



**NASSAU COUNTY**  
**OFFICE OF HOUSING AND INTERGOVERNMENTAL AFFAIRS**  
**40 MAIN STREET - 3RD FLOOR**  
**HEMPSTEAD, NY 11550**  
**516-572-1915**

**Community Development Block Grant (CDBG) Program**  
**Consortium Member**  
**Municipal Funding Application**  
**Federal Fiscal Year 2010**

**EDWARD P. MANGANO**  
**COUNTY EXECUTIVE**

**RAYMOND S. THOMAS**  
**DIRECTOR**



**NASSAU COUNTY OFFICE OF HOUSING AND INTERGOVERNMENTAL AFFAIRS  
MUNICIPAL CDBG APPLICATION 36th PROGRAM YEAR**

**I. General Information**

- a. Municipality:
- b. Address:
- c. Contact Person:
- d. Telephone Number:
- e. Fax Number:
- f. Email Address:
- g. Total Amount of CDBG Dollars Requested for 36<sup>th</sup> Year: \$ \_\_\_\_\_
- h. Total Amount of CDBG Dollars Received in 35<sup>th</sup> Year: \$ \_\_\_\_\_

**II. Public Hearing Date and Authorized Signature**

- a. Public Hearing Date: \_\_\_\_\_
- b. Application Officially Submitted by:

\_\_\_\_\_  
Printed Name and Title of Authorized Municipal Representative

\_\_\_\_\_  
Signature

- c. Attach certified resolution(s) and a public hearing notice with affidavit

**NASSAU COUNTY OFFICE OF HOUSING AND INTERGOVERNMENTAL AFFAIRS  
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**Program Summary Sheet**

Activity /Project	Request 36 <sup>th</sup> Year (000)
<b>TOTAL: \$</b>	

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Please attach the following check list and requested documents to the application for all public service activities. The application will not be processed without the following documents. Incomplete applications will not be considered for funding.

**REQUIRED ATTACHMENTS TO INCLUDE WITH YOUR APPLICATION (Public Service Only)**

- Articles of Incorporation and By-Laws
- State and Federal Tax Exemption Determination Letters
- Current List of Board of Directors
- Board of Directors' Designation of Authorized Official
- Organizational Chart
- List of Officers and /or Staff to be compensated under the program
- Resume of Program Administrator
- Resume of Fiscal Officer
- Copy of Most Recent Audited Financial Statements Prepared in Compliance with OMB Circular A-133\*\* ***FIRST TIME*** grant applicants, please submit financial statements for the past 3 fiscal years.
- Copy of Most Recently Filed IRS Form 990 – Return of Organization Exempt From Income Tax
- Copy of Current Annual Operating Budget (*include both sources & uses of funds*)
- Copy of Most Recent Interim Financial Statements for Current Year (Balance Sheet & Profit & Loss Statement) Not More Than 60 Days Old.
- Map – Attach a Map Noting Project Site and Service Area of Beneficiaries.
- Completed Environmental Review Information Form (Enclosed)
- Copy of Intake Form verifying income eligibility including self-identification of race and ethnicity.
- Public Service Worksheet.
- DUNS Number

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NAME OF MUNICIPALITY: \_\_\_\_\_

I. 36th Year Activity/Project Information for Each Project or Activity

A. Project Name \_\_\_\_\_

B. Specific Location (block/address) \_\_\_\_\_

Map - Attach OHIA provided location map noting project, site and area of benefit

C. Project Description and Anticipated Accomplishments during the 35th Program Year – Provide a detailed description of proposed activity:

*For example:*

*Public Services: Senior Services - Daily transportation to nearby stores for approximately 100 seniors residing in (Note Public Services cannot exceed 15% of the grant.)*

*Public Facilities and Improvements: ±1500 linear feet of sidewalk, paving, curbs and gutters to be carried out in the following locations .....*

*Acquisition of Real Property: Acquisition of 5 properties located in the following locations.*

