLICATION DEADLINE: MONDAY, FEBRUARY 14, 2022

A. 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

B. 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)

C. Population Served

Please complete table below.

	2019 (If Applicable)	2020 (Proposed)
Total # of City Residents directly served by your agency.		
Total # of Low/Moderate Income City Residents that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Minorities that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Caucasian individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Black/African American individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Hispanic/Latino individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of American Indian or Alaska Native individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Asian or Other Pacific Islander individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Chinese individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Japanese individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Korean individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Filipino individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of Vietnamese individuals that have and/or will directly benefit by your agency's proposed program/project.		
Total # of other Multi Racial individuals that have and/or will directly benefit by your agency's proposed program/project.		

D. Section 1: Conformity to Consolidated Plan (15 points)

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:

The priorities surrounding homelessness are covered in two sections of this strategic plan. This section will focus on emergency housing and support services. The housing needs are outlined in the housing section of the strategic plan.

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. 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.

3. 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.

Programs that focus on domestic violence education services and counseling.

4. 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.

5. Meal Programs:

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

6. Housing:

Rental Housing

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

Prioritize housing with the following characteristics (check all that apply):

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 town/village centers
- Is located along transit routes, and near employment and services
- Incorporates active design
- Incorporates universal design
- Green infrastructure

Owner Occupied Housing

- Volunteer rehabilitation programs such as Rebuilding Together and Habitat for Humanity.
- Homeownership as part of specific efforts to revitalize neighborhoods and expand fair housing choice.
- Implementation of the City of Poughkeepsie's Distressed Properties Initiative.

7. **Homeless – Transitional or Permanent Housing:**

- Permanent or transitional housing for the homeless.
Priority will be given to (check all that apply):
- Permanent housing.
- 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.

8. **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, in the space below, please indicate how it meets the priorities outlined in the Consolidated Plan or how it will be adapted to meet said priorities?

E. Section 2: Organizational Capacity and Experience (20 points)

Please submit on a separate page.

Project Narrative

Complete a narrative that answers the following questions:

1. Provide an organizational overview of your agency, including:
 - a. A description of the history, mission, and services of the organization;
 - b. Year of incorporation;
 - c. Years of direct experience with the program;
 - d. Description of staff experience with program; and
 - e. Federal grant management experience.

2. Program-Specific Organizational Chart:

Include all employees that contribute time toward this program, whether funded by CDBG or some other source. Identify staff that are funded by CDBG. Include name, staff title, and years of experience with this program.

3. Has your organization carried out or attempted this CDBG program before?

a. Yes No

b. If you answered yes to Question 3a, please answer the following questions. If you do not have specific information, please provide estimates.

c. Has your organization ever attempted a similar project? If yes, what were the results?

d. Yes No If yes, for how many years? _____

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

Yes No If yes, for how many years? _____

5. 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: _____

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

F. Section 3: Evidence of Need for Service (15 points)

Please submit on a separate page.

Need for the Project and Target Population Description

1. What community need will your project address? Describe the need and provide data that helps reviewers understand how much demand there is in the community for your project.
2. CDBG funding may be used for City of Poughkeepsie residents only. What is the total number of persons to be served? How did you arrive at this number? Of this total number to be served, how many people are low/moderate income? Describe the 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).
3. Describe how your organization intends to document 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. Describe how the need for this service has changed in the past three to five years. Provide sources for your information.

G. Section 4: Statement of Work/Scope of Services (25 points)

Please submit on a separate page.

This information will be used to structure the statement of work portion of the contract with the City of Poughkeepsie.

Work Plan

Provide a work plan narrative that details each service activity the program will undertake to achieve the program's goal. Include the following:

- A description of the work to be performed, including the activities to be undertaken or the services to be provided;
- Up to three outcomes of the project and how success will be measured;
- A list of other organizations, if any, participating in this program;
- A description of how the project addresses the goals and objectives;
- A list of program locations and hours of operation;
- A description of intake procedures and eligibility documentation, including methods to be used to implement HUD's client eligibility guidelines;
- A description of the use of volunteers to supplement paid staff;
- A description of outreach plan for clients and volunteers.

Timeline

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

Program Schedule	Activity/Action
Quarter 1:	
Quarter 2:	
Quarter 3:	
Quarter 4:	

H. Section 5: Budget (25 Points)

Please complete and/or use Appendix A as a guide to create a detailed budget specific for your organization's needs.

Budget Narrative

Describe the program budget, including itemized revenues and expenses. The budget narrative should explain the total program budget in detail based on the budget line items in the order they are listed on the budget form. Provide an explanation for each line item expense in the specific cost section.

Financial Audit Report

It is recommended, that all applicant organizations submit a copy of their financial audit for the prior fiscal year.

I. Section 6: Bonus (10 Points)

Success Story

Please submit on a separate page. One page maximum

Please relay a success story that best illustrates your program outcomes.

J. Application Checklist:

- Completed Application
- IRS non-profit determination letter
- Organizational Capacity and Effectiveness
- Need for the Project and Target Population Description
- Statement of Work/Scope of Services
- Financial Audit Report
- Appendix A - Budget
- Appendix B - Roster of Board Members
- Appendix C - Certifications signed by authorized official

Appendix A - Detailed 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			
Program Transportation			
Insurance			
Telephone			
Other (Specify)			
Total Project Expenses			

**Appendix C - Required Certifications for CDBG Public Services Activities
Application**

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

- Organization will comply with federal requirements to be observed by organizations being funded with CDBG funds. 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 attachments are true and correct.

- Sufficient funds are available from non-CDBG sources to complete the project, as described, if CDBG funds are allocated to the applicant.

Name of applicant: _____

Signature of applicant: _____

Title of applicant: _____

Organization Name: _____

Date: _____