

INSTRUCTIONS for Public Services

INSTRUCTIONS FOR COMPLETING ACTIVITY FORMS

Note: If more than one public service program is being proposed, submit a separate set of Activity Forms for each program.

A. ACTIVITY DESCRIPTION:

1. Use of CDBG funds:

Indicate how CDBG funds will be used in implementation of the public service.

Note: Please see the NOFA for detailed description of how CDBG funds can be used and any limitations.

2. Enter the dollar amount for this specific Public Services activity.

3. Indicate the public service to be provided.

4. If the proposed program will be carried out in a target area, identify the census tracts and applicable block groups for the proposed target area.

Depending on local indicators and census data, jurisdictions may be able to strengthen their application by proposing the activity in a target area that has high poverty indicators. If proposing a program in a target area, the applicant will be held to performing in that area.

5. Under each column, identify the proposed number of beneficiaries for each specific income group.
(Refer to Appendix B for a link to the list of income limits by county.)

Non-TIG (Non-Targeted Income Group) refers to households/persons that earn 81% and above of the county median income.

TIG (Targeted Income Group) refers to households/persons that earn between 51% and 80% of the county median income.

LTIG (Lowest Targeted Income Group) refers to households/persons that earn between 31% and 50% of the county median income.

Note: Proposed activities may not exclude benefit to the LTIG.

Extremely LTIG (Extremely Lowest Targeted Income Group) refers to households/persons that earn 30% or less of the county median income.

Note: Proposed activities may not exclude benefit to the LTIG.

6. Indicate who will carry out this activity.

INSTRUCTIONS for Public Services

7. **Description of Activity.**

Provide a brief description about the project and the services provided. Give information about the use of CDBG funds, the total program costs, the total number of beneficiaries, and a breakdown of TIG and LTIG beneficiaries. As relevant, provide information on the number of staff, the services they will be providing, their time base (full/part-time) and pay rate, including benefits, and the duration of time involved for the entire activity.

If the applicant is proposing a combination of activities, explain all aspects of these activities. If the project involves activities that will involve various user groups, describe the uses of the building/facility and include estimates for percentages of time projected for use by each user group.

Example 1--County of ABC will use \$45,000 in CDBG funds to purchase a van and pay fuel costs and the salary of a driver that will transport children of the Jonesville Migrant Housing Center to free health, vision, and hearing screening at the clinic in Smithville. A clinic nurse, that will visit the center twice a week, will schedule appointments. The approximate cost of the van is \$30,000 and the salary of the driver is \$8 per hour, (10 hours per week, 24 weeks in a season, multiplied by 2 seasons). Fuel is expected to cost approximately \$1,000 for the two growing seasons.

Example 2--The City of XYZ will use \$175,000 of the grant request to provide the salary and benefits to one full-time caseworker (40 hours per week) and one part-time caseworker (20 hours per week). These staff will provide counseling and outreach to battered spouses for the 30 months of the standard agreement. Full-time caseworker salary is \$45,000 per year plus benefits.

8. **Description of Program.**

Check the appropriate type of service (New, Existing Service to be continued, or Existing Service to be increased).

Provide a brief description of the service(s) to be provided.

9. **Environmental Clearance.**

Describe the actual (if known) or estimated level of National Environmental Policy Act (NEPA) environmental clearance. Scheduling and budgeting should allow for sufficient time and funds to complete environmental clearances prior to commencement of activities.

INSTRUCTIONS for Public Services

B. NEED FOR ACTIVITY:

1. **Serious Problem Description:**

Describe the problem if this service is not provided, continued, or expanded. Be as specific as possible; quantify wherever possible to document the scope, magnitude, duration, and impacts of the problem.

Documentation:

Enter the type of documentation that is being provided to demonstrate the severity of the problem on the ***Problem & Service Provider Documentation Chart***.

2. **Solving the Problem:**

Describe how and to what extent the proposed activity will solve the problem.

