Community Development Block Grant Program

Application for Public Service Funding

For the Fiscal Year of July 1, 2017 – June 30, 2018

This application is designed to be completed and submitted electronically.

I. Introduction

The City of Auburn Community Development Block Grant Program is accepting applications for 2017-18 CDBG public service funding. Proposed programs must provide public services to Auburn households of low and moderate income.

The City of Auburn receives an annual Community Development Block Grant (CDBG) allocation from the United States Department of Housing and Urban Development (HUD). The purpose of the CDBG program is "... the development of viable urban communities, by providing decent housing and suitable living environment and expanding economic opportunities principally for persons of low and moderate income."

The City of Auburn's 2015-19 Consolidated Plan identifies the City's social service priorities and provides direction for Auburn's anti-poverty and homeless strategies. This Request for Proposals identifies the following priorities that have been agreed upon by the Citizens Advisory Committee and approved by the Auburn City Council:

Priority A: Support People in their Efforts to Transition out of Poverty

- 1. Focus on helping young people growing up in poverty to get the personal and educational skills needed to live a healthy and productive adult life.
 - a. Expand programming for at-risk teenagers that helps them learn work skills, graduate from high school
 - b. Create youth apprenticeship opportunities with local businesses
- 2. Support low-income adults to successfully provide for themselves and their families through education and skill development, including mentoring, work readiness, job training programs.

Priority B: Prevent Homelessness

1. Support homeless people first with housing, then with services to help them provide for themselves and their families through work readiness training and job skill development.

All social service providers receiving CDBG funds will be part of an outcome-based approach by measuring the impact of their efforts rather than program outputs.

To be considered for Auburn CDBG public service funding, the proposal must meet the following minimum thresholds:

- ✓ CDBG funds will be used to serve Auburn households.
- ✓ At least 70% of households served will be low income (less than 80% of median).
- ✓ Proposed program will provide HUD eligible activities.
- ✓ Submitted application is complete (see checklist, last page of application form).
- ✓ Applicant organization is a 501 (C) 3 or government agency.
- ✓ If applicant organization has an existing CDBG grant, the organization is on schedule with contractual spending and reporting requirements.

CDBG public service funding applications are due on January 6, 2017. Please email compete applications to rmynahan@auburnmaine.gov

Applications will be reviewed by City staff and the Citizens Advisory Committee, and scored according to the following criteria.

	Criteria	Possible Points
1	Supports the Consolidated Plan and its goals	25
2	Outcome is consistent with Consolidated Plan goal	25
3	Meets a critical need or unmet need	25
4	Is within the applicant's capacity to carry out	15
5	Is cost effective	10
	Maximum points	100

Recommendations for funding will be made to the Auburn City Council, which will issue funding decisions by May 12. Funds will available on July 1. The City of Auburn reserves the right to award less than the full requested amount.

For more information, please contact Yvette Bouttenot, City of Auburn Community Development Manager, at ybouttenot@auburnmaine.gov telephone 333-6601 ext. 1336.

I. Application Checklist
Application Form
Separate attachments to complete application:
All applicants, please provide each of the following as application attachments:
Organizational chart and list of board members.
Documentation of the governing body's authorization to submit the funding request (for example, minutes of the meeting in which resolution, motion or other official action is recorded).
Documentation of the governing body's action authorizing the representative to negotiate for and contractually bind the organization.
Mission statement.
New applicants, please also provide the following as application attachments:
An audited financial statement or the equivalent.
Articles of incorporation.
Tax exemption determination letters from the Federal IRS and the Maine State Franchise Tax Board.
Please limit application attachments to those specifically requested.

II. Organization Information

Please provide following information about the applicant organization. Organization Mailing Address Website Address Name of CEO CEO Telephone Contact Person Title Contact Telephone **Email Address Duns Number** Program Title Program Address Program Goal **Project Synopsis Funding Request** Date

Are there	e any co	nflicts of	interes	t with res	pect to yo	ur application with	n any City	of
Auburn	public	officials	who	exercise	decision	decision-making	function	or
<u> </u>		onnection Yes		he Commu	inity Deve	lopment Program?		
If yes,	, please d	lescribe.						

III. Program Description

- A) Please describe the program (no more than ½ page).
- B) Please describe how CDBG funds are critical to the program (no more than ½ page).
- C) Please describe how the program aligns with your mission.

