

FOR TOWN USE ONLY

Date _____
 Application No. _____
 Staff Initials _____

Approved Denied

Amount Awarded _____



**TOWN OF BROOKHAVEN
 COMMUNITY DEVELOPMENT BLOCK GRANT FUND APPLICATION
 FISCAL YEAR 2022 – CAPITAL PROJECTS**

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: _____
 (Provide Map of location and area served)

Capital project description* (i.e., playground equipment for a park, sidewalks, street lighting), please describe the nature of the project (*attach additional information, if needed*)

For this **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 including boundaries of the area served(*attach additional information, if needed*):

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

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
- Removal of Architectural Barriers to the Handicapped
- Nature & Location (Contact HCD Department before using this category)

Prevents and Eliminates Slums and Blight (Contact HCD Department before using this category)

- Describe slums and blighting influences and how they will be eliminated
- Attach description and supporting documentation

Urgent Need (Contact HCD Department before using this category)

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

Applicant Signature

Date