



Town of Brookhaven

Community Development Block Grant

Sub-Recipient Requirements

In order to assure the proper review of agencies requesting funding through the Community Development Block Grant (CDBG) Program, the Town of Brookhaven will review applications for funding on a merit-based system. Pursuant to federal regulations, all agencies applying for an award of CDBG funds must comply with the following list of requirements before funding is considered:

CDBG Eligibility Requirements:

The Town of Brookhaven has set certain criteria that would be acceptable for any not-for-profit organization to assure that the agency has the support services and financial capacity to carry out the services to be provided with the granted funds. The criteria are as follows:

- 1) A completed application for funding;
- 2) A 501(c)3 with a fully functioning board and submit board minutes containing the approval for request of CDBG funding;
- 3) Provide DUNS# and most current IRS form 990;
- 4) Demonstrate capacity and ability to provide services rendered through documented successes and/or follow up of a viable program;
- 5) Maintain records in compliance with all applicable federal guidelines, including Title VI and ADA;
- 6) Submit liability insurance and most current audited financials, which indicate liquid assets of at least \$25,000 and an operating account of at least \$10,000.

Please be aware that non-compliance may result in retraction of the award.



Town of Brookhaven
Community Development Block Grant
Application Instructions and Sub-Recipient Requirements

Deadline for submission is Friday, March 13, 2020 by 4:30 pm

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

CDBG Eligibility Requirements:

The Town of Brookhaven has set certain criteria for any not-for-profit organization to assure that the agency has the support and financial capacity to carry out the services to be provided with the granted funds. Please check that you have included all the required documents. In order to assure a proper review of your request for Community Development Block Grant (CDBG) Program. The Town of Brookhaven will review applications for funding on a **merit-based system**. Pursuant to federal regulations, all agencies applying for an award of CDBG funds must comply with the following list of requirements before funding is considered.

The criteria are as follows:

- 1) A **complete** application (*instructions below*); (with project estimates, if applicable.)
- 2) Submit board minutes containing the approval of the request for CDBG funding;
- 3) Provide DUNS# and a copy of your **IRS 501(C)3** not-for-profit determination letter
- 4) Submit **proof of liability insurance**
- 5) A copy of most **current audited financials**, which indicate liquid assets of at least \$25,000 and an operating account of at least \$10,000.

We will determine if you demonstrate the capacity and ability to provide services rendered through documented successes and/or follow up of a viable program. You must maintain records in compliance with all applicable federal guidelines, including Title VI and ADA for agency follow-up compliance audits by the Town;

Please be aware that non-compliance may result in retraction of the award.

Mail or submit the application in person to:

Town of Brookhaven – Town Hall
One Independence Hill
Housing & Human Services – 3rd Floor
Farmingville, New York 11738



Town of Brookhaven

Community Development Block Grant

Application Instructions and Sub-Recipient Requirements

Description of Project: Please give a brief description of your project/program. You may provide additional information on spaced sheets, please double space.

Capital Project Information: This information would be needed if your proposal is for a capital project, such as a sidewalk/curbing installation or street lighting, as opposed to a public service program, such as counseling services in your community.

Define Community Associated with the Activity: Give a brief description of the type of population to be assisted by either the capital project or the public service program. You may add additional information on double spaced sheets, but please keep it brief.

Anticipated Accomplishments: Please outline what you hope to accomplish by the project and/or program in this application, such as a sidewalk/curbing installation project would give a certain community better access to a specific area (for a capital project application) or counseling youth would help that population by lowering the failure rate for them in their school (for a public service program application). Public service applicants should include the type/method of measurement used to determine their accomplishments. You may add additional information on double spaced sheets.

Choosing a Category: Please enter the anticipated number of persons that will be assisted by this project and/or program.

Eligibility Criteria: Please check one of the three options for this category and attach supporting documentation on double spaced sheet, if needed. If you require help with this question, please contact our office at 631-451-6600 and we will help you determine your needs.

Cost Estimate: Please fill out the budget information needed as it pertains to your application. **IF THIS IS A CAPITAL PROJECT, YOU MUST SUBMIT A COST ESTIMATE FROM A RELIABLE SOURCE** (*a licensed contractor or a licensed engineer*).

