

**CITY OF CHICAGO
WORK PROGRAM**

Department Name:

Program Name:

**Part I: Sub-recipient
Information**

Sub-recipient Name:

Sub-recipient Address:

Sub-recipient City, State, Zip:

Executive Director Name, Phone and Email Address:

Program Contact Name, Phone and Email Address:

Name of facility(s) and address where services are provided:

Facility Name	Address	Days of Operation	Hours of Operation

In what Ward(s), Community Area(s), and Census Tract(s) are the facility(s) providing the services located?

Ward(s):

Community Area(s):

Census Tract(s):

Indicate Program Service Area:

___ This program will provide services **citywide** to all eligible individuals.

___ This program will primarily serve the following Ward(s), Community Area(s), and Census Tract(s).

Ward(s):

Community Area(s):

Census Tract(s):

What are the approximate boundaries of the area from which your clients are drawn? Specify by street name.

North:

South:

East:

West:

Funding Commitment

Total Budget for this Program (including other share):

Funding Allocation:

Contract Term: From

To

Part II: Description of Program

Provide a brief, narrative summary of this program including the scope, problems addressed, and anticipated outcomes. ***Please do not add additional pages.***

CDBG National Objective Eligibility
(for CDBG only)

A. Program Name:

B. National Objective:

The qualifying National Objective for CDBG activities is: **Benefiting Low and Moderate Income Persons (L/M)**. Please check the box next to the appropriate National Objective category listed below that applies to your program.

Area Benefit Activities (LMA)

An area benefit activity is an activity which meets the identified needs of L/M income persons residing in an area where at least 51% of the residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. If you check this national objective, you must list the eligible census tracts and community areas where services will be delivered. The percentage of low/moderate income persons in the service areas must be at least 51%.

Community Area(s):

Census Tract(s):

Limited Clientele Activities (LMC)

Limited clientele category benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M persons. Service is limited to the following groups presumed by HUD to be low/moderate income (check only one):

Persons with Severe Disabilities

Illiterate Persons

Battered and Abused Spouses

Elderly, Frail or Senior Citizens

Battered Youth

Persons Living with AIDS

Homeless Persons

These activities are direct benefit activities; therefore **you must report** the following direct beneficiary data:

Persons by race/ethnicity

Persons by income

Race/ethnicity by head of household

Household income

Number of female-headed households

Housing Activities (LMH)

A housing activity is an activity which adds or improves permanent residential structures which will be occupied by L/M income households upon completion. The housing can be either owner

or renter occupied units in either single-family or multi-family structures. Rental units occupied by L/M income persons must be occupied at affordable rents.

These activities are direct benefit activities; therefore you must report the following direct benefit data:

Race by head of household
Household income

Departments/Delegates must provide counts for one or more of the indicators listed below as an outcome of service provided:

For Owner Occupied Units, the number of:

- Units Occupied by Elderly
- Units Moved from Substandard to Standard (HQS or Local Code)
- Section 504 Accessible Units
- Units Qualified as Energy Star
- Brought into Compliance with Lead Safety Rules (24 CFR Part 35)

For Rental Occupied units, the number of:

- Affordable Units
- Section 504 Accessible Units
- Brought from Substandard to Standard Condition (HQS or Local Code)
- Units Qualified as Energy Star
- Brought into Compliance with Lead Safety Rules (24 CFR Part 35)
- Units Created Through Conversion of Non-Residential to Residential Buildings

Of Total Affordable Units, the number of:

- Units Occupied by Elderly
- Years of Affordability Guaranteed
- Units Subsidized with Project-Based Rental Assistance by another Federal, State or Local Program
- Units Designated for Persons with HIV/AIDS Including Units Receiving Assistance for Operations
- Of Units Designated for Persons with HIV/AIDS, Number Specifically for Chronically Homeless
- Permanent Housing Units Designated for Homeless Persons and Families, Including Units Receiving Assistance for Operations, of Permanent Housing Units Designated for Homeless, Number for the Chronically Homeless

Additionally, the following performance indicator data is required for all activities. Departments/Delegates must provide counts for one or more of the indicators listed below as an outcome of service provided:

Number of persons

- With new or continuing access to a service or benefit
- With improved access to a service or benefit
- Receive a service or benefit that is no longer substandard

WORK PROGRAM

A. Sub-recipient Name:

C. Program Name:

B. Department Name:

(1) Program Activities. Describe the activities that will accomplish program deliverables	(2) Program Deliverables. State what quantifiable units will be used to measure the progress of the proposed program. Example: classes held; units built; referrals	(3) Planned Output by Quarter & Year Total. List the projected quantifiable units for each program deliverable					(4) Reporting Method	(5) Performance Measures
(6) Total Unduplicated Clients/Units:		1stQtr (Jan-Mar)	2ndQtr (Apr-Jun)	3rdQtr (Jul-Sept)	4thQtr (Oct-Dec)	Totals		

Signature of Authorized Sub-recipient Official and Date _____

Signature of Department Official and Date _____