**2026 CDBG Public Service Application Instructions**

This application is for **CDBG public service (food banks and childcare/after school programs) and Economic Development Microenterprise**

**PROGRAM DESCRIPTION**

1. **Enter Agency Name**
2. **Enter Program Name and a brief description of your program (Word limit – 100)**
3. **Total Amount of Funds Requested** – Enter the amount of funds you are requesting for this program.
   * List the specific costs the requested grant funds will pay for **(Word Limit – 100)**
4. **Agency Information** – In the form fields provided, please enter the following information:
   * Staff Contact for this application
   * Title
   * Phone
   * Email Address
5. **Program Location** – There are several parts to this question.
   * Enter the address where the program is located
   * Enter the service area (the area from which people can be served by this program)
   * Describe how the location positively impacts the population to be served
   * Please upload a map showing the location of your program within the County
6. **Program Narrative** **(Word Limit - 300)**– Address each of the following bullets:

* Specific activities the program provides
* Program goals
* Number of individuals assisted, target population, and how the program meets the needs of targeted special needs populations (if any)

1. **For microenterprise applications only,** enter the following:

* Anticipated number of businesses to be assisted
* Anticipated number of jobs to be created.

1. **Program History (Word Limit - 200)**
   * Give a brief history or background of the program to be funded, including who has historically supported this project (Board, community partners, other funders etc.), and how it has evolved over time.
2. **Program Staff** **(Word Limit - 400)**– Provide the following:
   * All the staff that are involved with this program including
     + their qualifications and experience
     + their roles in the program
   * Any changes to staff or program management in the last six months or anticipated in the next six months.
3. **Challenges (Word Limit - 200)–** Provide a brief narrative to describe the following:
   * Provide a description of the challenges that face this program
     + Include challenges such as serving a difficult to reach population, lack of stable funding, outcomes that are difficult to measure; and
   * how you plan to address these challenges.
4. **Performance Measurement Worksheet –** Download the form Performance Measurement Worksheet 2026 with attached instructions and fill it out completely, indicating at least one output and at least one outcome for the proposed program. You may add additional pages if there are more outcomes or outputs. Upload the completed form.
5. **Measuring Success (Word Limit - 200)–** Describe the following:
   * The method used to collect and analyze data for each outcome and/or output listed on the Performance Measurement Worksheet,
   * The method used to collect and analyze data
   * How this information is used to refine your program
     + If you have outcome/output data from prior years, please include it.
6. **Best Practices (Word Limit - 200)–** Describe the following:
   * What are the specific best practices used by the program.
     + how does each one support the client outcomes
   * List any additional training and/or additional best practices used by the program and describe how each one supports the client outcomes.
7. **Complaint Process (Word Limit - 200)**– Respond to each of the following bullets:
   * What is the program’s complaint process (when a client has a complaint)
   * How does the program respond to complaints
   * How are clients informed about the complaint process
   * How does the program ensure that clients feel safe to make complaints

**NEED & POPULATION SERVED**

1. **Benefit to Unduplicated Persons -** In the boxes provided:
   * Estimate the total number of **unduplicated** persons that will benefit from this program in each income category.
   * Enter zero if there are no persons for a given category.
   * Enter the total of all categories in the last box.
2. **Intake & Eligibility Criteria** – There are two parts to this question.
   1. In the text box provided describe the following: **(Word Limit – 200)**

* The eligibility requirements for entry to your program; and
* Requirements for program participation.

1. **Community Need and Impact (Word Limit - 500)–** Respond to each of the following bullets:
   * What is the need this program is filling in the community
   * How did your agency determine there was an unmet need (include supporting statistics)
   * Specify the target population and their income level
   * How did you tailor your program design to specifically respond to the community need
   * How does your agency ensure that the program is not over-filling the existing service gap
   * What will be the impact of this program on the individuals and/or families served
   * What will be the impact of this program on the community
2. **Community Collaboration (Word Limit - 200)–** Respond to the following:
   * How are the services this program provides integrated with other community services
   * Describe any formal partnerships with other Kitsap agencies that this program utilizes to benefit clients
3. **Outreach Plan (Word Limit - 200)–** Describe the following:
   * The agency’s outreach plan to the program’s target population
   * The marketing strategy to potential participants and how it ensures eligible persons know how to apply to the program.
     + This strategy should be designed to attract clients of all types, regardless of race/color, national origin, religion, sex/gender, familial status, disability, marital status, sexual orientation, and military/veteran status.

1. **National Objective –** From the drop-down menu, please select how your program will meet a National Objective, as required for CDBG funding. Review the information in the **2026 CDBG/HOME Policy Plan, Appendix B**, found here [Coordinated Grant Application Process](https://www.kitsap.gov/hs/Pages/HH-Coordinated-Grant-Application-Process.aspx) to determine which one fits your program best and to understand the additional documentation you may need to provide.
   * **Presumed Benefit** – program provides benefit to one of the following groups presumed by HUD to be principally low and very low income: abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, migrant farm works and persons living with HIV/AIDS.
   * **Income Documentation Requirement** – program requires documentation on family size and income to show that at least 51 percent of the clientele served are low income.
   * **Direct Benefit** – use income screening to limit the benefits of the CDBG funded activity to only those persons who are low and very low income.

**NOTE:** For Assistance to Owners of Microenterprises (a commercial enterprise that has five or fewer employees, one or more of whom owns the enterprise) the owner must qualify as low or moderate income; there are no income requirements for the workers the owner employs.

1. **Existing public service (Word Limit - 200)**(new programs may skip this question) **–** Please describe any quantifiable increase in the level of service being provided.

**PROGRAM FINANCIAL INFORMATION**

1. **Program Financing –** Download the Excel form, Services Budget and Financing 2026 and fill it out depicting your project. The workbook has several sheets (Sources of Financing and Total Program Budget). The first tab has instructions, please read them carefully. Upload the completed form.
   * Funds that are committed or conditional should have a letter or email from the funder
     + Conditional funding would be conditioned on something like local matching funds
   * The total of all sources should equal the total budget
   * The total CGAP funds request at the top of the form should equal Question 3
2. **Funding Commitments** 
   * Indicate if you have funds shown in the committed or conditional columns on the Sources of Financing form
     + If yes, upload documentation from the funding source to show the commitment. This is typically a letter or an email from the funder.
     + If no, you may skip the upload and proceed to the next question.
3. **Request Rationale (Word Limit - 200)–** Respond to the following:

* What is the rationale behind the amount of funds requested
* What percentage of funding for this program is budgeted to come from these grant funds

1. **Funding for Personnel** 
   * Indicate if you are requesting funds for personnel.
     + If yes, upload the job description for each position to be funded.
     + If no, you may skip the upload and proceed to the next question.
2. **Sustainability (Word Limit - 200)–** Describe your agency’s plan for financial sustainability for this program.

**Confirm your agency has completed and submitted ONE Organization Information Application 2026.**

**This is the end of the CDBG Public Services Application 2026.**