

**2024-2025-2026 Community Development Block Grant Program  
PUBLIC SERVICES APPLICATION**

**Activity Name:** \_\_\_\_\_

*If the organization is submitting more than one application, rank them in order of importance, with one (1) being the most important. This application is ranked # \_\_\_\_\_ of \_\_\_\_\_.*

**Amount of CDBG funding requested: \$ \_\_\_\_\_ 2024**

**\$ \_\_\_\_\_ 2025**

**TOTAL REQUEST \$ \_\_\_\_\_ 2026**

Organization Name: \_\_\_\_\_ UEI #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

*Please check the appropriate line:*

\_\_\_\_\_ Municipality \_\_\_\_\_ Non-Profit Entity \_\_\_\_\_ For-Profit Entity  
(501(c)(3) Y N Tax Identification Number: \_\_\_\_\_)

Activity Location & Brief Description:

Census Tract and Block Group where service is located (available from CD staff) *Please* \_\_\_\_\_

*check all of the following that apply to this activity:*

|  |   |
|--|---|
| Primarily benefits low- and moderate-income people.            | Activity conducted in partnership with other municipality(ies)/ entities. |
| Addresses/prevents slums or blight.                            | Meets at least one Community Development Goal & Objective.                |
| Non-CDBG funds are included in the financing for the activity. | Applicant has had no projects funded through CDBG within last 3 years.    |
| Continuation of an earlier project.                            |   |

\_\_\_\_\_  
Signature of Authorized Official Title Date

**Date of Municipal/Board Resolution approving applications(s).** Attach a copy of the resolution to the application.

## National Objective

1. Please mark the box in front of the one statement that *best* describes your proposed activity (please mark only *one*) and check the statement that applies. If a L/M Benefit project, fill in the percent L/M.
2. Documentation **MUST** be supplied. If you need help with census data or maps, income surveys, or slum and blight areas or criteria, contact Housing and Community Development Division at the York County Planning Commission (771-9870). Include a street map showing the location of the activity and the area of *primary* benefit (service area).

### Primarily Benefits Low- and Moderate-Income (L/M) Persons

- Benefits will be available to *all residents in a particular area* where a majority of the residents are low- and moderate-income persons (L/M) (check the statement that applies, check only *one*):
  - The area is Census Tract(s) \_\_\_\_\_, Block Group(s) \_\_\_\_\_ that is \_\_\_\_\_ **Percent L/M (min. 44.25%)**; OR
  - An income survey has been conducted and the area is \_\_\_\_\_ **Percent L/M (min. 51%)**; OR
  - The area needs to be surveyed, but we believe that it is L/M because (provide rationale): \_\_\_\_\_
- Benefits will be available to a *limited clientele*, a majority of whom (at least 51% ) are L/M (check the statement that applies, check only *one*):
  - Evidence that the clientele benefitting from the activity is presumed to be L/M; OR
  - Describe inherent eligibility requirements which limit the activity exclusively to L/M persons; OR
  - Describe how the nature of the proposed activity, in combination with the project location, will primarily benefit L/M persons; OR
  - Describe how income eligibility requirements will be documented with verification of family size and income.

### Addresses Conditions Resulting in Slum and Blight

- Activity will address *slums or blight on an area basis*.
  - Provide official designation of the area as a slum or blighted area under state or local law with a description of the boundaries OR documentation showing a substantial portion of deteriorated buildings and/or infrastructure in the area; AND
  - Describe how the proposed activity will address one or more of the conditions that contributed to the area's deterioration.
- Activity will address *slums or blight on a spot basis*.
  - Documentation showing the existence of deteriorated buildings and/or infrastructure; AND
  - Description of the specific condition(s) of blight and physical decay *and* how the activity addresses the condition(s).

### Housing

- Activity will be carried out for the purpose of providing or improving *permanent residential structures*, which, upon completion, will be occupied by low- and moderate-income households.
  - Description of how income eligibility requirements will be documented with verification of family size and income.

### Economic Development

- Activity is designed to *create or retain permanent jobs* where a majority of the jobs (at least 51%), computed on a full-time equivalent basis, involve the employment of L/M persons.
  - Description of how the nature of the proposed activity, in combination with the project location, will primarily benefit low- and moderate-income people; OR
  - Description of how income eligibility requirements will be documented with verification of family size and income.

## Activity Estimated Cost

Provide the financial data described below. When preparing this data:

1. Provide annual budget information for the *activity*, not for the entire agency, unless it runs only one program.
2. For multi-year activities, please prepare a table for each funding year, as well as, the summary table.
3. Use the best information currently available. More detailed and exact figures will be requested if the activity is approved for funding.