Attach copies of relevant documentation. **Highlight** relevant passages. The most effective methods of documentation include:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
- b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

Applications submitted for Public Services addressing serious problems should include strong documentation in the form of a needs analysis, user/beneficiary surveys, and letters from local agencies. The most competitive applications will address and document **a serious threat to the health, safety or well-being of the proposed beneficiaries.**

3. **Commitment from Service Providers.** Complete the ***Problem & Service Provider Documentation Chart***. Indicate the service(s) committed to by funding or provider source, and attach documentation.

INSTRUCTIONS *for* Public Services

4. Documentation of NEED:

- a. Check how the NEED was determined and documented. (check all that apply and submit the appropriate documentation)
- b. Check the appropriate box to indicate if there is a nearby facility providing the service now. Follow instructions on the form.
- c. For Existing services to be continued, indicate the date that all existing funding will end and describe the financial situation.
- d. For Existing services to be increased, provide the requested information.

5. Complete the *Problem and Service Provider Documentation Chart*

C. TARGETED INCOME GROUP BENEFIT

If the applicant does not provide information, the Department will assign points based on the percentage of families in the jurisdiction that are TIG. **Activities with 90% TIG benefit will result in full points in the Benefit category.**

Income restriction: applicants should demonstrate there is a limitation, based on income, for who is eligible to benefit from the project. (Note: Charging a fee to non-TIG project beneficiaries does not exclude them from being considered CDBG beneficiaries.)

Limited Clientele: for the purposes of assigning a benefit score, absent evidence to the contrary, 100% TIG benefit will be presumed for activities that exclusively serve a group of persons in any one or a combination of the following categories: abused children, battered spouses, adults meeting the Bureau of the Census' Current Population Report's definition of "severely disabled," homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers.

Income survey: for Public Services activities in which services will be provided to specific client groups not listed in the limited clientele paragraph above (for example, senior citizens, farm workers, single mothers) applicants should conduct a survey of existing and/or potential beneficiaries. Please refer to Appendices for guidance on survey methodology.

NOTE: For Public Services, activities in which services or activities are open to all residents of the area, an income survey of the actual users of the facility may only be done if at least 51% of the residents of the area are TIG.

Other: Explain any other source that was used, e.g., Census Data, waiting lists, etc.

INSTRUCTIONS for Public Services

D. STATE OBJECTIVES

For Public Services programs, the State Objectives listed below will be available.

Check the appropriate State Objective(s) that the applicant is committing to fulfill and for which the applicant would like to receive points.

Important Note: Applicants are advised that failure to comply with any State Objective that the applicant has committed to fulfill may result in the applicant having to return CDBG funds.

- **Native American partnership Proposals:** Up to 50 points will be awarded for activities that propose a partnership with eligible non-federally recognized tribes/areas in which, at a minimum, 51 percent of the beneficiaries are Native American tribal members. (The activity description must clearly indicate how this State Objective will be implemented.)
- **Farmworker Housing/Health Services:** Up to 25 points will be awarded to proposals which facilitate the development and/or operation of migrant or permanent farm worker housing or proposals which facilitate the provision of health services in combination with farm worker housing. To receive these points, a minimum of 90 percent of the beneficiaries of the proposed activity must be farmworkers. (The activity description must clearly indicate how this State Objective will be implemented.)
- **Capacity Building:**
Up to 25 points will be awarded to jurisdictions that applied for CDBG funding but fell below the funding cut-off in the 2006 General Allocation competition. The activity applied for during this funding cycle does not have to be the same as the 2006 proposed activity.

Up to 35 points will be awarded to applicants who applied at least two times in the last four years (2004 to 2007) in the General Allocation and who were not funded either time.

E. PROGRAM READINESS

Of the 150 points available for capacity, the application may be awarded up to 50 of these points if documented actions are provided to show the proposed program is ready to proceed. These actions must be directly related to the activity. They may include the completion of the special conditions and environmental review requirements, securing site control, securing financing for the entire project, or anything that would enable the applicant to be ready to proceed.

