

ST. TAMMANY PARISH GOVERNMENT Department of Health & Human Services



Community Development Block Grant PUBLIC SERVICE GRANT APPLICATION

1. Organization Information

roposed Project Title	
equested CDBG Funds	
ame of Organization	
xecutive Director	
01(c)3 Status Yes Supporting Documents Attached	k
UNS Number	
ax ID Number	
hysical Address	
Nailing Address	
hone Number	
ax Number	
Vebsite	
roject Manager	
hone Number	
-mail Address	

2. Organization History and Experience Using only the space below, provide a brief history of the agency, including a description of the history, mission, services of the organization, description and experience of staff, and federal grant management experience:

Proposed Project Title: **Priority Areas** Check which, if any, of the identified priority areas the project/program will address: Services for Homeless Persons Services for Senior Citizens **Housing Services** Mental Health Services **Project Location & Service Area** In the space provided below, describe the location of the services such as limitation to neighborhoods or cities, etc: **Target Areas** Will this project be *focused* in on of St. Tammany's identified target areas? If yes, please check the appropriate area: West 30's Neighborhood of Covington Browns Village Road area of Slidell HWY 433/HWY 190 area of Slidell How will your program target individuals living in the above selected area(s)? Please describe your plan below:

3. Project Details

Select one of the following option	ns to describe the	e target popula	tion:
Low- to moderate-incom			
Presumed Benefit (check	one below)		
Batter	ed Spouses		Homeless Individuals
Elderly	y Individuals		Abused Children
Persor	ns Living with AIC	OS	Adults with Disabilities
Beneficiary Goal			
How many <i>unduplicated</i> individua	als will this progr	ram serve? _	
Outcome Statement Please provide an outcome states	ment to he achie	oved through th	e use of CDBG funding:
Outcome Statement Please provide an outcome stater	ment to be achie	eved through th	e use of CDBG funding:
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Please provide an outcome stater			
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Please provide an outcome stater Number of Units Served	will receive	Type and amou	
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Please provide an outcome stater Number of Units Served Example:	will receive	Type and amou	nt of service

4. Project Description Using only the space provided, describe the scope of work for the proposed project. Detail each service activity the program will undertake, describe the intake procedures, location and hours of operation, staff and outreach plan:

5. Project Need

In the space below, explain our community's need for this type of service and how the proposed project will address that need:
Do other organizations provide similar services that address the identified community need described above? How will the proposed project/program differ from similar programs?

6. Project Goals and Sustainability

Sustainability Please answer the fo	ollowing questions in the space provided:
If the proposed proj project with partial	ect is not awarded the full amount requested, will the organization be able to implement the funding?
How will the organiz	zation continue to provide these services if CDBG funds are not awarded next year?
	s ed below, please outline the goals and milestones your organization will meet throughout the e as much detail as possible, such as number or people served or units of service to be provided:
Quarter of Activity	Activity/Action
Quarter 1	

Quarter 2

7. Proposed Budget

Use the chart below to detail the budget for the proposed project. Be sure to include other funding sources, if applicable, to demonstrate leveraging of funds.

Specific Cost Item/Description	CDBG Request	Other Funding Source	Other Funding Amount	Total Amount CDBG + Other Source
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12				
TOTAL CDBG FUNDS REQUESTED	\$	TOTAL PROGRAM COST	T (CDBG + OTHER)	\$

BUDGET CONTINUED ON NEXT PAGE

8. Budget Justifications

	Please provide specific details as to how the requested amount for each line item was determined:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Application Certification

Signatures of Organization Representative with **binding authority** below certifies the following statements:

- Organization has no conflict of interests with Parish appointed or elected representatives and does not employ Parish appointed or elected representatives or their families.
- Organization will comply with federal requirements to be observed by organizations being funded with CDBG funds, including compliance with Federal Labor Standards, Section 3, Segregated Facilities, Equal Opportunity, Non-Discrimination, FFATA, Section 109, Title VI and EO 11246. All requirements are described in 24 CFR 570 (CDBG Entitlement Grants).
- Authorized official certifies that this CDBG Public Service Application package has been reviewed and all information provided in this application and attachments is true and correct.

