
**CITY OF SANDUSKY
COMMUNITY DEVELOPMENT BLOCK GRANT
2006-2007 PROPOSAL
COVER SHEET**

AGENCY/ORGANIZATION: _____

NOTE: Agency must be an IRS 501 © (3) Not-for-Profit (Must provide proof of 501(c)(3) status.)

PROPOSED PROJECT NAME: _____

AMOUNT REQUESTED: \$ _____

PROVIDE A BRIEF DESCRIPTION OF THE PROPOSED PROJECT:

PERSON RESPONSIBLE FOR OPERATION OF THE PROPOSED PROJECT:

NAME: _____

TITLE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

I CERTIFY ALL INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature (Director, Executive Officer, etc.)

Date

Print Name

Title

ATTACHMENT CHECKLIST

Include attachments at the end of each section as necessary.

Part 1 – Project Information

- Description of Project
- Service Area Map or Location Map

Part 2 – Funding

- Organization's Annual Budget
- Organization's Most Recent Audit
- Letters of Funding Commitment
- Budget Template

Part 3 – Effectiveness and Efficiency

- List of Staff
- Board of Director's Form
- List of Board Members
- Proof of 501 (c)(3) Status

Part 4 – Duplication/Coordination/Cooperation

- Attachments, as needed

SUBMIT PROPOSAL TO:

CITY OF SANDUSKY

DEPARTMENT OF COMMUNITY DEVELOPMENT

DIVISION OF HOUSING & NEIGHBORHOOD DEVELOPMENT

222 MEIGS STREET

SANDUSKY, OHIO 44870

ATTN: MARY BIRD

**SUBMISSION DEADLINE IS
FRIDAY, MARCH 17, 2006, 5:00 P.M.
LATE APPLICATIONS WILL NOT BE ACCEPTED!**

PART 1 – PROJECT INFORMATION

1. Provide a detailed description of the proposed project/activity and address the following items. Please limit this section to one page and attach.
 - a. Clearly state the purpose of the project and its goals.
 - b. Explain how the stated goals will be achieved by the project/activity.
 - c. Detail the expected outcomes and how the outcomes will be measured.
 - d. Explain how low and moderate income persons are ultimately benefited.
 - e. Provide current statistical data documenting the need for this project. Include as much local data as possible, as well as any relevant statistics collected by your agency such as the number of referral calls, number of clients on waiting lists, time on waiting lists, etc.

2. Will this project/activity be created with this funding request? Yes No
 If no, how long has the proposed project/activity been in existence? _____
 (Estimate if unsure) What was the initial intent and/or goal of the project/activity at its creation or inception? _____

3. This proposed project/activity is consistent with which of the following 5-year measurable objectives listed in the Consolidated Plan for the City of SANDUSKY (check all that apply):

<input type="checkbox"/> Rehabilitation of existing owner-occupied properties	<input type="checkbox"/> Provision of job training
<input type="checkbox"/> Provision of homeownership opportunities	<input type="checkbox"/> Provision of youth services
<input type="checkbox"/> Enhancement of economic opportunities	<input type="checkbox"/> Provision of transportation services
<input type="checkbox"/> Supportive services for the homeless	<input type="checkbox"/> Provision of children’s services
<input type="checkbox"/> Development of new residential property	<input type="checkbox"/> Improvement of public facilities
<input type="checkbox"/> Additional shelter beds for the homeless, including victims of domestic violence	
<input type="checkbox"/> Assistance in expansion/enhancement of the Continuum of Care program	
<input type="checkbox"/> Assistance to agencies in providing supportive services to the elderly (excluding transportation)	
<input type="checkbox"/> Assistance to agencies in providing supportive services to the disabled (excluding transportation)	
<input type="checkbox"/> Assistance to agencies providing supportive services and accessibility to the physically disabled	
<input type="checkbox"/> Promotion of anti-crime programs in target neighborhoods and around public housing	
<input type="checkbox"/> Enhancement of target areas through improvement and repair of aging infrastructure	
<input type="checkbox"/> Enhancement of target areas through demolition/cleanup of dilapidated structures	
<input type="checkbox"/> Enhancement of target areas through code enforcement	