Please remember to sign and date your application. You will need to submit an original to this office no later than 4:30 p.m. on Friday, March 13, 2020

You may call Housing & Human Services if you have any questions on filling out this application. 631-461-6600

FOR TOWN USE ONLY

Date _____

Application No. _____

Staff Initials _____

Approved Denied

Amount Awarded _____



**TOWN OF BROOKHAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT FUND APPLICATION
FISCAL YEAR 2020**

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____ E-MAIL: _____

PHONE NUMBER: _____ FAX NUMBER: _____

DUNS # _____ FED TAX ID# _____

If you are an organization, do you have federal 501(c)3 IRS status? Yes No

Is your organization subject to fiscal Single Audit Requirements? Yes No

What year was your organization founded/established: _____

Physical Address of Project: _____

Description of Project:

For public service organizations specifically describe what funds will be spent for including:

- 1) **WHAT** products or services are to be performed (ie., youth counseling);
- 2) **WHERE** they are to be provided (physical address);
- 3) **WHOM** the services are to be provided for are (population type ie., low income youth) and;
- 4) **HOW** they are to be provided. (*attach additional information, if needed*)

If this is a Capital project* (ie, playground equipment for a park, sidewalks, street lighting), please describe the nature of the project (*attach additional information, if needed*)

If a **Capital Project** what is the **number of persons** to be assisted that will have:
new access to this infrastructure improvement or public facility? _____
improved access to this infrastructure improvement or public facility? _____

Define the community associated with the activity (*attach additional information, if needed*):

Anticipated Accomplishments (*attach additional information, if needed*):

Choose category and **provide the anticipated number to be assisted**:

Youth to be assisted ____ Elderly to be assisted ____ Jobs to be created ____
People to be assisted ____ Businesses to be assisted ____

Is the **main purpose** of this activity (**answer yes or no**):

To help the homeless? Yes No
To prevent homelessness? Yes No
To help those with HIV/AIDS? Yes No
To help persons with disabilities? Yes No

Is the activity to be carried out by the municipality? Yes No

Is the activity to be carried out by the applicant? Yes No

Is applicant a faith-based organization? Yes No

Is applicant an institution of higher learning? Yes No

Eligibility Criteria:

All projects must meet one of the three criteria (check box that applies)

- Benefits Primarily Low and Moderate Income Persons**
 - Project is in a low and moderate income area
 - Household income data will be collected

- Prevents and Eliminates Slums and Blight**
 - Describe slums and blighting influences and how they will be eliminated
 - Attach description and supporting documentation

-
-
- Urgent Need**
 - Describe the serious and immediate threat to health and safety
 - Attach description and supporting documentation
-
-

Cost Estimate:

<u>Funding Sources</u>	<u>Amount</u>
1. CDBG Funds Requested in this application:	\$ _____
2. Prior Year CDBG Funds Received	\$ _____
3. Other Federal Funds Requested (if any)	\$ _____
4. NYS Funds Requested (if any)	\$ _____
5. County Funds Requested (if any)	\$ _____
6. Private Funds Requested (if any)	\$ _____
7. Other Funds Requested (if any)	\$ _____

**If multiple years, list years and amounts on separate sheet.

If applicant is a **public service group**, please show how the CDBG funds will be used for the period of one year:

1. Salaries and Benefits	\$ _____	
2. Rental Space	\$ _____	
3. Utilities	\$ _____	
4. Supplies and Materials	\$ _____	
5. Program/Service Costs (Specify)		
a. _____	\$ _____	
b. _____	\$ _____	
c. _____	\$ _____	
d. _____	\$ _____	
TOTAL CDBG BUDGET		\$ _____

**** If you are applying for funding for a Capital Project, please attach cost estimate documentation from a licensed contractor or licensed engineer.***

CERTIFICATION

I certify that, to the best of my knowledge, the information provided in this application is correct. I understand this is neither an offer of funding, nor does it obligate the applicant or the Town of Brookhaven Dept. of Housing and Human Services in any way. I have read the instructions and Town of Brookhaven Community Development Block Grant Sub-Recipient Requirements.

Applicant Signature

Date