



TOWN OF HAMDEN
OFFICE OF COMMUNITY DEVELOPMENT
11 PINE STREET, HAMDEN, CONNECTICUT 06517
EMAIL CDBG@HAMDEN.COM

PUBLIC SERVICE AGENCY GRANT APPLICATION
JULY 1, 2023-JUNE 30, 2024

APPLICATIONS CLOSE ON APRIL 9, 2023 @ 4:00 PM.

**ELIGIBLE APPLICANTS WILL BE CONTACTED TO SCHEDULE A ZOOM INTERVIEW WITH THE
COMMUNITY DEVELOPMENT CITIZENS ADVISORY COMMISSION**

***ALL APPLICATIONS MUST BE SUBMITTED TO CDBG@HAMDEN.COM
ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED***

GRANT REQUEST- \$10,000 MINIMUM \$20,000 MAXIMUM

PART I: GENERAL INFORMATION

Name of Organization _____

Mailing Address _____

Contact Person _____

Phone No. _____

Email _____

Website _____

Type of Organization (Check One):

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

Employer ID # _____

System for Awards Management (SAM) registration number (required): _____

Project Overview:

Name of Project _____

Estimated Project Start Date _____

Estimated Project Completion Date _____

Total Amount of Requested Funds _____
(\$10,000 Minimum \$20,000 Maximum)

Have you previously received CDBG funds for this project activity _____
If Yes, indicate how you will provide an increased level of service to Hamden residents if approved for 2023-2024 funding.

If Yes, list the approved amount _____

Project Summary (500 word maximum)

- Define the problem or need to be addressed through your program and provide evidence to support the need as well as citing resources for verification of any statistical information provided.
- Explain how your program addresses the problem

Project Delivery

- Complete a description of each activity to be undertaken including what product or services are to be performed, where they are to be performed, for whom they are to be provided for and how they are to be provided.
- Please specify what age group each activity is most likely to serve.
- Please provide location of services, frequency of services (i.e. 3 times a week for 10 weeks 9/11/19-12/25/29), hours of operation (for proposed program only), and the anticipated number of persons to be served.
- How many residents of low-to moderate income do you anticipate assisting though each activity?
- Describe how you will document how at least 51% of your participants are of low to moderate income.
- Please specify the percentage of requested grant funds that will be used for administration and salaries as well as the total number of employees hired and/or retained as a result.

**All requested information is required as a condition of funding consistent with CDBG funding guidelines.*

Activity #1

Activity #2
(optional)

Activity #3
(optional)

STAFFING RESOURCES: Identify every person involved in the implementation and administration of the program.

Position	# hours/week on CDBG project	Salary/Week for CDBG project	Hired as a result of funding? Y/N

Accomplishments- Goals and Performance Measures

For example, accomplishment may include such measures as units rehabbed, persons or households assisted, or meals served, and should also include time frames for performance.

Activity	Participants Served per Quarter	Total Participant Served/Year
Activity #1		
Activity #2		
Activity #3		

National Objectives & Persons Benefited

All activities funded with CDGB funds must meet one of the [CDBG program’s National Objectives](#): benefit low- and moderate-income persons; aid in the prevention or elimination of slums or blight; or meet development needs having a particular community urgency, as defined in 24 CFR 570.208.

- Benefit Low and Moderate Income Persons _____
- Eliminate Slums and Blight _____
- Urgent Need _____

Type of Activity

Which of the following best describes your activity?

- Direct Services to Clients _____
- A Group Activity of activities Area-Wide Benefit Limited Clientele _____
- A project or projects _____
- A major Purchase or purchases _____

Organization Description

Provide a brief description of the applicant organization. This narrative should contain the following information: date organization was established, mission of organization, geographical area served, number of staff (paid and volunteer) and list of Board of Directors.

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

Name	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.)

Name	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name	Title	Email
_____	_____	_____

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

Source	Anticipated Amount
_____	_____
_____	_____
_____	_____
_____	_____

List other resources your organization receives. (In-kind services, borrowed staff, use of services, volunteers, etc.)

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

Source	Anticipated Amount
_____	_____
_____	_____
_____	_____
_____	_____

Has the applicant received \$750,000 in federal funds in the previous fiscal year, or during the current fiscal year? Yes _____ No _____.

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

List planned purchases of over \$500

Purchase	Anticipated Amount
_____	_____

BUDGET

Line Item	Amount:
Salaries	\$ _____
Fringe	_____
Office Space (Program only)	_____
Utilities	_____
Communications	_____
Reproduction/Printing	_____
Supplies and Materials	_____
Mileage	_____
Other (Specify)	_____
*Indirect Costs (Specify)	_____
TOTAL	\$ _____

**Indirect costs may not exceed 10% of total direct costs.*

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

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