A list of acceptable examples of such actions is in the Program Readiness Chart.

Public Services

A. ACTIVITY INFORMATION:

If multiple services are proposed, complete one set of Public Services Activity Forms for each service. (This is required)

1. **Use of Funds:** Please indicate the proposed uses of the requested CDBG funds (for this activity). *(Please see the NOFA for detailed description and limitations of these eligible uses.)*

____ Salary

____ Other: (describe) _____

2. What is the dollar amount of CDBG funds that is proposed for this specific Public Services activity?

\$ _____ (inc. activity delivery)

3. **Service to be provided:** _____

4. For activities that will be carried out within a target area, identify the following (see instructions):

| Census Tract |
|--------------|--------------|--------------|--------------|--------------|
| | | | | |
| Block Groups |

Public Services

5. Proposed Beneficiaries by Income Group (*see instructions*):

Number of Persons -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS

Number of Households -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS

6. This activity will be carried out by:

Jurisdiction
 Consultant
 Combination of jurisdiction/consultant

OR

Another unit of local government
 Another public agency
 Non-profit

For-profit
 Faith-based organization
 Other: _____

Name of the agency/organization: _____

Public Services

7. Description of Activity (*see instructions*):
8. **Description of Program:** Please provide a brief description of the service(s) to be provided. *Check the appropriate type of service.*
- ___ NEW Service.
- ___ EXISTING Service to be **Continued**.
- ___ EXISTING Service to be **Increased**.
9. **Environmental Clearance.** Indicate the anticipated level of NEPA environmental clearance.
- ___ Exempt.
- ___ Categorically Excluded, but NOT Subject to 58.5...
- ___ Other: _____

Public Services

B. NEED FOR ACTIVITY:

If multiple services are proposed, the applicant must complete one set of Public Services Activity Forms for **each** service. (This is required)

1. **Describe the Problem if this Service is Not Provided, Continued, or Expanded:**

(Be sure to complete the ***Problem & Service Provider Documentation Chart*** and attach appropriate documentation.)

Public Services

2. **Solving the Problem:**

Explain how and to what extent the proposed activity will solve the problem. (Quantify current and proposed levels of service that clearly demonstrates the impact of providing CDBG funding.)

Include in the description:

- a. Surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
- b. Surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. Letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

Public Services

3. Commitments from Service Providers:

Complete the attached *Problem & Service Provider Documentation Chart*.

Does the applicant have commitments from service providers?

____ Yes. Include them on the chart.

____ No.

- Be sure to attach all documentation that has been identified.
- All documentation must be on service provider letterhead and must be specific as to what services are being committed.

Public Services

4. DOCUMENTATION OF NEED:

If multiple services are proposed, the applicant must complete one set of Public Services NEED Forms (Section B.) for **each** service. (This is required)
(See instructions for clarification.)

a. How was the need determined?

- **Surveys of:**

___ **INTENDED** Beneficiaries **OR** ___ **EXISTING** Beneficiaries

Number of Intended or Existing Beneficiaries: _____
(*check one*)

___ per Day ___ per Week ___ per Month

- **Unmet Demand:**

Number of **Beneficiaries Currently Served:** _____
(*check one*)

___ per Day ___ per Week ___ per Month

Number of **Beneficiaries Turned Away:** _____
(*check one*)

___ per Day ___ per Week ___ per Month

Number of persons on a Waiting List: _____

- **Other:**

- ___ Letters from Non-Profit Organization(s)
- ___ Newspaper Articles regarding the need for the service.
- ___ Third party letters describing the direct health and safety impact.

Public Services

b. Is there a nearby facility providing the proposed service now?

___ No. (Skip remaining questions on this page)

___ Yes. (Continue with the following questions.)

- Where is the facility located?

- Are there any special impediments for TIG households to access the service where it is located now?

___ No. (Skip remaining questions on this page)

___ Yes. (Continue with the following questions.)

- ❖ What are the impediments? *Check all that apply **and** describe each one.*

___ Transportation

___ Americans with Disabilities Act of 1990 (ADA). Describe other alternatives that have been evaluated and why this alternative is the best solution.