IV. Consolidated Plan Priorities

Priority A: Support People in their Efforts to Transition out of Poverty

<u>Priority B:</u> Prevent Homelessness

<u>P</u>lease indicate which priority/strategy you are applying for: Select 1:

Priority A:	Strategy 1a	Expand programming for at-risk teenagers that	
		helps them learn work skills	
Priority A:	Strategy 1b	Create youth apprenticeship opportunities with	
		local businesses	
Priority A:	Strategy 2	Support low-income adults to successfully	
		provide for themselves and their families through	
		education and development of employment skills	
		including mentoring, work readiness, and job	
		training	
Priority B:	Strategy 1	Support homeless people with housing, then	
		with services to help them provide for	
		themselves and their families through work	
		readiness training and job skill development	

A) Please describe the population who will benefit from the proposed program (no more than ½ page).				
B) Please indicate how the applicant organization will document low income benefit (select one.)				
☐ Income verification for every client served.				
Documentation that the agency has eligibility requirements which limit the activity exclusively to low-and moderate income persons.				
Documentation that clients are in one of several groups (generally presumed by HUD to consist of low income persons): abused children; battered spouses; elderly persons; handicapped persons; homeless persons; illiterate persons; and migrant farm workers.				
Document that 75% of clients reside in one of the following low income areas: Census Tract 101, Block Groups 1 and 2; Census Tract 103, Block Groups 1 and 2; Census Tract 105, Block Groups 1 and 2. (Census tract maps and breakdown of low income households are available by calling Community Development Department)				
Other (such as a survey) – please explain.				
C) Please indicate if there will be fees charged for participation in the program. If yes, please what amount?				
☐ No ☐ Yes.				
If yes, please provide amount or explain fee system.				
D) Is application for a new program?				
E) Please identify the unit of service for the program (select one).				
Households Persons				
Provide the total number of households or persons the program will serve, the number of low- and moderate-income households or persons, and how many in each category are Auburn residents. (Percentages will calculate automatically.)				

Program Recipients	Total Program	Auburn Residents	% Auburn Residents
Total households or persons	100	75	75%
Low-moderate income households or persons	75	50	67%
% Low-moderate income	0%	0%	

V. Program Budget

- A) Briefly describe the specific use of Community Development program funds for the program.
- B) Please identify the activities for which you will request reimbursement. This will establish the basis for the documentation that must accompany your invoice. For example, if CDBG funds will be used for salaries, time sheets must accompany the invoice. If CDBG funds will be used for materials, an itemized statement of the materials purchased must accompany the invoice.
- C) Please provide the overall program budget (program budget, not agency budget) by category and whether funding is CDBG or other. CDG funds are to be used for administrative costs only when providing a direct service to clients.

Category	CDBG
Salaries /Benefits	\$ 0
Equipment Purchase	\$ 0
Supplies	\$ 0
Travel	\$ 0
Printing/Postage	\$ 0
Other	\$ 0
Total	\$0.00

D) Describe if CDBG funds will leveraged other resources and the amounts that are expected, and which amounts have been confirmed.

Source of Funds	Amount	Check if Received
	\$ 0	
	\$ 0	
	\$ 0	
	\$ 0	
	\$ 0	
	\$ 0	
Total	\$ 0	

E) Please provide the 2016 budget for your agency as approved by your Board of Directors.

VI. Program Outcomes

A) The program supports the *Consolidated Plan* goal of supporting young people and adults through social services by helping them provide for themselves with work skills.

Please describe how the program supports specific *Consolidated Plan* goals (no more than ½ page).

B) Program Outcome

Applicants must identify the outcomes for the program, what the program is expected to accomplish. There will be two outcomes, one of the City's choosing, and one selected by the applicant. The outcome the City is seeking is *increase income*. Please be sure the outcome that you select is linked to one of the strategies on page 6.

- 1) State the Performance Outcome(s). State desired outcome(s) of services received by the person served in observable terms.
 - 2) Criteria for Success. What are the indicators that will demonstrate success of the program.
 - 3) Assessment Method: Describe the data sources will you use to evaluate the extent to which your program outcomes have been achieved.

4) Monitoring: Indicate the person who will monitor program progress.

C) Critical need or unmet need

- 1) Please describe the critical need or unmet need the program will address and how the agency will address it. How was the need identified (no more than ½ page).
- 2) Please describe the impact the program will have. Why does this program matter? (no more than ½ page)
- 3) What changes would you make if your program received only partial funding?

C) Is within the applicant organization's capacity to carry out

Please describe the applicant organization's capacity to deliver the program, including past performance evaluations from third-party funders, staff capabilities, and/or monitoring and record-keeping systems (no more than 1/2 page).

D) <u>Is cost-effective</u>.

Please describe if the applicant organization will use volunteers, collaborating with other agencies, and/or minimizing administration and overhead to stretch resources (no more than 1/2 page).