

FOR TOWN USE ONLY

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



**TOWN OF BROOKHAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT
FUND APPLICATION FOR PUBLIC SERVICES
FISCAL YEAR 2023**

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

EMAIL: _____ FAX NUMBER: _____

UEI#: _____ 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 Services:

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

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

Anticipated Accomplishments (attach additional information if needed): _____

Choose one (1) **category** and provide the **anticipated number** to be assisted:

- Youth to be assisted
- Elderly to be assisted
- Jobs to be created
- Veterans to be assisted
- Homeless to be assisted
- Victims of Domestic Violence to be assisted
- Victims of Child Abuse to be assisted
- Disabled (physically or mentally) to be assisted
- People (general) to be assisted
- Businesses to be assisted
- Other (describe) _____

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. Note 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 organization? Yes No
- Is applicant an institution of higher learning? Yes No

What type of services do you provide? 24 CFR 570.201(e)

Select **ONE**: (if more than 1 activity select other and describe activities)

- Senior Services (05A)
 - Services for Persons with Disabilities (05B)
 - Youth Services (05D)
 - Transportation Services (05E)
 - Tenant/Landlord Housing (05K)
 - Child Care Services (05L)
 - Food Banks (05W)
 - Employment Training (05H)
 - Fair Housing Activities (05J)
 - Other (describe) _____
-
-

Eligibility Criteria:

Program Eligibility – National Objective (choose one).

Benefits Primarily Low- and Moderate-Income Persons

_____ Low/Mod Limited Clientele (LMC) 570.208 (a) (2) – at least 51% of program participants must be low/mod (80% of AMI or below-current income limits are attached in the “library” of this application). Collect household data on income, family size, and race & ethnicity information to substantiate that person being assisted is low and moderate income.

_____ Low/Mod Limited Clientele Presumed Benefit 570.208 (a)(2)(A) – An activity can be considered Presumed Benefit if the program benefits abused children/spouses, elderly, severely disabled adults, homeless, illiterate, persons with AIDS, or migrant farm workers. Collect race & ethnicity information.

_____ Low/Mod Limited Clientele Nature or Location Benefit 570.208 (a)(2)(D) 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 (i.e.: funding a daycare in a Public Housing Complex – the location of the activity implies eligibility). Collect race & ethnicity information.

_____ Low/Mod Area Benefit (LMA) 570.208 (a) (1) – 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). Activity must provide services to ALL residents. (Contact Department before using this category).

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

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 (i.e.: tax return documentation):

To utilize CDBG 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 experience your organization has in implementing the activities you have proposed in this application.

Describe the outreach efforts your organization undertakes regarding soliciting participation in the subject program. Please make note of any agencies/organizations that will assist in this regard (i.e.: school district, village)

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

Yes No

Is the building for public use (i.e.: community center, school)?

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 Accomplishment
- Completed W-9
- 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:

Funding Sources

Amount

- | | |
|---|----------|
| 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.

Public service group, please show how the CDBG funds will be used for the period of six months:

- | | |
|------------------------------------|----------|
| 1. Salaries | \$ _____ |
| 2. Benefits | \$ _____ |
| 3. Supplies | \$ _____ |
| 4. Program/Service Costs (Specify) | |
| a. _____ | \$ _____ |
| b. _____ | \$ _____ |
| c. _____ | \$ _____ |
| d. _____ | \$ _____ |

TOTAL CDBG BUDGET \$ _____

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 Community Development in any way. I have read the instructions and Town of Brookhaven Community Development Block Grant Subrecipient Requirements.

Applicant Signature

Date