*Rehabilitation Commercial. 50% facade improvement grants at approximately \$10, 000 for each of \_\_\_\_\_ facades.*

*Rehabilitation-Single Family: Loan and grant program providing up to \$\_\_\_\_\_ to low income homeowners for rehabilitation of single family structures .....*

*Planning. Activities must be described separately from administration and must indicate specific services and/or studies to be rendered HUD will not accept a broad description such as "planning studies, environmental assessments, technical assistance, etc. " (Note Planning and Administration combined cannot exceed 20% of the grant.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Year 36 CDBG Budget Request for this Project or Activity: (Additional Information to be provided on page 7)

\$ \_\_\_\_\_

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**E. How does this project or activity relate to previously funded CDBG projects in your community?**

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**F. Performance Measurement \***

Please indicate which Performance Objective this activity will address

- 1. Suitable Living Environment**
- 2. Decent Affordable Housing**
- 3. Creating Economic Opportunities**

Please indicate which Performance Outcome this activity will address

- 1. Availability/Accessibility**
- 2. Affordability**
- 3. Sustainability: Providing Livable or Viable Communities**

Please provide a description of the expected outcome of this activity (Ex. 2000 persons have new access to a shelter for the purpose of providing decent housing, or, 1 community has sustained 24 commercial building facades for the purpose of creating economic opportunities)

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\* Through CPD Notice 03-09, the U.S. Dept. of HUD strongly encouraged each CPD formula grantee to develop and use a state or local performance measurement system. Performance measurement is simply an organized process for gathering information to determine how well programs and projects are meeting needs, and then using that information to improve performance and better target resources. A joint HUD/OMB Grantee Outcome Measurement framework was developed by a working group made up of representatives from NACCED, NCDA, COSCDA, NAHRO, HUD and OMB. This section is based upon that guidance.

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**G. What steps have been undertaken, or will be undertaken, to ensure timely completion of this project or activity?**

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**H. Anticipated Project Start date:** \_\_\_\_\_

**I. Anticipated Project Completion date:** \_\_\_\_\_

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**II. Eligibility Criteria/Program Benefit for Each Project or Activity**

All projects must meet a CDBG national objective. Nassau County will accept applications for low/moderate income benefit and blight elimination activities. Check **one** and complete the appropriate subsection.

- Benefit low/moderate income persons

- or -

- Prevents *or* eliminate slums/blight

**A. Low/Moderate Income Benefits**

- **Area Benefit** - Indicate low/mod census tract and block groups. \_\_\_\_\_

-or-

- **Direct Benefit** - Identify income guidelines applicable to project. \_\_\_\_\_

**B. Slums/Blight**

Describe blighting influences and how they will be eliminated. Attach blight report or survey, or indicate if blight report is needed.

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**C. Beneficiary Group Information**

Type of Beneficiary Proposed (Check One):	Proposed Number
<input type="checkbox"/> People – General	_____
<input type="checkbox"/> Youth	_____
<input type="checkbox"/> Elderly	_____
<input type="checkbox"/> Households	_____
<input type="checkbox"/> Large households	_____
<input type="checkbox"/> Small households	_____
<input type="checkbox"/> Elderly households	_____
<input type="checkbox"/> Businesses	_____
<input type="checkbox"/> Organizations	_____
<input type="checkbox"/> Housing Units	_____
<input type="checkbox"/> Public facilities	_____
<input type="checkbox"/> Feet of Public Utilities	_____
<input type="checkbox"/> Jobs	_____



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**D. Additional HUD Activity Set Up Information**

<b>Is the Primary Purpose of the activity to:</b>	<b>YES</b>	<b>NO</b>
Help Prevent Homelessness?	_____	_____
Help the Homeless?	_____	_____
Help Those with HIV/AIDS?	_____	_____
Help Persons with Disabilities?	_____	_____
<b>Will the Activity Generate Program Income?</b>	_____	_____