### Year 1 or Single Year Activity Estimated Budget

|  |           |
|--|-----------|
| Personnel                                | \$        |
| Operating                                | \$        |
| Client Services                          | \$        |
| Other:                                   | \$        |
| <b>Year 1/Single Year Activity Total</b> | <b>\$</b> |

### Year 2 Activity Estimated Budget

|                     |           |
|---------------------|-----------|
| Personnel           | \$        |
| Operating           | \$        |
| Client Services     | \$        |
| Other:              | \$        |
| <b>Year 2 Total</b> | <b>\$</b> |

### Year 3 Activity Estimated Budget

|                     |           |
|---------------------|-----------|
| Personnel           | \$        |
| Operating           | \$        |
| Client Services     | \$        |
| Other:              | \$        |
| <b>Year 3 Total</b> | <b>\$</b> |

### Summary of Years Estimated Budget

|                                      |           |
|--------------------------------------|-----------|
| Total Personnel                      | \$        |
| Total Operating                      | \$        |
| Total Client Services                | \$        |
| Total Other:                         | \$        |
| <b>SUMMARY of Years TOTAL Budget</b> | <b>\$</b> |

## Sources of Funds

List all sources of other funding obtained/committed/sought for this activity in the following table (e.g. York County Health and Human Services, state funds, local funds, etc.):

| Source of Funds | Amount | Work Item to be Accomplished with Funds | Status* (Select One)         | Contingent upon CDBG Funding? |
|-----------------|--------|---|------------------------------|-------------------------------|
| 1.              | \$     |   | Secured<br>Pending<br>Denied | YES<br>NO                     |
| 2.              | \$     |   | Secured<br>Pending<br>Denied | YES<br>NO                     |
| 3.              | \$     |   | Secured<br>Pending<br>Denied | YES<br>NO                     |
| 4.              | \$     |   | Secured<br>Pending<br>Denied | YES<br>NO                     |
| <b>TOTAL</b>    |        |   |                              |                               |
|                 |        | \$                                      |                              |                               |

\* If secured, attach confirmation letter (unless local funds). If denied, attach denial letter stating the name of the source, the date funds were sought, and the reason for the denial.

If no other funding sources are involved in this activity, please explain why:

### Total funding sources (including CDBG request):

|   | <u>Year 1/Single Year</u> | <u>Year 2</u> | <u>Year 3</u> |
|---|---------------------------|---------------|---------------|
| Total other sources<br>(from table above) | \$ _____                  | \$ _____      | \$ _____      |
| CDBG Funds Requested                      | \$ _____                  | \$ _____      | \$ _____      |
| <b>TOTAL All Sources</b>                  | \$ _____                  | \$ _____      | \$ _____      |

**SUMMARY OF ALL SOURCES FOR ALL Years** \$ \_\_\_\_\_

*Note: Summary must match the "Summary of Years Total Budget" line on the previous page.*

**Activity Narrative (please continue on attached sheets, if necessary)**

**Submit a narrative summary of the proposed activity. The summary should be comprehensive, yet concise. Specifically discuss each of the following items:**

**1. Briefly describe the proposed activity and geographic area which it serves:**

- A. (i) Is the activity a *continuation* of an activity which has been provided by or on behalf of the county in the past 12 calendar months? **OR**  
(ii) Does the activity represent a *new activity*, or a *quantifiable increase* in an existing activity, above that which has been provided by or on behalf of the county in the past 12 calendar months?
- B. How will the activity directly address at least one *Community Development Goal & Objective* (see "General Information")?
- C. Describe the *need* for the activity/program. Clearly state the problem, what caused it, who is affected by it, and the geographic area of the need. Provide information on the urgency and severity of the need, such as health or safety problems, public facility problems, lack of essential services, etc. Document the statements with current data such as surveys, photographs, budget and revenue projections, reports, feasibility studies, letters, or other documents.
- D. Describe the activity's *goals and objectives*. *Goals* are general statements that relate to the purpose of the program e.g. "Reduce unemployment among priority populations" or "provide convenient access to County human services programs". *Objectives* identify the intended effect on persons benefitting as a result of the service, e.g. "improving knowledge and/or skills" or "improved utilization of County human services programs".

**2. Briefly describe the clients anticipated to benefit from the activity/program:**

- A. Describe *client eligibility* requirements for the activity/program.
- B. Describe criteria for *length of service* to clients for the activity/program.
- C. State the *number of clients* anticipated to benefit from the activity/program annually. Provide the number of persons benefitting as a result of similar services provided by the applicant in the past.
- D. Describe the general *geographic location* of the clients anticipated to be served by the activity/program.
- E. Describe how the activity/program will be *coordinated with or complement* other local community or economic development resources or activities.

**3. Briefly describe the Agency operating the proposed activity/program:**

- A. Provide a copy of the *mission statement* of agency.
- B. Provide the *complete address and description* of the agency and the facility to be used for the activity/program. If no site has been located, the applicant should indicate this fact and supply information on the type of facility being considered.
- C. Describe the applicant's *prior experience* in the administration and provision of this activity or program, or similar activities.
- D. Submit a list of *organizational officers* and board members.
- E. Submit *audit or financial statements* (only if *not* previously funded through CDBG). If neither is available, submit bank references.