



Public Service  
and

Homeless Public Service



# WHAT IS PUBLIC SERVICE?

**In this case it is Services provided to the community by a Non-profit Organization**

- Recreation
- Nights of shelter
- Food bags
- Youth tutoring
- Prescriptions
- Legal services
- Hot meals
- Dental services
- Health clinic

# Funding Priorities for PS

- Education
- Public Safety
- Health
- Youth Recreation
- Seniors
  - Transportation
  - Health Services

# Funding Priorities for HPS

- Emergency Shelter Services
- Emergency Supportive Services
- Rapid Re-housing
- Homeless Prevention
- Street Outreach

# REQUESTED RANGES:



- **PS = Request must be a minimum \$100,000**
- **Homeless PS= Request must be a minimum \$100,000**

# Project Description

- **Provide an estimate of the total number of individuals or the number of households needing the project services in the selected project area?**
  - **Number of individuals**
  - **Number of households**

# NOF Funding Request

- What are your reasons for requesting CDBG/NOF funding for this activity
  - Continue existing CDBG/NOF funded Public Service project
  - Prevent reduction of existing service levels (*due to increased costs*)
  - Expand (add to) existing service levels to meet unmet demand or increased needs
  - Create a new activity to meet a gap in existing services
  - Replace a loss of other funding to existing program
  - Match or leverage another funding source
  - Replace volunteer efforts
  - Other, please explain



# Detailed Project Description

- **Provide a detailed description of the proposed project, including how it will be implemented and plans for continued operations.**

**(2- Page Maximum Response)**

# Detailed Project Description

- (a) What specific services are to be provided?
- (b) When and how will these services be provided?
- (c) Who will be assisted and what number of persons will be assisted?
- (d) Describe how the activity will be implemented, operated, and administered.
- (e) What major equipment, special events, field trips or like components are necessary to operate the project?
- (f) What and how many workers, by job title, will plan, supervise and monitor project performance?
- (g) If volunteers are used, how many and what will they do?
- (h) If contract workers are used, state how many will be used and describe their duties.

# Project/Activity Objectives

- **What will YOUR program accomplish?**
- **Where will your project/activity or target population be when the grant or contract period is complete? i.e.**
  - **Completed improvement or phase**
  - **Improve child-rearing skills**
  - **Improve how families make decisions, etc.**

# SELF-SUFFICIENCY

PS/HPS-5

- **What are the steps your organization is taking to move your service population to self-sufficiency?**

# INTAKE

**What is your intake process, i.e., how do you register, enroll, or initiate services for your clients?**

- Register at first visit***
- In home visit***
- Only by referral***
- Etc.***

# Who are you serving?

- **What% of participants are low to moderate income?**
- **How do you document income?**

# Who are you serving?

- **What% of your clients are Detroit residents?**
- **How do you document that participants meet the residency requirement?**

# Who are you serving?

- **Is this activity intended exclusively to serve persons with AIDS or HIV?**
  - **This is a YES or NO question.**

# FEES

- **Does Your organization charge fees for your services?**
- **How much?**
- **Waive fees for those unable to pay?**

# PUBLICITY – GETTING THE WORD OUT

- **Newsletter/flyer**
- **Sign**
- **Request referrals**
- **Word of mouth**
- **Other**

# HOURS OF OPERATION

- **Year Round Operation**
- **How many hours**
- **What hours**
- **What days**
- **Will hours change with new CDBG/NOF funds?**

# Similar Services

- **Are there any other organizations that provide a similar service in your service area?**

# Community Support

- **What community support do you have for this program, i.e. how do you relate to the community around the location of your project?**
- **How do you involve other community organizations and/or residents?**

# Community Involvement

- **In what ways is your organization collaborating or partnering with other organizations?**

# BUILDING INFO

- **Provide one for each site you operate from**
- **Need to know whether your facility is ADA**
- **What are you doing about it?**



# OUTPUTS & OUTCOMES

- **If the proposed activity is already in existence, what were its outputs for the most recently completed fiscal year?**
- **What are the outputs for the proposed activity in the current fiscal year?**

# OUTPUTS & OUTCOMES

- **Define each unit of service that is an element of the program to be funded by CDBG/NOF, how this unit is measured, and how many you provided in the most recently completed fiscal year.**

# OUTPUTS & OUTCOMES

- **Describe or provide documentation that confirms successful past activity performance that pertains to the proposed activity or success in completing similar activities.**

# **OUTPUTS & OUTCOMES**

- **What standards, measures, benchmarks are used to assure or verify that your program is a quality/successful program?**

# OUTPUTS & OUTCOMES

## Multiple Part Question

- **Benefits to your clients**
- **What outcomes do you expect to produce**
- **What actual impacts/outcomes have you realized**
- **How do you know these outcomes occurred**