



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

## **Emergency Shelter Grant (ESG) Program Funding Application**

**Federal Fiscal Year 2009**

**THOMAS SUOZZI**  
**COUNTY EXECUTIVE**



**PATRICK DUGGAN**  
**DEPUTY COUNTY EXECUTIVE**



**NASSAU COUNTY OFFICE OF HOUSING AND INTERGOVERNMENTAL AFFAIRS  
EMERGENCY SHELTER GRANTS APPLICATION**

**Please attach the following check list and requested documents to the application. The application will not be processed without the following documents.**

**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**
- ☐ **Resume of Program Administrator**
- ☐ **Resume of Fiscal Officer**
- ☐ **Copy of Most Recent Audited Financial Statements**
- ☐ **Completed Environmental Review Information Form (Enclosed)**
- ☐ **Copy of Deed for all properties or Lease Agreements**
- ☐ **Copy of most recent Property Tax Bill**

**NASSAU COUNTY OFFICE OF HOUSING AND INTERGOVERNMENTAL AFFAIRS  
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**I. General Organizational Information**

- A. Applicant Organization: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Contact Person: \_\_\_\_\_
- D. Year(s) shelter has been functioning: \_\_\_\_\_
- E. Telephone Number: \_\_\_\_\_
- F. Fax Number: \_\_\_\_\_
- G. Email Address: \_\_\_\_\_
- H. Total Amount of ESG Dollars Requested: \$\_\_\_\_\_
- I. Total Amount of ESG Dollars Awarded To Your  
Organization by Nassau County in 2008: \$\_\_\_\_\_

**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 Nassau County's 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.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**II. Activity Information**

- A. Brief description of your agency present program(s) to serve the homeless. Include target population, services, housing and etc. (Your mission statement)**

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- B. Project Name** \_\_\_\_\_

- C. Specific Location (block/address)** \_\_\_\_\_

<b>1. Owned</b>	<b>(attach deed)</b>	<b>YES</b>	<b>NO</b>
<b>2. Rented</b>	<b>(attach lease)</b>	<b>YES</b>	<b>NO</b>

- D. Project Description and Anticipated Accomplishments during the Program Year:**  
Provide a detailed description of proposed activity, including the number of persons expected to be served. If essential services are to be provided by another entity or at a separate location, please identify the entity and/or location. For rehabilitation work, please be as descriptive as possible.

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- E. Please circle all applicable proposed program activities in accordance with 24 CFR § 576.3 (See attached Appendix A for definitions of terms)**

**Essential Services**

**Homeless Prevention Activities**

**Renovation**

**Operating Expenses**

**Rehabilitation**

**Conversion**

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- F. If funding for essential services or homeless prevention services is being sought, is the service a new service:**
- | YES   | NO |
|-------|----|
| <hr/> |    |

- G. Proposed Activity Budget:** (Include all sources. Additional Information requested on pg 3)
- \$ 

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- H. Performance Measurement \***

Please provide a description of the expected outcome of this activity. (Ex. 200 persons have new access to a shelter for the purpose of providing decent housing, or, rehabilitation of existing shelter has reduced the operating costs due to energy efficiency improvements.)

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- I. 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.

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

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

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

**M. 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?	_____	_____

**III. Organizational Budget Information**

**A. Total Program Budget**

Please provide a program budget listing all expected sources of funds. Attach copies of any funding commitment letters or requests for funding from all other sources.

Total Program Budget	2008 Budget	Funding Requested for 2009	Anticipated 2010 Funding Request
<b>A. Budget</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>\$(000's)</b>
Nassau County ESG			
Other Federal (List)			
1.)			
2.)			
3.)			
State			
Nassau County DSS			
Local Government			
Private			
Organizational Contribution (List Sources)			
1.)			
2.)			
3.)			
Total Project Cost:			

If more space is needed, please attach separately

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### B. ESG Budget Details

Please provide a detailed budget of the intended use of the requested Emergency Shelter Grants funding. ( See attached Appendix A for definitions of terms)

ESG Funding Request Program Budget	Operations	Rehabilitation	Essential Services	Homeless Prevention Services
	10% Limit on Staff Costs		Limited to 30% of County Allocation	Limited to 30% of County Allocation
<b>B. Program Budget</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>\$(000's)</b>	<b>\$(000's)</b>
Total Project Cost:				

**C. Describe Your Three-Year Plan for Funding the Subject Activity**

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## IV. Past Performance

**A. Please describe any past experience with the Emergency Shelter Grants Program**

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**B. Please provide a summary of the past three (3) years of ESG funding from the Nassau County OHIA:**

<b>Program Year</b>	<b>Services</b>	<b>Rehabilitation</b>	<b>Operations</b>	<b>Total</b>
<b>FY 2005 (9/05 – 8/06)</b>				
<b>FY2006 (9/06 – 8/07)</b>				
<b>FY2007 (9/07 – 8/08)</b>				



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**Appendix A**

**Eligible Activities**

The following are Eligible Activities as defined by the Emergency Shelter Grants Program regulations promulgated by the U.S. Department of Housing and Urban Development (HUD) 24 CFR § 576.3 :

- **Essential Services:** Services concerned with employment, health, drug abuse, and education. Such services may include (but are not limited to):
  - (1) Assistance in obtaining permanent housing.
  - (2) Medical and psychological counseling and supervision.
  - (3) Employment counseling.
  - (4) Nutritional counseling.
  - (5) Substance abuse treatment and counseling.
  - (6) Assistance in obtaining other Federal, State, and local assistance including mental health benefits; employment counseling; medical assistance; Veteran's benefits; and income support assistance such as Supplemental Security Income benefits, Aid to Families with Dependent Children, General Assistance, and Food Stamps;
  - (7) Other services such as child care, transportation, job placement and job training; and
  - (8) Staff salaries necessary to provide the above services.
- **Operating Expenses:** Shelter maintenance and operation, rent, repairs, security, fuel, equipment, insurance, cost of auditing and accounting expenses to administer grant, utilities, food and furnishings and other ordinary day to day expenses.
- **Homeless Prevention Activities:** Activities and programs designed to prevent the incidence of homelessness, including (but not limited to):
  - (1) Short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices;
  - (2) Security deposits or first month's rent to permit a homeless family to move into its own apartment;
  - (3) Mediation programs for landlord-tenant disputes;
  - (4) Legal services programs for the representation of indigent tenants in eviction proceedings;
  - (5) Payments to prevent foreclosure on a home; and
  - (6) Other innovative programs and activities designed to prevent the incidence of homelessness.
- **Rehabilitation:** Labor, materials, tools, and other costs of improving buildings, other than minor or routine repairs. The term includes any rehabilitation costs to an emergency shelter building, including the cost of changing the use of a building to an emergency shelter provided that the rehabilitation cost does not exceed 75 percent of the value of the building before the change in use.
- **Renovation:** Rehabilitation that involves costs of 75 percent or less of the value of the building before rehabilitation.
- **Conversion:** A change in the use of a building to an emergency shelter for the homeless, where the costs of conversion and any rehabilitation cost exceed 75 percent of the value of the building after conversion.

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

ORGANIZATION: \_\_\_\_\_

- ☐ **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: Amalya Winters, Community Development Representative, at: 516-571-0400 or [AWinters@NassauCountyNY.gov](mailto:AWinters@NassauCountyNY.gov)