Signature of Authorized Organization Representative	Date
Printed Name	
Title	
Organization	

Attachment A

Eligible Activities and Descriptions

Eligible Activities and descriptions

05A	Senior Services				
	Senior Services				
	Services for the elderly. 05A may be used for an activity that serves both the elderly and the handicapped provided it is not intended primarily to serve persons with handicaps. If it is, use 05B instead.				
05B	Handicapped Services				
	Services for the handicapped, regardless of age.				
05C	Legal Services				
	Services providing legal aid to low- and moderate-income (LMI) persons.				
	If the only legal service provided is for the settlement of tenant/landlord disputes, use 05K.				
05D	Youth Services				
	Services for young people age 13 to 19 that include, for example, recreational services limited to teenagers and teen counseling programs. Also use 05D for counseling programs that target teens but include counseling for the family as well.				
	For services for children age 12 and under, use 05L; for services for abused and neglected children, use 05N.				
05E	Transportation Services				
	General transportation services.				
	Transportation services for a specific client group should use the matrix code for that client group. For example, use 05A for transportation services for the elderly.				
05F	Substance Abuse Services				
	Substance abuse recovery programs and substance abuse prevention/education activities. If the services are provided for a specific client group, the matrix code for that client group may be used instead. For example, substance abuse services that target teenagers may be coded either 05D or 05F.				
05G	Services for Battered and Abused Spouses				
	Services for battered and abused spouses and their families.				
	For services limited to abused and neglected children, use 05N.				
05H	Employment Training				
	Assistance to increase self-sufficiency, including literacy, independent living skills, and job training.				
	For activities providing training for permanent jobs with specific businesses, use 18A.				
051	Crime Awareness/Prevention				
	Promotion of crime awareness and prevention, including crime prevention education programs and paying for security guards.				

05J	Fair Housing Activities (subject to Public Services cap)
	Fair housing services (e.g. counseling on housing discrimination) that meet a national objective.
	For fair housing services activities carried out as part of general program administration (and thus not required to meet a national objective), use 21D.
05K	Tenant/Landlord Counseling
	Counseling to help prevent or settle disputes between tenants and landlords.
05L	Child Care Services
	Services that will benefit children (generally under age 13), including parenting skills classes.
	For services exclusively for abused and neglected children, use 05N.
05M	Health Services
	Services addressing the physical health needs of residents of the community.
	For mental health services, use 050.
05N	Services for Abused and Neglected Children
	Daycare and other services exclusively for abused and neglected children.
050	Mental Health Services
	Services addressing the mental health needs of residents of the community.
05P	Screening for Lead Poisoning
	Activities undertaken primarily to provide screening for lead poisoning.
	For lead poisoning testing/abatement activities, use 14I.
05Q	Subsistence Payments
	One-time or short-term (no more than three months) emergency payments on behalf of individuals or
	families, generally for the purpose of preventing homelessness.
	Examples include utility payments to prevent cutoff of service and rent/mortgage payments to prevent eviction.
05R	Homeownership Assistance (not direct)
	Homeowner down payment assistance provided as a public service. If housing counseling is provided to those applying for down payment assistance, the counseling is considered part of the 05R activity.
	Assistance provided under 05R must meet the low/mod housing national objective. Therefore, unless the assistance is provided by a CBDO in an NRSA, it is subject to the public service cap and only low/mod households may be assisted. If the assistance is provided by a CBDO in an NRSA, the housing units for which CDBG funds are obligated in a program year may be aggregated and treated as a single structure for purposes of meeting the housing national objective (that is, only 51% of the units must be occupied by LMI households).
	For more extensive types of homeownership assistance provided under authority of the National Affordable Housing Act, use code 13.
05S	Rental Housing Subsidies
	Tenant subsidies exclusively for rental payments for more than three months. Activities providing this form of assistance must be carried out by CBDOs.

05T	Security Deposits
	Tenant subsidies exclusively for payment of security deposits.
05U	Housing Counseling
	Housing counseling for renters, homeowners, and/or potential new homebuyers that is provided as an independent public service (i.e., not as part of another eligible housing activity).
05V	Neighborhood Cleanups
	One-time or short-term efforts to remove trash and debris from neighborhoods. Examples of legitimate uses of this code include neighborhood cleanup campaigns and graffiti removal.
05W	Food Banks
	Costs associated with the operation of food banks, community kitchens, and food pantries, such as staff costs, supplies, utilities, maintenance, and insurance.
03T	Operating Costs of Homeless/AIDS Patients Programs
	Costs associated with the operation of programs for the homeless or for AIDS patients, such as staff costs, utilities, maintenance, and insurance.
	Because payment of operating costs for these programs is a public service under CDBG, all CDBG expenditures for 03T activities are included in the calculation of the Public Services cap.