4. Identify the primary beneficiaries of the proposed project/activity (check all that apply):

<input type="checkbox"/> Individuals	<input type="checkbox"/> Families	<input type="checkbox"/> Elderly (60+)	<input type="checkbox"/> Homeowners
<input type="checkbox"/> Homeless Persons	<input type="checkbox"/> Renters	<input type="checkbox"/> Veterans	<input type="checkbox"/> Marginal Homeless
<input type="checkbox"/> Youth (14-18)	<input type="checkbox"/> Adults (18-60)	<input type="checkbox"/> Minorities	<input type="checkbox"/> Illiterate Adults
<input type="checkbox"/> Foreigners	<input type="checkbox"/> Children (0-13)	<input type="checkbox"/> Disabled	<input type="checkbox"/> Unemployed Persons
<input type="checkbox"/> Men	<input type="checkbox"/> Women	<input type="checkbox"/> Students	<input type="checkbox"/> Severely Mentally Ill
<input type="checkbox"/> Housing Units	<input type="checkbox"/> Facilities	<input type="checkbox"/> Neighborhoods	<input type="checkbox"/> Buildings
<input type="checkbox"/> Utilities	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Vacant Land	
<input type="checkbox"/> Domestic Violence Victims		<input type="checkbox"/> Chronic Substance Abusers	
<input type="checkbox"/> Developmentally Disabled		<input type="checkbox"/> Persons with HIV/AIDS	
<input type="checkbox"/> For-Profit Businesses		<input type="checkbox"/> Other _____	

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5. How many persons or families will be served or will utilize the final or completed proposed project/activity? _____
 6. What percentage of the proposed beneficiaries will be low to moderate-income persons?

 7. Provide a brief profile of your typical client, program recipient, or person utilizing the proposed project/activity.

 8. What is the name and/or street address where the proposed project/activity will take place?

 9. Is the location for the project/activity on property ____ owned or ____ leased by the applicant? Please explain. _____
 10. What specific geographic area will the proposed project/activity serve?

 11. Is the proposed project/activity in a CDBG target low/mod income area? ____yes ____no
 12. Is the service area of the project exclusively within the city limits of Sandusky? ____yes ____no If no, what is the service area? _____
 13. Attach a service area map or indicate on a map the exact location and service area of the proposed project.
 14. The proposed project/activity will operate or be used:
_____All year _____6-11 months _____5 months or fewer
 15. List the specific days and hours of operation, service delivery, and/or availability (i.e. Monday-Friday from 8 a.m. to 5 p.m.).
Days _____
Hours _____
 16. Assuming your project/activity is approved for funding with the release of funds in July 2006,
 - a. When is the anticipated start date of implementation and/or service delivery? (Month)

 - b. What is the anticipated completion date of the project/activity? (Month)

PART 2 – FUNDING

1. Explain why the Community Development Block Grant is the most appropriate source of funding for the proposed project/activity.

2. Have you requested CDBG funds previously for this project? ____yes ____no
For another project? ____yes ____no

3. List any prior CDBG funds granted for this project and funding year. List past five years only.

4. Have you applied for funding from other sources for this project? ____yes ____no
If yes, who have you applied to? \$ Requested Approved Pending Denied

	\$ Requested	Approved	Pending	Denied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. What is/are the source(s) of funding for the project/activity if not funded by CDBG?

6. What is/are the source(s) of funding after the initial investment of CDBG funds?

7. Are future requests for CDBG funds anticipated? If yes, briefly explain.

8. Is the proposed project relying solely on CDBG funding?

9. Will the proposed project/activity potentially generate income? ____yes ____no
If yes, from what source(s)? ____user fees ____liens ____other _____
If user fees, detail the amounts charged for the actual services.

10. Describe the organization’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

11. Attach the organization’s annual budget with itemized revenues and expenses.
12. Attach the most recent audit.
13. Attach any letters of commitment for ongoing funds or approved funds from other sources for the proposed project/activity. Letters of commitment should be current and include the awarder’s letterhead, date, amount of match, and an authorized signature. A current budget of the awarding agency would be sufficient.
14. Complete the following chart summarizing the proposed sources of revenues.

