



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

**Grant Application for FY2010 (36th Year) Funding
Public Service Organizations**

EDWARD P. MANGANO
COUNTY EXECUTIVE



RAYMOND S. THOMAS
DIRECTOR



Please attach the following check list and requested documents to the application. 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

- 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 any 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 which also includes self identification of race and ethnicity

Public Facility Improvement Projects Only:

- Evidence of local building department approvals
- Engineering or Architects estimate of project cost

Name of Organization _____

Charities Registration # _____

(Obtained from NYS Attorney General)

DUNS Number _____

If your organization does not have a DUNS number, apply online at <https://eupdate.dnb.com/requestoptions.html> or call toll free at 1-866-705-5711.

Address of Organization _____

Year(s) in Operation _____

Contact Person _____

Title _____

Telephone Number _____

Fax Number _____

Email Address _____

Funding Available from the Nassau County Office of Housing and Intergovernmental Affairs is received through an allocation from the U.S. Department of Housing and Urban Development. All requests for funding must thus comply with applicable requirements of the Community Development Block Grant (CDBG) Program. Such requirements include being eligible for assistance and benefiting a clientele that is principally of low and moderate income.

Funding requests should be project or program specific. General operating expenses of a non-profit organization will not be considered.

Projects selected for funding will be included in the FY2009 Action Plan to be submitted to the U.S. Department of Housing and Urban Development (HUD) for final approval. Nassau County's 2009 Program Year begins on September 1, 2009.

CERTIFICATION: The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under this Nassau County HUD-financed program is true and complete to the best of the Applicant's knowledge and belief. Verification may be obtained from any source named herein.

The applicant further certifies that no employee, agent, consultant, officer, or elected or appointed official of the subrecipient agency may obtain a financial interest in the program for which funding is being requested, either for themselves or those with whom they have business or immediate family ties, during their tenure and for the period of one (1) year thereafter.

Print Name: _____

Title: _____

Signature: _____

Date: _____

PROJECT DESCRIPTION & FUNDING REQUEST

A. Brief description of your agency’s present program(s) to serve the public. (Mission Statement)

B. Project Name _____

C. Specific Location (block/address) _____

Map - Attach map noting project site **and service area** of beneficiaries

D. Project Description and Anticipated Accomplishments during the 36th 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 Anytown’s southside neighborhood; or Youth Services – Afterschool academic program for 7th grade students in the Anytown School District. Approximately 75 students will benefit during the program year.

Public Facilities and Improvements: Complete roof replacement at ABC Community Center that serves the following community groups: [list groups and percentage of time allocated to their programs].

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

\$ _____

F. Public Service Eligibility

In order to utilize CDBG funds for a Public Service, the service must be either a new service or a quantifiable increase in the level of an existing service and meet the 51% low/mod criteria (at least 51% of the participants must be documented as being low/mod income individuals or families).

1. Is this service a continuation of a current activity? Yes _____ No _____

If yes, explain how this service is eligible.

2. Is this service new or an expansion of a current activity? Yes _____ No _____

If no, explain how this service is eligible.

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

G. 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 community center converted with CDBG funds, or, 75 persons have improved access to employment through a job training program teaching business computer skills).

* 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.

H. Experience: Describe the experience of your organization in implementing the activities that you have proposed in the application. Specifically, include the years of experience of staff and your organization.

I. Timeliness - What steps have been undertaken, or will be undertaken, to ensure timely completion of this project or activity?

J. Anticipated Project Start date: _____

K. Anticipated Project Completion date: _____

ELIGIBILITY CRITERIA/PROGRAM BENEFIT

All projects receiving CDBG financial assistance from the Nassau County OHIA must meet a CDBG national objective. Nassau County will accept applications for low/moderate income benefit activities.

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

The HUD CDBG regulations require that all funded activities meet one of the Program's national objectives. Public Service activities can qualify by meeting the needs of primarily low and moderate income persons in different ways. Please check the **one** category that best describes the activity and complete the appropriate subsection.

