



NASSAU COUNTY
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
40 MAIN STREET - 1st FLOOR
HEMPSTEAD, NY 11550
516-572-1915

Community Development Block Grant (CDBG) Program
Public Service Organization
Grant Application

Federal Fiscal Year 2017 (43rd Program Year)

Name of Organization: _____

Date of Submission: _____

EDWARD P. MANGANO
COUNTY EXECUTIVE



JOHN R. SARCONI
DIRECTOR



**NASSAU COUNTY OFFICE OF HOUSING AND COMMUNITY
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Name of Organization: _____

Address of Organization: _____

Contact Person: _____

Title: _____

Telephone Number: _____

Email Address: _____

Charities Registration #: _____

(Obtained from NYS Attorney General)

Tax ID #: _____

DUNS Number (required): _____

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.

Year(s) in Operation: _____

Funding available from the Nassau County Office of Housing and Community Development (NC OHCD) is received through an allocation from the U.S. Department of Housing and Urban Development (HUD). 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 FY2017 Action Plan to be submitted to HUD for final approval. Nassau County's 2017 Program Year begins on September 1, 2016.

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Please attach the following required documentation to the application. Incomplete applications will be returned.

Check each item that is attached. If you do not attach a particular document, please explain why below:

_____Articles of Incorporation and By-Laws

_____State and Federal Tax Exemption Determination Letters

_____Current List of Board of Directors

_____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 Lease Agreement of building where program takes place

_____Copy of Most Recent Audited Financial Statements Prepared in Compliance with OMB 2 CFR Part 200, *et seq.*

_____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.

_____Copies of Intake Forms for program participants from the previous program year which includes household size, income level, and self-identification of race and ethnicity. Attach a minimum of 10-15 forms (if available) and any other income documentation provided by program participants. Please black out any personal information. If program participants have not been identified at the time of application submission, please forward to Theresa Dukes as soon as they are available.¹ This is not applicable for low/mod area benefit public services.

Explanation:

¹ ***HUD is requiring NC OHCD to maintain these records on-site in order to determine program eligibility. NC OHCD will be requesting updated intake forms for the program participants during the program year upon voucher submission.

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All client intake forms must contain the following language:

“I certify that the above information is accurate to the best of my knowledge. While I have been assured that the information is kept confidential, I am aware that it is subject to verification by the agency providing services, the Nassau County Office of Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documents if requested.”

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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: _____

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I. PROJECT DETAIL

A. Description of your agency's Mission Statement (Attach additional information as necessary)

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B. Project Name:

C. Specific Location (block/address):

D. Budget Request: _____

**E. Project Description and Anticipated Accomplishments during the Program
Year (be specific):**

F. Anticipated Program Start date: _____

Anticipated Program Completion date: _____

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II. PRIORITIES

A. Which priority does activity address (check all that apply):

- ☐ Affordable Housing
- ☐ Downtown Revitalization
- ☐ Transit Oriented Development
- ☐ Economic Development
- ☐ Green/Energy Efficiency
- ☐ Leveraging of CDBG Dollars
- ☐ Public Service

B. Does the activity (check all that apply):

- ☐ Support and promote integrated communities and improve integrated living patterns? (i.e., public service activities, multifamily rehabilitation, acquisition of property for public purpose, and homeownership assistance)
- ☐ Reduce racially and ethnically concentrated areas of poverty? (i.e. economic development, public service activities, and homeownership assistance)
- ☐ Respond to identified disproportionate housing needs of persons protected under the Fair Housing Act? (i.e. residential rehabilitation – for handicapped accessibility improvements, code enforcement, and public housing rehabilitation)
- ☐ Foster and maintain compliance with civil rights and fair housing laws? (i.e., housing counseling, and landlord/tenant counseling)
- ☐ Address disparities in access to key community assets which may provide greater mobility and access to vital assets including economic opportunities, employment, health, transportation and quality education? (i.e. downtown revitalization, public facility and infrastructure improvements, handicapped accessibility improvements, commercial rehabilitation, public service activities, and transportation activities).

C. Does this activity address any of the ten (10) Impediments to Fair Housing as identified in the Nassau County Analysis of Impediments to Fair Housing Choice (“AI”) located at <https://www.nassaucountyny.gov/4217/2015-Analysis-Impediments?activeLiveTab=widgets>?

(check all that apply):

- ☐ Impediment #1: Discrimination in the Nassau County Housing Market
- ☐ Impediment #2: Lending Policies, Practices and Disparities
- ☐ Impediment #3: Lack of Vacant Land and High Cost of Land in Nassau County
- ☐ Impediment #4: Limited Availability of Funds

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- _____ Impediment #5: Public Policy, Zoning and Local Opposition
- _____ Impediment #6: Limited Not-for-profit Capacity
- _____ Impediment #7: High Construction Cost and High Property Tax Burden
- _____ Impediment #8: Abandoned/Deteriorated Housing
- _____ Impediment #9: Employment/Housing/Transportation Linkage
- _____ Impediment #10: Insufficient Understanding of “Reasonable Accommodations”

III. PROGRAM ELIGIBILITY

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 choose the **one** category that describes the activity benefit and complete the appropriate subsection.

A. Low/Mod Benefit Categories

Low/Mod Limited Clientele (Direct Benefit): Yes_____ No_____

The limited clientele category is a way to qualify specific activities under the Low/Mod Income (LMI) benefit national objective. Under this category, 51% of the beneficiaries of an activity have to be Low/Mod Income persons. Activities in this category provide benefits to a specific group of persons rather than everyone in an area. It may benefit particular persons without regard to their residence, or it may be an activity that provides a benefit to only particular persons within a specific area.

