Delaware County CDBG Program

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, 2025 – June 30, 2026, to calculate past individuals served and July 1, 2026– June 30, 2027, 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*)

_____

_____

_____

EQUAL HOUSING OPPORTUNITY

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: 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 3: 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.

EQUAL HOUSING OPPORTUNITY

Section 4: AGENCY PROFILE

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

- ☐ Emergency Shelter Facilities
- ☐ Vouchers for Shelters
- ☐ Drop-In Center
- ☐ Food Pantry
- ☐ Mental Health
- ☐ Alcohol / Drug Program
- ☐ Child Care
- ☐ Other _____
- ☐ Transitional Housing
- ☐ Outreach
- ☐ Soup Kitchen / Meal Distribution
- ☐ Health Care
- ☐ HIV / AIDS Services
- ☐ Employment
- ☐ Homeless Prevention

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