

AGENCY NAME: _____

Public Service Activity Name: _____

BENEFICIARIES

1. Activity will serve residents City Wide or: Only in the following Census Tracts (Check all that apply)
 302 303 304 305 306 307.01 307.02 308.02 309 310 311 312 313 314 315
 316.01 316.02 317 318.01 318.02 319.03 319.04 320.01 321 398 399

2. # of unduplicated persons anticipated to be served 2020-2021 _____
Of those to be served:
What % will be Elizabeth residents _____ What % will be Hispanic _____
What % will be Female _____ What % will be Male _____
What Races will be served (*select all that apply*):
 Caucasian African American Asian Other: _____

3. What months of the year will the activity occur: _____

4. What days of the week will the activity occur: _____

5. What hours of the day will the activity occur: _____

6. Population by age to be served (*choose only one*): Infants (<1 yr) Children (Over 1yr - Up to 12 yrs)
 Youth (Over 13-Up to 18 yrs) Adults (Over 19-Up to 64 yrs) Seniors (65yrs & over)

7. Population by Income Range: (*see attached chart*)
 Extremely Low (0- Up to 30% AMI) Low (Over 30-Up to 50% AMI) Mod (Over 50- Up to 80% AMI)

8. Do any other agencies provide this activity in the same target area/census tracts for the same target population?
Yes No If Yes, Please identify _____

9. Activity Will: Help Prevent Homelessness Help the Homeless Help those with HIV/AIDS
 Help Persons with Disabilities None of These Apply

10. This activity will address the following municipal Public Service priority:
 Employment Training (including Financial Literacy) *Child Care Services* *Youth Services*

11. While not one of the above priorities, this activity will address the following community need:
(*Answer in the space provided only – no attachments*)

This need was determined by:

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12. This activity fits the definition of the following Public Services Matrix Code (*Check Only One – See Definitions*):

- | | | |
|---|---|---|
| <input type="checkbox"/> 05A Senior Services | <input type="checkbox"/> 05B Handicapped Services | <input type="checkbox"/> 05C Legal Services |
| <input type="checkbox"/> 05D Youth Services | <input type="checkbox"/> 05E Transportation Services | <input type="checkbox"/> 05F Substance Abuse Services |
| <input type="checkbox"/> 05G Services for Battered & Abused Spouses | <input type="checkbox"/> 05H Employment Training | <input type="checkbox"/> 05I Crime Awareness/Prevention |
| <input type="checkbox"/> 05J Fair Housing Activities | <input type="checkbox"/> 05K Tenant/Landlord Counseling | <input type="checkbox"/> 05L Child Care Services |
| <input type="checkbox"/> 05M Health Services | <input type="checkbox"/> 05O Mental Health Services | <input type="checkbox"/> 05P Screening for Lead Poisoning |
| <input type="checkbox"/> 05U Housing Counseling | <input type="checkbox"/> 05V Neighborhood Clean-Ups | <input type="checkbox"/> 05N Abused & Neglected Children |
| <input type="checkbox"/> 03T Operating Costs of Homeless/AIDS Patients Programs | <input type="checkbox"/> 05 Other Public Services | |

13. This activity falls under one the following Performance Measures codes (*please check only one*):

- Suitable Living & Availability/Accessibility
- Senior Citizen educational, community health, nutrition, & recreational programs;
 - Disabled persons health, safety, education & recreational programs;
 - Coordinators or assistants for social services programs for seniors, disabled, and low-income;
 - Food pantries, meal deliveries & holiday food programs;
- Suitable Living & Affordability
- Senior Citizen transportation programs;
 - Subsidized recreation/camp programs for low income families & seniors;
 - Community youth & latch key programs;
 - Community education programs for seniors, disabled & low income clientele;
 - Housing Counseling.
- Descent Housing & Availability/Accessibility
- Emergency Shelter
- Economic Opportunities & Sustainability
- Job Training Programs

14. This activity will meet the indicated National Objective with the following documentation (**please check only one**):

- Area Benefit (Low/Mod Area) – Registration sheet including client’s name, address, age & signature which can be compared to census tract info.
- Low/Mod Income Persons (Low/Mod Clientele) – Registration sheet including client’s address, # in household, income, ethnicity, age, if Hispanic/ signature. Include proof of income (tax return, public benefit letter, etc.)
- Slum/Blight – Slum/Blight Determination signed by Construction Official
- Urgent Need – Health & Safety Hazard Determination by City Official (Construction, Housing, or Health)

15. Briefly explain the resulting anticipated measurable outcomes (*resulting benefits to participants i.e. # of clients placed in permanent jobs at a living wage, # of homeless that moved into permanent housing, etc.*).

16. How will the agency self evaluate the proposed activity and at what intervals?

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BUDGET

	<i>Total Funds</i>		<u>Fund From Other Sources</u>					<i>Total Activity</i>			
	<i>Requested</i>	+	<i>Federal</i>	+	<i>State</i>	+	<i>Local</i>	+	<i>Private</i>	=	<i>Cost</i>
1. Personnel Costs											
Salary & Wages	_____		_____		_____		_____		_____		_____
Fringe Benefits (Insert Rate _____)	_____		_____		_____		_____		_____		_____
Total Personal Costs	_____		_____		_____		_____		_____		_____
<i>Personnel Details:</i>											
Position/Title/Name/Vacant	Hourly Rate	x	# Activity Hrs./Week	x	# Activity Weeks/Year	=	Total		% of \$ Requested		
_____	_____		_____		_____		_____		_____		_____
_____	_____		_____		_____		_____		_____		_____
_____	_____		_____		_____		_____		_____		_____
2. Consultant/Professional											
_____	_____		_____		_____		_____		_____		_____
_____	_____		_____		_____		_____		_____		_____
Total Consultant Costs	_____		_____		_____		_____		_____		_____
<i>Consultant/Professional Details:</i>											
Nature of Services	Duties/Responsibilities		Hourly Rate	x	# of Hours	=	Total		% of \$ Requested		
_____	_____		_____		_____		_____		_____		_____
_____	_____		_____		_____		_____		_____		_____
3. Operating Costs											
a. Rent	_____		_____		_____		_____		_____		_____
b. Utilities	_____		_____		_____		_____		_____		_____
c. Insurance	_____		_____		_____		_____		_____		_____
Total Operating Costs	_____		_____		_____		_____		_____		_____
<i>Operating Cost Details:</i>											
4. Project Costs											
_____	_____		_____		_____		_____		_____		_____
_____	_____		_____		_____		_____		_____		_____
_____	_____		_____		_____		_____		_____		_____
Total Project Costs	_____		_____		_____		_____		_____		_____
Project Cost Basis/Justification: _____											

Total Activity Costs _____

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Status of Other Funds

<u>Source</u>	<u>Name</u>	<u>Date Submitted</u>	<u>Pending/Approved</u>	<u>Amount</u>
Other Federal	_____	_____	_____	_____
State	_____	_____	_____	_____
Local	_____	_____	_____	_____
Private	_____	_____	_____	_____
			TOTAL	_____