

FOR TOWN USE ONLY

Date _____
Application No. _____
Staff Initials _____
Approved Denied
Amount Awarded _____



**TOWN OF BROOKHAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT
COVID FUND APPLICATION**

This application will be considered for funding in response to COVID-19. Please answer every question in full with as much detail as possible.

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

EMAIL: _____ 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 Not for Profit organizations, specifically describe what the funds will be spent for, including:

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

Anticipated Accomplishments (attach additional information if needed): _____

Please indicate the anticipated number to be assisted:

_____ People (general) 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 those with disabilities? _____ Yes _____ No

Please indicate which Performance Objective this activity will address. Note that there are no wrong answers:

_____ Suitable living environments

_____ Decent affordable housing

_____ Creating economic opportunities

Please indicate which Performance Outcome this activity will address. Not that there are no wrong answers:

_____ Availability/Accessibility

_____ Affordability

_____ Sustainability: Providing livable or viable communities

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 organizations _____ Yes _____ No

Is applicant an institution of higher learning? _____ Yes _____ No

What type of service do you provide?

_____ 05Q – Subsistence Payments – 24 CFR Part 570.207(b)(4)

_____ Other (describe) _____

Program Eligibility – National Objective (choose one). General Guidelines: Low/Mod Limited Clientele (LMC) Activities – at least 51% of program participants must be low/mod (80% of AMI or below-current income limits are attached this application). Low/Mod Area (LMA) Activities – An activity can be considered LMA if the service area, meaning the radius of where you will be drawing program participants from, is predominantly low/mod (attach map of service area). Presumed Benefit – An activity can be considered Presumed Benefit if the program benefits abused children/spouses, elderly, severely disabled adults, homeless, illiterate, AIDS, or migrant farm workers. Nature/Location- An activity can be considered eligible under this category if the activities are of such a nature and in such a location to conclude low/mod clientele serviced.

Please note: Under 05Q Subsistence Payments – All participants must be Low/Mod eligible participants.

_____ Low/Mod Limited Clientele (LMC) 570.208 (a) (2)

_____ Low/Mod Area Benefit (LMA) 570.208 (a) (1) (Contact TOB)

_____ Low/Mod Limited Clientele – Presumed Benefit 570.208 (a)(2)(A) (Contact TOB)

_____ Low/Mod Limited Clientele – Nature or Location Benefit 570.208 (a)(2)(D) (Contact TOB)

If you checked “Presumed Benefit” or “Nature or Location,” please explain.

Eligibility Criteria:

All activities must meet one of the three criteria (check criteria that applies):

Benefits Primarily Low and Moderate Income Persons

Household income data will be collected

Prevents and Eliminates Slums and Blight

(contact the Town of Brookhaven before using this category)

Describe slums and blighting influences and how they will be eliminated

Attach description and supporting documentation

Urgent Need (contact the Town of Brookhaven before using this category)

Describe the serious and immediate threat to health and safety

Attach description and supporting documentation

Describe how your organization will document the income status of the targeted beneficiaries (ie: tax return documentation):

Note: Additional demographics will be required for each participant including race and ethnicity information.

In order to utilize CDBG-CV funds under the public service category, the service must be either a new service or a quantifiable increase in the level of an existing service. Please describe how your service will qualify.

Describe the method you will use to determine how the participants are determined to be affected by the COVID-19 Pandemic Crisis. (Method to determine loss of income due to COVID-19)

Describe the experience your organization has in implementing the activities you have proposed in this application.

Describe the outreach efforts your organization undertakes with regard to soliciting participation in the subject program.

Do you own the facility? If not, attach a copy of your rental lease agreement with your landlord.

Yes No

Does any other organization/group use the facility? If yes, provide details on which days of the week, which rooms, and for what purpose.

Please provide the following documentation with your application:

- Project Description
- Summary of Accomplishments
- Financial Statement
- Audits/Accounting - OMB Circular A-133 form/ or statement
Conformity to 2CFR, Subtitle A, Chapter II, Part 200 statement
- 990 and CHAR 500
- IRS Federal Tax Exempt
- NYS form ST-119, exempt Org Cert
- Articles of Incorporation with NYS Seal
- Current Insurance Certificates for Worker's Compensation, Liability, Disability
- Management Letter
- Board of Directors Members List
- Board Minutes approving application
- Organization Chart

Cost Estimate:(For this Activity)

Funding Sources

Amount

- | | |
|---|----------|
| 1. CDBG- COVID(3) 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.

Please note: duplication of funds is not permissible.

If applicant is an organization, please show how the CDBG-COVID(3) funds will be used for the period of six months:

- | | |
|--|----------|
| 1. Salaries | \$ _____ |
| 2. Benefits | \$ _____ |
| 3. Supplies | \$ _____ |
| 4. Direct Assistance to Participants(Subsistence Payments) | \$ _____ |
| 5. Program/Service Costs (Specify) | |
| a. _____ | \$ _____ |
| b. _____ | \$ _____ |
| c. _____ | \$ _____ |
| d. _____ | \$ _____ |

TOTAL CDBG-COVID(3) BUDGET \$ _____

Please note: All expenses must conform to 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards.

CERTIFICATON

I certify that, to the best of my knowledge, the information provided in this application is correct. I understand that this is neither an offer of funding, nor does it obligate the applicant or the Town of Brookhaven Department of Housing and Human Services in any way. I have read the instructions and Town of Brookhaven Community Development Block Grant Subrecipient Requirements and those specific to COVID-19.

Applicant Signature

Date