

**APPLICATION FOR PUBLIC SERVICE PROGRAM FUNDING**
PROGRAM YEAR 46 (2020 - 2021)

For Office Use Only

Section A. Applicant Information

Organization Name:

(Legal name as registered with the Commonwealth of Massachusetts)

Application Date: _____

Organization Address:

Street Address

Unit #

City

State

ZIP Code

Executive Director/CEO:

First (Given) Name

Last (Family) Name

DUNS Number:

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Tax ID Number:

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Organization Type:

☐ Government☐ Non-Profit

Geographic Service Area:

☐ Waltham only☐ Waltham and _____

Name of other city/town

Section B. General Activity Information

Activity Name:

Activity Matrix Code:

Total Activity Cost:

\$ _____

CDBG-CV Funding Request:

\$ _____

Activity Address:

Street Address

Unit #

City

State

ZIP Code

Activity Point Person:

(A member of the organization knowledgeable about the activity who the City can contact for any questions)

First (Given) Name

Last (Family) Name

Point Person Email:

Point Person Phone:

Provide a **brief** description (max. 280 characters) below of the proposed activity. Include how the activity will prevent, prepare for, and respond to the COVID-19 pandemic.

Section C1. Detailed Activity Information — Objective and Outcomes

Select only **one** performance objective from the following, based on the activity's need:

Creating Suitable Living Environment:

relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by low- to moderate-income (LMI) persons, from physical problems with their environment, such as poor quality infrastructure, to social issues such as crime prevention, literacy, or elderly health services.

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Providing Decent Affordable Housing:

covers the wide range of housing activities that could be undertaken with CDBG funds. This objective focuses on housing activities where the purpose is to meet individual family or community housing needs. It does not include programs where housing is an element of a larger effort to make community-wide improvements, since such programs would be more appropriately reported under Suitable Living Environments.

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Creating Economic Opportunity:

applies to activities related to economic development, commercial revitalization, or job creation.

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Select only **one** performance outcome from the following, based on the activity's purpose:

Availability/Accessibility:

applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to LMI people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to LMI people where they live.

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Affordability:

applies to activities that provide affordability in a variety of ways to LMI people. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care. Affordability is an appropriate objective whenever an activity is lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household.

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Sustainability:

applies to activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of LMI or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

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Describe below how the selected performance outcome will be determined (e.g., measurement reporting tool, evaluation process, client surveys, etc.). This response should explain how the organization will be able to document how immediate and intermediate outcomes will be tracked.

Section C2. Detailed Activity Information — Beneficiaries

Identify the **estimated** number of persons to be assisted by the activity (persons may only be included under one demographic category)

Estimated Total Persons Served:

Estimated LMI Persons Served:

(refer to HUD FY 2020 Income Limits; cannot exceed the number of Estimated Total Persons Served)

Describe below how the number of beneficiaries served will be tracked (e.g., measurement reporting tool, evaluation process, client surveys, etc.). This response should explain how the organization will be able to document beneficiary eligibility and data.

Section C3. Detailed Activity Information —Implementation

Provide a **detailed** description below of the proposed activity. Include additional information on how the activity will prevent, prepare for, and respond to the COVID-19 pandemic as well as its relation to the Consolidated Plan. Provide evidence that the identified need is not being met. Discuss organizational capacity (experience, expertise, financials, coordination with other service providers) to carry out the activity and leverage resources. Include a timeline with activity milestones and projected completion dates.

Section C4. Detailed Activity Information — Leveraged and Matched Funds

List all additional funding requested and received for the activity for which you are requesting CDBG-CV funds and attach documentation of any approved funds:

Source	Type	Amount	Funding Status
<hr/>	<hr/>	\$ <hr/>	<input type="checkbox"/> Decision pending <input type="checkbox"/> Denied <input type="checkbox"/> Approved
<hr/>	<hr/>	\$ <hr/>	<input type="checkbox"/> Decision pending <input type="checkbox"/> Denied <input type="checkbox"/> Approved
<hr/>	<hr/>	\$ <hr/>	<input type="checkbox"/> Decision pending <input type="checkbox"/> Denied <input type="checkbox"/> Approved
<hr/>	<hr/>	\$ <hr/>	<input type="checkbox"/> Decision pending <input type="checkbox"/> Denied <input type="checkbox"/> Approved
<hr/>	<hr/>	\$ <hr/>	<input type="checkbox"/> Decision pending <input type="checkbox"/> Denied <input type="checkbox"/> Approved

In the last year, has your organization received more than \$750,000 in Federal funds? ☐ Yes ☐ No

If the activity will require future funding, provide information below on how the activity will be funded.