Sources of Revenues	Proposed Funding
A. CDBG Funds	_____
B. Other Funds	_____
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
C. In-Kind Contributions	_____
Total Revenue Sources	\$_____

15. Please complete the following budget template for the proposed project/activity and attach directly following this page.

City of Sandusky Community Development Department
 FY2005 Request for Proposals (RFP)

Estimate all project costs directly related to administering the proposed project/activity. This is a budget summary. If approved for funding, you will be required to further itemize the expenditures as necessary. Please add line items on this form, if absolutely necessary.

Description of Work	Total Project Costs	CDBG Funds Requested	Other Funding Sources	In-Kind Contributions
Salaries, Wages, & Benefits				
Office Supplies/Equipment				
Printing				
Utilities				
Postage				
Advertising				
Training and Travel				
Consultant Services/Planning				
Other Operating Expenses				
Computer				
Office Furniture				
Other Capital Expenses				
Client Services				
Total Project Expenditures	\$	\$	\$	\$

PART 3 - EFFECTIVENESS AND EFFICIENCY

1. Has the organization carried out the proposed activity before? ____yes ____no

2. List and describe past experience and completed projects that are similar to this proposed project/activity. Is it completed or ongoing? How was it funded? Did you meet your goals?

3. How will the project be publicized to the target population and/or residents?

4. If applicable, how will your organization verify income for participants to determine if they are low to moderate income?

5. How will your organization document and retain records to verify the funded activities?

6. How many people will be directly associated with the proposed project/activity?

	Professional	Support	Volunteer
Full-Time Staff			
Part-Time Staff			

7. Attach a brief summary of each staff person who will be involved in completing the proposed project. Summary must include: name, job duties, work experience, and qualifications.

8. If your organization has an elected or appointed board, complete the enclosed Board of Directors form and attach a list of the names, addresses, and phone numbers of all board members.

NAME OF BOARD/COMMITTEE: _____

BOARD OF DIRECTOR'S FORM

This form must be completed and submitted with your proposal if your organization has any type of elected or appointed Board, Council, or Commission.

NOTE: In addition to this form, please submit a list of all board members by name, address, and phone number.

1. Number of voting board members as of March 2006 _____ Vacancies? _____
Total resignations during 2005 _____
2. How many board members reside in the city limits of Sandusky?
3. Who recruits board members?
4. What board training and orientation is offered and when?
5. What portion of the board is elected or appointed annually?
6. How long is a term? _____ How many consecutive terms may be served? _____
7. List the positions that comprise the executive committee and the names of those individuals who hold those positions.
8. How many consecutive years can a board member be president of the board?
9. When are officers elected or appointed? When do they take office?
10. How often are board meetings held?
11. Indicate the number of voting members in attendance at each of the meetings listed below:

March 2006	_____	September 2005	_____
February 2006	_____	August 2005	_____
January 2006	_____	July 2005	_____
December 2005	_____	June 2005	_____
November 2005	_____	May 2005	_____
October 2005	_____	April 2005	_____

PART 4 - DUPLICATION/COORDINATION/COOPERATION

1. The proposed project will provide a service or program in Sandusky that is: (check one)
 - Not currently available
 - Available on a limited basis
 - Available at the same level
 - Available in another area or jurisdiction
 - In jeopardy due to lack of funding

2. Identify other agencies in Sandusky (including non-profit and government) that provide services or activities similar to your proposed project/activity. How do the programs differ? How do they overlap? Is there collaboration with the other agencies? If you need additional space, attach a page directly following Part 4.

Agency/Program	Differences	Overlapping	Collaboration

3. How is your proposed project different or unique from other similar projects?

4. Is the proposed project/activity coordinated or part of an existing program administered by another agency? yes no If yes, please explain.

5. List and explain all collaborations that have been implemented to enhance your services and programs in Sandusky.

6. Identify other agencies in Sandusky that provide services directed toward the same target beneficiaries of your proposed project/activity. Do you provide interagency referrals to those agencies? If so, estimate how many referrals your agency makes or receives on behalf of the clients? And how are the referrals coordinated?

