



# Public Service (PS) Attachment

Project/Activity Title: \_\_\_\_\_

Organization: \_\_\_\_\_

## Section 1: PROJECT PLANNING

### 1. Project Impact

- a. How long has your organization provided the proposed activity? \_\_\_\_\_
- b. How many unduplicated individuals has the proposed activity served during the previous 12 months? \_\_\_\_\_
- c. Will the proposed activity increase services over the next 12 months?  Yes  No

*Use July 1, 2023 – June 30, 2024 to calculate past individuals served and July 1, 2024– June 30, 2025 to estimate any increase in service.*

If an increase in service is identified, how will the increase be accomplished?  
(Add an additional sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Service Area

Describe the service area of the proposed activity. (Attach a map if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### 3. Project Benefit

The following populations are generally presumed to be principally low- and moderate-income persons. Please indicate the population(s) that will benefit from the proposed activity:

- Abused children
- Survivors of Domestic Violence or Human Trafficking
- Elderly persons
- Adults meeting the Bureau of the Census' Current Population Report's definition of "severely disabled"
- Homeless persons
- Illiterate adults
- Persons living with AIDS
- Migrant farm workers? If so, please provide documentation.
- Other. Please describe: \_\_\_\_\_

### 4. Client Information

Does your organization require information on family size and income?  Yes  No

## Section 2: ENVIRONMENTAL & RELATED ISSUES

Is the site where program services are to be provided located in a delineated floodplain.

Floodplain  Yes  No

*(For technical assistance, please contact the Delaware County Planning Department at 610-891-5200.)*

## Section 3: LOCAL SUPPORT

Has your organization obtained any letter(s) of support from municipalities impacted by, or home to, the proposed activity/program?  Yes  No

If Yes, please attach (1) letters demonstrating support and (2) a copy of the correspondence from your organization requesting local support.

## Section 4: PROCUREMENT

Describe any major procurement anticipated to be undertaken with CDBG funds for this project:

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Does the applicant have an established procurement policy in place?  Yes  No  
If Yes, please attach.



## Section 5: AGENCY PROFILE

1. Please indicate the program(s) and service(s) provided by your organization:

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Shelter Facilities | <input type="checkbox"/> Transitional Housing             |
| <input type="checkbox"/> Vouchers for Shelters        | <input type="checkbox"/> Outreach                         |
| <input type="checkbox"/> Drop-In Center               | <input type="checkbox"/> Soup Kitchen / Meal Distribution |
| <input type="checkbox"/> Food Pantry                  | <input type="checkbox"/> Health Care                      |
| <input type="checkbox"/> Mental Health                | <input type="checkbox"/> HIV / AIDS Services              |
| <input type="checkbox"/> Alcohol / Drug Program       | <input type="checkbox"/> Employment                       |
| <input type="checkbox"/> Child Care                   | <input type="checkbox"/> Homeless Prevention              |
| <input type="checkbox"/> Other _____                  |   |

2. Please indicate the population(s) served by your organization:

- Chronically Homeless (emergency shelter only)
- Mental or Behavioral Health Condition
- Chronic Substance Abuse
- Other Disability
- Veterans
- Persons with HIV / AIDS
- Survivors of Domestic Violence
- Elderly

