



Public Service (PS) Attachment

Project/Activity Title: _____

Organization: _____

Section 1: PROJECT PLANNING

1. Project Impact

- a. How long has your organization provided the proposed activity? _____
- b. How many unduplicated individuals has the proposed activity served during the previous 12 months? _____
- c. Will the proposed activity increase services over the next 12 months? Yes No

Use July 1, 2022 – June 30, 2023 to calculate past individuals served and July 1, 2023– June 30, 2024 to estimate any increase in service.

If an increase in service is identified, how will the increase be accomplished?
(Add an additional sheet if necessary.)

2. Service Area

Describe the service area of the proposed activity. (Attach a map if necessary)



3. Project Benefit

The following populations are generally presumed to be principally low- and moderate-income persons. Please indicate the population(s) that will benefit from the proposed activity:

- Abused children
- Battered spouses/partners
- Elderly persons
- Adults meeting the Bureau of the Census' Current Population Report's definition of "severely disabled"
- Homeless persons
- Illiterate adults
- Persons living with AIDS
- Migrant farm workers? If so, please provide documentation.
- Other. Please describe: _____

4. Client Information

Does your organization require information on family size and income? Yes No

Section 2: ENVIRONMENTAL & RELATED ISSUES

Is the site where program services are to be provided located in a delineated floodplain.

Floodplain Yes No

(For technical assistance, please contact the Delaware County Planning Department at 610-891-5200.)

Section 3: LOCAL SUPPORT

Has your organization obtained any letter(s) of support from municipalities impacted by, or home to, the proposed activity/program? Yes No

If Yes, please attach (1) letters demonstrating support and (2) a copy of the correspondence from your organization requesting local support.

Section 4: PROCUREMENT

Describe any major procurement anticipated to be undertaken with CDBG funds for this project:

Does the applicant have an established procurement policy in place? Yes No
If Yes, please attach.

Section 5: AGENCY PROFILE

1. Please indicate the program(s) and service(s) provided by your organization:

- | | |
|---|---|
| <input type="checkbox"/> Emergency Shelter Facilities | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Vouchers for Shelters | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Drop-In Center | <input type="checkbox"/> Soup Kitchen / Meal Distribution |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> HIV / AIDS Services |
| <input type="checkbox"/> Alcohol / Drug Program | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Homeless Prevention |
| <input type="checkbox"/> Other _____ | |

2. Please indicate the population(s) served by your organization:

- Chronically Homeless (emergency shelter only)
- Severely Mentally Ill
- Chronic Substance Abuse
- Other Disability
- Veterans
- Persons with HIV / AIDS
- Victims of Domestic Violence
- Elderly