Low/Mod Area Benefit: Yes_____ No_____

The area benefit category is the national objective used for activities that benefit a residential neighborhood. An area benefit activity is one that benefits all residents in a particular area, where at least 37.98% (Nassau County exception criteria) of the residents are Low/Mod Income persons.

Describe the service area that will be benefit from this public service (attach a map):

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B. Additional Low/Mod Benefit Categories (Only If applicable, check **one**)

Presumed Benefit: Yes_____ No_____

*Presumed Benefit activities are those that benefit only **one** of the following categories: (Reference: 24 CFR 570.483(b)(2)(ii)(A))*

abused children _____	homeless _____
battered spouses _____	illiterate persons _____
elderly _____	persons living w/ AIDS _____
severely disabled adults _____	migrant farm workers _____

Nature or Location: Yes_____ No_____

Public Service activity is of such nature and in such location that it may reasonably be concluded that the activity's clientele will primarily be L/M income persons (for example, a day care center that is designed to serve residents of a public housing complex). Reference: 24 CFR 570.483(b)(2)(ii)(D). If yes, please explain:

The current HUD Income Limits are as follows (subject to change, please verify):

Median Income	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
30%	\$22,300	\$25,500	\$28,700	\$32,700	\$31,500	\$34,400	\$39,950	\$42,050
50%	\$37,200	\$42,500	\$47,800	\$53,100	\$57,350	\$61,600	\$65,850	\$70,100
60%	\$44,600	\$51,000	\$57,350	\$63,700	\$68,800	\$73,900	\$79,000	\$84,100
80%	\$59,450	\$68,000	\$76,500	\$84,950	\$91,750	\$98,550	\$105,350	\$112,150

HUD Median Income \$106,200

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C. Beneficiary Group Information:

Type of Beneficiary (Choose **One**):

____ People ____ Youth ____ Elderly ____ Households ____ Businesses,
____ Organizations ____ Housing Units ____ Public Facilities ____ Jobs

Proposed Number of Beneficiaries: _____

Type of Service:

Senior Services	_____	Handicapped Services	_____
Legal Services	_____	Youth Services	_____
Transportation Services	_____	Substance Abuse Services	_____
Battered and Abuse Spouses	_____	Employment Training	_____
Crime Awareness	_____	Fair Housing Activities	_____
Tenant/Landlord Counseling	_____	Child Care Services	_____
Health Services	_____	Abused Children Services	_____
Mental Health Services	_____	Housing Counseling	_____
Food Banks	_____	Other	_____

D. Service Information:

In order 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*** and meet the 51% low/mod criteria (at least 51% of the participants must be documented as being low/mod income individuals or families).

Please describe how this activity is eligible:

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IV. ORGANIZATIONAL INFORMATION

- A. 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 (Attach any additional info.)

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B. Outreach: 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).

C. Timeliness - What steps will be taken to ensure timely completion of this project or activity?

D. Additional HUD Activity Set Up Information (Check all that apply):

Is the Primary Purpose of the activity to:

☐ Help Prevent Homelessness ☐ Help Those with HIV/AIDS
☐ Help the Homeless ☐ Help Persons with Disabilities

E. Beneficiary Income Verification

Describe how your organization will document the income status of the targeted beneficiaries (i.e. Income tax return document):

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V. PUBLIC FACILITIES AND IMPROVEMENTS

If funds are being requested to undertake **IMPROVEMENTS TO FACILITIES** utilized by your organization, please answer the following questions.

BUILDING DETAIL

A. Who Owns the Facility? _____

B. If you do not own the facility, does your organization have a lease or use agreement with facility? Please attach agreement.
___ Yes ___ No ___ N/A

C. Is the building available for public use? ___ Yes ___ No

D. What are the current uses of the facility? Provide details as follows for each room in the facility (i.e. Assembly Room, Kitchen, Office, etc.):

i. Room 1: _____

- who utilizes the room?

- what days per week?

- what is the square footage?

ii. Room 2: _____

- who utilizes the room?

- what days per week?

- what is the square footage?

iii. Room 3: _____

- who utilizes the room?

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- _____
- what days per week?

- _____
- what is the square footage?
- _____

iv. Room 4: _____

- who utilizes the room?

- _____
- what days per week?

- _____
- what is the square footage?
- _____

E. BUDGET

Detail your funding request (i.e roof replacement - \$10,000*):

<u>Item</u>	<u>Budget Request</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total \$ _____	

*** Any project costing over \$2,000 must use Davis-Bacon Prevailing Wages – see <https://www.dol.gov/whd/govcontracts/dbra.htm> for more information.

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F. PROJECT TIMELINE

<u>Phase</u>	<u>Anticipated Completion Date</u>
1. Architectural/Engineering	_____
2. Bid Phase	_____
3. Construction Phase	_____
4. Project Completion	_____

VI. ADDITIONAL INFORMATION

- A. 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 (Attach any additional info.)

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LEVERAGING OF OTHER FUNDING AGENCIES

Please list other sources of funding you have applied for or have received for the upcoming program year

Other Federal		
1)		
2)		
3)		
State		
1)		
2)		
Local Government (including the municipality which you provide services)		
1)		
2)		
3)		
Organizations Contribution (List Sources)		
1)		
2)		
3)		

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

If CDBG were not available, what alternative funds would be available for this Service?

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:

<https://www.hudexchange.info/programs/cdbg-entitlement/>

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ENVIRONMENTAL REVIEW INFORMATION FORM
CDBG ♦ HOME ♦ ESG

Organization: _____

Project Name: _____

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.

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.

Questions or concerns regarding the environmental review process can be directed to: Donald Crosley, Environmental Review Supervisor, at: (516) 572-1919 or dcrosley@nassaucountyny.gov