

Part II: Program/Agency Information

A. Program Summary

1. Need/problem to be addressed
2. Population to be served
3. Description of activity/service
4. Goals/objectives of the activity/service
5. Method of approach to achieve the outcomes desired

B. Program Details

1. Client information
 - a. Estimate the number of clients to be served.
 - b. Defining characteristics such as age, gender, ethnicity, and income level.
2. Activity/program detail
 - a. Who will carry out the activities?
 - b. Where will the activities be carried out?
 - i. Describe the site where the program will be implemented.
 - ii. How will clients get to the facility?
 - iii. What efforts will your agency and partners make to promote your program and reach isolated individuals?
 - iv. Describe how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.
 - c. Implementation schedule
 - i. Explain the period over which the activities will be carried out.
 - ii. The frequency with which services will be delivered
 - d. Coordination: how will you coordinate your services with other community agencies and leverage resources?
3. Reduced funding
 - a. If you do not receive the amount of funds requested, how do you propose to administer and/or complete the program in the manner presented?
 - b. What items would you reduce or eliminate from your budget?
 - c. Describe how this will impact the number of persons to be served.

C. Addressing a CDBG National Objective:

Does your program:

Address the needs of low- and/or moderate-income residents?

OR

Eliminate Slums or Blight?

D. Program Beneficiary Statistics: Note to current CDBG subrecipients: this information can be obtained from quarterly reports.

Individuals Served	July 2010 – June 2011	Anticipated July 2011 – June 2012	Anticipated July 2012 – June 2013
Total # of <u>unduplicated</u> individuals served by your program/project.			
# of New London residents			
# of residents from other towns			

E. Agency/City Department Information (City departments: write this section as if you are submitting the application to an entity that does not know how your department/program operates. This is necessary to meet the requirements of the program.)

1. **Background/Program Experience:** Include the length of time the agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency’s capabilities, the number and characteristics of clients served, and license to operate (if appropriate).
2. **Personnel/Staff Capacity:** Briefly describe the agency’s existing staff positions and qualifications, its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure.
3. **Monitoring:** Briefly describe how you will monitor progress in implementing the program. Attach copies of data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Part III: Financial Information

A. Financial Capacity: Describe the agency's/department's fiscal management, including financial reporting, record keeping, accounting systems, and payment procedures. City Departments are required to respond to this section.

B. Sources of Revenue: Please complete the budget form below demonstrating your agency/department *estimated* revenue by source, the program's sources of funding, and the percentage of the agency/department total budget for the upcoming fiscal year. City Departments are required to respond to this section.

Revenue Source	Total Agency Budget	Proposed Program/ Project Budget	% of Total Agency Budget
Program Fees			
United Way			
Foundations			
Donations			
CDBG			
NL General Fund			
State Government			
Federal Government			
Other Revenue (specify in lines below)			
TOTAL REVENUE			

C. Proposed Project Detailed Budget: Please complete the budget form below breaking down the proposed project costs by category.

	Source of Funds: CDBG	Source of Funds: * Please fill this box in	Source of Funds: * Please fill this box in
Salaries/wages:			
Payroll (List each person's payroll involved with the project.)			
Overtime			
Salaries Subtotal			
Fringe Benefits (____ % of wages)			
Purchased Services:			
Engineering/Architect			
Consulting			
Legal Services			
Professional Services			
Advertising			
Printing			
Dues & Subscriptions			
Travel & Transportation			
Rentals & Leases			
Training			
Other Operating Services			
Postage			
Courier			
Telephone			
Maintenance & Repairs Services			
Purchased Services Subtotal			
Supplies & Materials:			
Consumables			
Computer Equipment			
Supplies Subtotal			
Capital Improvements:			
Capital Improvements other than Buildings			
Capital Subtotal			
Grand Total:			

Part IV: Supplemental Information

All agencies must submit the following documentation with their application whether or not you have previously received CDBG funds through the City of New London.

Please provide only one copy of these materials.

Exhibit 1 Financial Statement/Audit

Include a copy of your organization's most recent audit report or a financial statement. If your organization is not required to complete an audit report based on the amount of Federal funding expended during the previous year, please submit a detailed financial statement.

Non-Federal entities that expend \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133 – Audits of Institutions of Higher Education and Non-Profit Institutions.

Exhibit 2 Insurance/Bond/Worker's Compensation

- State whether or not the agency has liability insurance coverage, in what amount and with what insuring agency.
- State whether or not the agency pays all payroll taxes and worker's compensation as required by Federal and State Law.
- State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount and with what insuring agency.
- Provide a copy of a current insurance certificate, not a policy.

Exhibit 3 Non-Profit Determination

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service.

Exhibit 4 List of Board of Directors

A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member; and must identify the principal officers of the governing body.

Exhibit 5 Organizational Chart

An organizational chart must be provided which describes the agency's administrative framework and staff positions. This chart must indicate where the proposed project will fit into the organizational structure and identify any staff positions of shared responsibility.

Exhibit 6 Résumés of Chief Program Administrator and Chief Financial Officer

Exhibit 7 Conflict of Interest Disclosure

Appropriate HUD regulation is attached and must be read. Disclosure form is attached and must be completed and signed.

Proposals are due by Thursday, January 12, 2012 by 4:00 p.m.

Applications submitted after the deadline will not be considered.