

PS Application # _____

Received by: _____

2023 CDBG PUBLIC SERVICE PROPOSAL

All previous versions of this form are obsolete and will not be considered for funding. Do not copy and paste responses from previous applications or proposals.

1. Applicant Information:

Organization: _____

Address: _____

City, State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ Email: _____

Title: _____ Phone: _____

2. Certification:

I certify that I have reviewed this application and to the best of my knowledge and belief, all of the information provided is true, and the application has been authorized by the organization's Board of Directors.

Signature of Authorized Representative

Date

Print Name

Title

3. Amount Requested: \$ _____

New Service: _____ Yes _____ No

Expansion: _____ Yes _____ No

If this service was not previously funded with City of Kansas City, Missouri Entitlement CDBG funds, explain why it is necessary to request such funding this year?

Is this service receiving any other/additional City, State, or Federal funds in the current year? (detail and provide amount as applicable)

4. Meeting a CDBG National Objective (Check one):

- | | |
|---|---|
| <input type="checkbox"/> Benefit to low- and moderate-income persons or households (more than 51% of clients served are low- and moderate-income) | <input type="checkbox"/> Prevention or elimination of slums or blight |
| | <input type="checkbox"/> Urgent Need |

5. Program Title: _____

6. Describe the Purpose and Need for this Program. (e.g. Elimination of homelessness in the community to promote self-care among individuals and provide stability within the community)

7. Program Objectives and Outcomes in Measurable Terms. Describe the goals of the program. (e.g. Assist 30 households in attaining homeownership to allow for financial stability; Train 20 youth in life skills to allow for personal growth; etc.)

- | | |
|--|-------------|
| <input type="checkbox"/> Abused children and youth | |
| <input type="checkbox"/> Child: A person between the ages of 0 – 13 | Count _____ |
| <input type="checkbox"/> Youth: A person between the ages of 14 – 21 | Count _____ |
| <input type="checkbox"/> Battered spouses and children | Count _____ |
| <input type="checkbox"/> Senior: A person at the age of 62 or older | Count _____ |
| <input type="checkbox"/> Child: A person between the ages of 0 – 13 | Count _____ |
| <input type="checkbox"/> Youth: A person between the ages of 14 – 21 | Count _____ |
| <input type="checkbox"/> Veterans of the Armed Services | Count _____ |
| <input type="checkbox"/> Severely disabled adults | Count _____ |
| <input type="checkbox"/> Homeless (Unaccompanied) | |
| <input type="checkbox"/> Child: A person between the ages of 0 – 13 | Count _____ |
| <input type="checkbox"/> Youth: A person between the ages of 14 – 21 | Count _____ |
| <input type="checkbox"/> Homeless individuals | Count _____ |
| <input type="checkbox"/> Homeless families with Children | Count _____ |
| <input type="checkbox"/> Illiterate adults | Count _____ |
| <input type="checkbox"/> Person living with HIV/AIDS | Count _____ |
| <input type="checkbox"/> Other: _____ | Count _____ |

8. Describe Your Program Participants or Target Population in Terms of Their Circumstances.

9. Identify the Program Location & All Census Tract(s) to be Served. (refer to maps provided in Appendix D of the “*Citizen Participation Plan and Request for Proposals Guide.*”)

10. Collaboration with other agencies. (List all third party program participants and their role, e.g. MO DHSS, state service coordination; KCMO Health Department, free testing and vaccinations; etc.)

11. Leveraging of Funds. (List all other known or anticipated funding sources/amounts for this program.)

12. Neighborhood Support for Program. Required for new programs that will affect specific neighborhoods. See Section V, item 12 of “*Public Service Proposal Instructions*” to determine if this is required. If required, attach as *Exhibit A*

13. Current Certificate of Good Standing from the State of Missouri showing 501(c)(3) status. Attach as *Exhibit B*

14. Evaluation of Agency Financial Condition and Governance Practices. Attach as *Exhibit C*

15. Describe the Program in terms of Delivery Methods, Tools or Other Meaningful Processes, and any additional information. (e.g. We utilize quiet settings during training to provide for attentiveness; One-on-One sessions are used to maximize time with therapists; etc.). Attach as *Exhibit D.*