**E. Public Service Projects: Submit Public Service Worksheet**

1. Name of the Public Service \_\_\_\_\_

Address: \_\_\_\_\_

2. Is this service a continuation of a current activity?      yes \_\_\_\_\_      no \_\_\_\_\_

If yes, explain how this service is eligible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is this service new or an expansion of a current activity? Yes \_\_\_\_\_      No \_\_\_\_\_

If no, explain how this service is eligible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If CDBG were not available, what alternative funds would be available for this service?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NASSAU COUNTY OFFICE OF HOUSING AND INTERGOVERNMENTAL AFFAIRS  
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**Public Service Worksheet**

Public Service Name	Address	Nature of Clientele Low/mod area or Low/mod Clientele	Estimated # of People to be Served	Grant Request (\$)	Number of Years Program funded

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**F. County Priorities - This project supports:**

- Affordable Housing:                    yes     \_\_\_\_\_                   no     \_\_\_\_\_
- Economic Development:                yes     \_\_\_\_\_                   no     \_\_\_\_\_
- Leveraging of CDBG dollars:          yes     \_\_\_\_\_                   no     \_\_\_\_\_

Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Three Year Program Description For Each Project or Activity**

	Currently Planned	Funding Requested	Anticipated Funding Request	Anticipated Funding Request	
<b>A. Budget</b>	<b>35th Year</b>	<b>36th Year</b>	<b>37th Year</b>	<b>38th Year</b>	<b>Total</b>
	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>\$(000's)</b>
Amount requested from Nassau County Community Development Block Grant Program:					
Amount anticipated from other sources:					
Other Federal					
State					
Local					
Private					
Program Income					
Amount of your local contribution:					
Total Project Cost:					

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**B. Please indicate how the unexpended balance of funds in your municipal Chart of Accounts will be utilized to contribute to this activity. Cite specific fund years and lines to be affected.**

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**C. Please describe your planning approach for multi-year budget proposals:**

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**D. Describe Your Three Year Plan for Each Target Area or Group of Activities**

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**E. Environmental Review Information Form – please see attached**

**F. For Nassau County Office of Housing and Intergovernmental Affairs Use Only**

1. Unexpected balance for this activity \$ \_\_\_\_\_
2. Unexpected balance for all previously funded activities \$ \_\_\_\_\_

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**ENVIRONMENTAL REVIEW INFORMATION FORM**  
CDBG ♦ HOME ♦ ESG

CONSORTIUM MEMBER: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Activity Code:** \_\_\_\_\_

**Project Description** – this should include the exact description of what the HUD funds are intended to be used for

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Continuation Project** – Please indicate whether the activity to be carried out is a continuation of a previously funded project.

\_\_\_\_\_  
\_\_\_\_\_

**Project Location** – exact locations/ street addresses are REQUIRED. Without the accurate and exact location, the (ERR) cannot be completed.

\_\_\_\_\_  
\_\_\_\_\_

**Flood Plain** – Is the project site located in a flood plain? (This information can be obtained from your local building department or at [www.fema.gov](http://www.fema.gov) ) Please include a copy of the map for verification.

\_\_\_\_\_

**Age of Dwelling(s)** – For the purposes of complying with the State Historic Preservation Organization (SHPO), the age/construction date of each dwelling must be provided. In the event that a dwelling is more than 50 years of age, a photograph of the property will also be required and SHPO must be contacted. SHPO’s response will determine the status of this factor. IF SHPO determines that there is historic relevance of the property, additional information will be required. This information is available at your local building department or at [www.mynassauproperty.com](http://www.mynassauproperty.com)

\_\_\_\_\_  
\_\_\_\_\_

**Previous Environmentals** – In the case where an environmental review or record has already been undertaken on the project, please submit a copy of it.

Questions or concerns regarding the environmental review process can be directed to: Lindsey Fitzgerald, Program Coordinator, at: 516-572-2608 or [LFitzgerald@nassaucountyny.gov](mailto:LFitzgerald@nassaucountyny.gov)

Submit the following pages for each activity or project

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