___ Other:

- ❖ Is there an unmet demand?

___ No.

___ Yes. Describe the unmet demand.

Public Services

- c. For EXISTING services to be continued, what is the **date** that all existing funding will end:

Identify the date: _____

Describe the financial situation (*attach any current financial statements*):

- d. For EXISTING services to be increased, provide a brief explanation of the costs to provide the existing level of services and the costs for the increased level of services. Also, be sure to attach any current financial statements.

Public Services

5. PROBLEM AND SERVICE PROVIDER DOCUMENTATION CHART			
SOURCE	TYPE OF DOCUMENTATION (letter, reso., surveys, newspaper clipping, report, etc.)	Documentation to support PROBLEM and/or COMMITMENT TO PROVIDE SERVICES	Page # (in app.)
Dept. of Health Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
County Health Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Fire Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Law Enforcement Agency		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Dept. of Social Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Board of Supervisors		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Newspaper		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	

Public Services

C. TARGETED INCOME GROUP (TIG) BENEFIT

1. For this activity, what is the TIG benefit percentage and how was the TIG percentage determined?

TIG Percentage: _____%

_____ Income Restriction = 100% TIG

_____ Limited Clientele: (List): _____

_____ Other: Explain: _____

_____ Income Survey of EXISTING beneficiaries: (attach survey & results)

TIG Percentage: _____%

Survey Date:	
Total # of existing beneficiaries:	
Households or persons?	
How many were surveyed?	
Total number of responses:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

_____ Income Survey of POTENTIAL beneficiaries: (attach survey & results)

TIG Percentage: _____%

Survey Date:	
Total # of potential beneficiaries:	
Households or persons?	
How many were surveyed?	
Total number of responses:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

Public Services

D. STATE OBJECTIVES (Maximum of 50 points for all activities in the application)

1. Does the activity qualify for one (or more) of the State Objectives listed below? If so, check those State Objectives that the applicant is committing to fulfill.

Important Notice: Failure to comply with any State Objective requirements may result in the applicant having to return CDBG funds.

_____ **Native American partnership Proposals:** Up to 50 points will be awarded for activities that propose a partnership with eligible non-federally recognized tribes/areas in which, at a minimum, 51% of the beneficiaries are Native American tribal members. (The activity description must clearly indicate how this State Objective will be implemented.)

_____ **Farmworker Housing/Health Services:** Up to 25 points will be awarded to proposals which facilitate the development and/or operation of migrant or permanent farmworker housing or proposals which facilitate the provision of health services in combination with farmworker housing. To receive these points, a minimum of 90% of the beneficiaries of the proposed activity must be farmworkers. (The activity description must clearly indicate how this State Objective will be implemented.)

Capacity Building (*check one*):

_____ Up to 25 points will be awarded to jurisdictions that applied for CDBG funding but fell below the funding cut-off in the 2006 General Allocation competition. The activity applied for during this funding cycle does not have to be the same as the 2006 proposed activity.

_____ Up to 35 points will be awarded to applicants who applied at least two times in the last four years (2004 to 2007) in the General Allocation and who were not funded either time.

Identify the two years that a CDBG General Allocation application was submitted and not funded:

Years: _____ **and** _____

Public Services

E. READINESS CHART – Public Services

Provide proper documentation to evidence readiness factors. No partial points will be given. If all readiness documents are not submitted and completed properly, no points will be awarded in that category.

PROGRAM OPERATOR	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
In-House Administration			
Sub-recipient Agreement			
Consultant Hired			

ENVIRONMENTAL	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
<u>Complete</u> Environmental Review Record (ERR)			
Environmental Finding Form			
Form 58.6			

SPECIAL CONDITIONS	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
PI Reuse Plan Approved			
PI RLA Program Guidelines			

READINESS	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
Waiting List – Eligible Participants or Demand			
New program with hired staff and ready to start operations			
Existing program in process now			