A. Low/Mod Benefit Category

- Benefits low/moderate income persons on an area-wide basis (the service is available to all of the residents of an area whose residents are primarily low and moderate income.

Area Benefit - Indicate low/mod census tract and block groups. _____

or provide a description of the area boundaries:

- Benefits low/moderate income persons on a direct, limited clientele basis (at least 51%)

Direct Benefit - Identify applicable income guidelines and any restrictions on participation.

B. Record Keeping and Reporting

Please indicate how your organization is able to document the income status of the targeted beneficiaries: (Please note, the CDBG regulations at 24 CFR 570.208(a)(2) indicate that “Activities that exclusively serve a group of persons in any one or a combination of the following categories may be presumed to benefit persons, 51 percent of whom are low- and moderate-income: abused children, battered spouses, elderly persons, adults meeting the Bureau of the Census' Current Population Reports definition of “severely disabled,” homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers.)

C. Beneficiary Group Information

Type of Beneficiary Proposed (<u>Check Only One</u>):	Proposed Number
<input type="checkbox"/> 1 People – General	_____
<input type="checkbox"/> 2 Youth	_____
<input type="checkbox"/> 3 Elderly	_____
<input type="checkbox"/> 4 Households	_____
<input type="checkbox"/> 5 Large households	_____
<input type="checkbox"/> 6 Small households	_____
<input type="checkbox"/> 7 Elderly households	_____
<input type="checkbox"/> 8 Businesses	_____
<input type="checkbox"/> 9 Organizations	_____
<input type="checkbox"/> 10 Housing Units	_____
<input type="checkbox"/> 11 Public facilities	_____
<input type="checkbox"/> 12 Feet of Public Utilities	_____
<input type="checkbox"/> 13 Jobs	_____

D. Additional HUD Activity Set Up Information

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

THREE (3) YEAR PROGRAM DESCRIPTION

Complete Program Budget	Current Program Budget	Funding Requested	Anticipated Funding Request
	2009-2010	36th Year 2010-2011	37th Year 2011-2012
Amount requested from Nassau County OHIA Community Development Block Grant (CDBG) Program	\$	\$	\$
Amount Anticipated from other sources:	XXXXXXXX	XXXXXXXX	XXXXXXXX
List Agency & Program	XXXXXXXX	XXXXXXXX	XXXXXXXX
Other Federal (List)			
1.)			
2.)			
State			
1.)			
2.)			
County			
1.)			
2.)			
Local Gov't			
Program Income			
Organizational Contribution			
Total Project Costs			

* List additional sources on a separate piece of paper if necessary.

LOCAL COMMUNITY SUPPORT/LEVERAGING

Has your organization submitted an application for funding to the local municipality in which the service will take place? YES NO
_____ _____

Did the local municipality commit funds to your program? _____ _____

Is your organization receiving funds from any other County Agency for this or any other program? _____ _____

If yes, please provide a list of the Agencies that have provided funding and the amount you received.

YEAR	AGENCY	FUNDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach copies of correspondence related to your funding request(s).

WHERE TO OBTAIN ADDITIONAL INFORMATION

For additional information on the CDBG Program, including eligibility, national objective compliance, record keeping and other federal requirements please go to:

http://www.access.gpo.gov/nara/cfr/waisidx_04/24cfr570_04.html

For information regarding registering as a charitable organization with New York State go to:

http://www.oag.state.ny.us/charities/forms/forms_faq.html

Current Income limits can be found at:

<http://www.huduser.org/datasets/il/il08/index.html>

ENVIRONMENTAL REVIEW INFORMATION FORM

CDBG ♦ HOME ♦ ESG

ORGANIZATION: _____

Project Name: _____

Activity Code: _____ (Assigned By NC OHIA)

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/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.) 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.

Previous Environmentals – In the case there is any environmental review or record that has already been done 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.