

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

PRE APPLICATION FOR PUBLIC SERVICES

NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 61554 (10-2018)

| PRE APPLICATION FOR PUBLIC SERVICES COVER SHEET FY _____ | | | |
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| 1. LEGAL APPLICANT | | | |
| Applicant Name | | County | |
| Mailing Address | | City | State ZIP Code |
| Local Government Contact Person | | Telephone Number | Email Address |
| Auditor | | Telephone Number | Email Address |
| Person Who Completed Application | | Telephone Number | Email Address |
| Population From Last Official Census | | Project Area Population | |
| 2. NATIONAL OBJECTIVE <i>(Mark One Box)</i> <input type="checkbox"/> Benefit to Very Low/Low <input type="checkbox"/> Elimination of Slums/Blight <input type="checkbox"/> Alleviation of Urgent Need | | 3. ELIGIBLE ACTIVITY Which eligible activity listed in Section II of the State Program Distribution Statement does this project comply with? _____ | |
| 4. TITLE OF PROJECT AND BRIEF DESCRIPTION | | | |
| 5. APPLICANT DUNS NUMBER | | BUSINESS DUNS NUMBER <i>(ED projects only)</i> | |
| 6. USE OF FUNDS <input type="checkbox"/> Construction <input type="checkbox"/> Equipment Purchase <input type="checkbox"/> Relocation/Acquisition <input type="checkbox"/> Special Assessments <input type="checkbox"/> Removal of Architectural Barriers <input type="checkbox"/> Public Service <input type="checkbox"/> Other _____ | | 7. PROPOSED FUNDING a. CDBG Project Cost \$ _____ b. CDBG Administration _____ c. Local Funds _____ d. Other Funds _____ e. Other Administration _____ f. Total Costs \$ _____ | |
| 8. IS ANY PORTION OF THE TOTAL COSTS BEING SPECIAL ASSESSED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. PROJECT START DATE | | 10. PROJECT DURATION | |
| By signing below, the Applicant certifies that: To the best of my knowledge and belief, data in this application are true and correct, and the document has been duly authorized by the governing body of the applicant. | | | |
| Name of Chief Elected Official | | Title of Chief Elected Official | |
| Signature of Chief Elected Official | | Date | |

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| ELIGIBLE ACTIVITIES |
| CDBG Public Service funds, in the form of operational costs to support the North Dakota Recovery Reinvented Program, will be made available to existing and new agencies that support substance abuse recovery. These agencies serve individuals who have a history of substance abuse, with the emphasis on the homeless, those at risk of becoming homeless, and those referred by the judicial system. |
| PROJECT DESCRIPTION |
| Applications in this category are seeking operational funding for an existing agency that supports substance abuse recovery must have a proven track record in fiscal responsibility and is successfully implementing a program model that includes peer support, daily living skills training, job responsibilities and practical living expenses. |

All applications should include the following information:

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| PROGRAM DESCRIPTION Please describe the proposed program. Be sure to include details on the following. Attach additional pages if needed. |
| Outreach Methods |
| Details of the types of assistance and services that will be provided to the individuals/households in the program |
| Explain specific triage and screening processes that will be used |
| Details on the length of the program |
| Explain how the program will shorten the length of time that households are homeless (on streets, in emergency shelter, and/or transitional housing) |
| How service will be coordinated with other programs within the agency and within the larger community (including mainstream services) |
| Program outcomes (current and/or projected) |
| If applicable, explain how the program will prevent homelessness |

TARGET POPULATION

Please describe the program target population. Attach additional pages if needed.

How does your organization track and record client demographics?

What is the estimated total number of unduplicated persons/households to be served?

What is the total number of unduplicated low-to-moderate income (LMI) persons/households to be served?

NEED NARRATIVE

Please describe what local needs and service gaps this program seeks to fill or currently fills. Be sure to note any supporting evidence for this need. This should be specific to the proposed service area. Attach additional pages if needed.

OUTCOMES AND PERFORMANCE MEASURES

Will your activity meet one of the following?

Activities where 100% of persons benefitting are LMI: Yes No

Activities where 51% of persons benefitting are LMI: Yes No

Describe how the activity addresses community needs impacting LMI people.

List evaluation tools organization will use to track/monitor the progress of the activity.

How does your organization plan to ensure compliance with applicable policy and procedural requirements including gathering income, race and ethnicity data of clients/households served?

Describe current racial AND income demographics for the assumed beneficiaries of this funding. Attach additional pages if needed.

Is there a fee charged or suggested donation for your services?
 No Yes - attach a copy of the fee schedule and describe pricing methodology.

Are CDBG funds being used to replace any state or local funds within this activity?
 No Yes - Explain

Are CDBG funds being used to replace any federal funds within this activity?
 No Yes - Explain

AGENCY EXPERIENCE
Highlight your organization's experience and accomplishments serving LMI persons/households.

ALTERNATE PLANS

Will your organization implement this activity if CDBG funds are not awarded?
 No Yes – Explain how the implementation will be achieved.

If funded, how will your organization continue this activity if CDBG funds are not available in future years?