Section C5. Detailed Activity Information — Budget

Direct Service Personnel (Salaried positions, case managers, etc.)	CDBG-CV	Other Sources
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Non-Direct Service Personnel (Cleaners, security, etc.)	CDBG-CV	Other Sources
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Facility and Equipment Expenses (Rent, heat, etc.)	CDBG-CV	Other Sources
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Client Assistance/Programming Costs	CDBG-CV	Other Sources
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other Operational Expenses	CDBG-CV	Other Sources
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Section D. Checklist

The following materials must be provided in the order listed below within a single application package. Incomplete, illegible, and missing materials will negatively affect the rating and ranking of the application and may result in disqualification.

- ☐ Completed CDBG-CV Public Service Application (this document)
- ☐ Board Authorization to submit application (official meeting record containing vote)
- ☐ Completed Certificate of Authority

This document is available in PDF format on the City's CDBG webpage.

Note: Document must be signed in the presence of a notary public. Any embossed seal must be visible when scanned (e.g., rubbing a crayon over the seal).
- ☐ ACCORD Certificate for General Liability and Workers Compensation Insurance

- ☐ Organization's 2020 or most recent total annual operating budget
- ☐ IRS letter verifying 501(c)(3) status (or equivalent)
- ☐ Organization's Articles of Incorporation
- ☐ MA Secretary of State Entity information with up-to-date information, including registered agent and address (visit corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx)
- ☐ Organization's bylaws (if adopted)
- ☐ List of organization's Board members (including affiliations and term expirations)
- ☐ Organization's Non-Discrimination and Equal Access policy
- ☐ Organization's most recent audit, sworn financial statements, or profit and loss statement (IRS Form 990 not acceptable)

Section E. Conflict of Interest Disclosure

True False

- ☐ ☐ Neither the organization, nor any of its staff members, has had any business dealings with the City of Waltham in the past two years that would constitute a conflict of interest.
- ☐ ☐ No immediate family member of any staff member of the organization worked for the City of Waltham in a regular ongoing employee/employer relationship during the past two years.
- ☐ ☐ No staff member of the organization is immediately related to any elected or appointed members of the City of Waltham government, its boards and/or commissions.
- ☐ ☐ Neither I, nor the organization, has a conflict of interest with the City of Waltham.

For any statements above that you have attested to being false, please disclose the potential conflict of interest. Note: Having information to disclose does not automatically preclude program eligibility.

Section F. Statement of Assurances

If this grant application is awarded funding, the organization identified in Section A above agrees that:

1. The funding recipient is currently registered on sam.gov and the registration will be updated as necessary.
2. Financial records, support documentation, statistical records, and all other records pertinent to funding shall be retained for a period of five years following completion of the activity.
3. All procurement transactions, regardless of whether negotiated or advertised, and without regard to dollar value, shall be conducted in a manner so as to provide maximum, open, free

competition.

4. The funding recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others.
5. All expenditures must have adequate documentation.
6. All accounting records and supporting documentation shall be available for inspection by the City of Waltham upon request.
7. All materials submitted shall become public records retained by the City of Waltham, with the following exceptions: all late applications will be returned to the applicant without further review, and materials not requested as part of the application may be discarded.
8. No person, on the basis of race, color, disability, religion, sex, familial status, sexual orientation, national origin, genetic information, ancestry, children, marital status, public assistance recipient, or any other characteristic protected under applicable federal, state, or municipal laws shall be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination under the activity funded in whole or part by CDBG-CV funds. The funding recipient agrees to furnish copies of applicable policies and procedures upon request.
9. Employment made by or resulting from CDBG-CV funding from the City of Waltham shall not discriminate against any employee or applicant on the basis of race, color, disability, religion, sex, familial status, sexual orientation, national origin, genetic information, ancestry, children, marital status, public assistance recipient, or any other characteristic protected under applicable federal, state, or municipal laws.
10. None of the funds, materials, property, or services provided directly or indirectly under CDBG-CV funding from the City of Waltham shall be used for any partisan political activity or to further the election or defeat of any candidate for public office.
11. The funding recipient will comply with requests regarding liability insurance coverage, fidelity bond coverage for principal staff who handle(s) the agency's accounts, and payment of payroll taxes and worker's compensation as required by Federal and Commonwealth laws.
12. Any letter of commitment from other funding sources and/or letters of support for your activity shall be furnished to the City of Waltham upon request.

I/we certify that all information contained in this application and all supporting documentation is true and complete. I/we made no misrepresentation, nor did I/we omit any pertinent information. I/we fully understand that it is a federal crime, punishable by fine or imprisonment, or both to knowingly make any false statements when applying for federal assistance, as applicable under the provisions of Title 18, United States Code, Section 1001, et seq. Upon request, I/we agree to provide additional documentation to the City of Waltham.

Signature: _____
Applicant/Authorized Official

Date: _____

Print Name: _____
Applicant/Authorized Official

Title: _____