



TOWN OF BABYLON
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
Fiscal Year 2021
INSTRUCTIONS FOR PROGRAM PROPOSALS

PLEASE READ THE INSTRUCTIONS BELOW CAREFULLY BEFORE YOU FILL OUT THE APPLICATION

Grant Overview

Community Development Block Grant (CDBG)

The Community Development Block Grant (CDBG) Program is authorized under Title I of the Housing and Community Development Act of 1974, as amended. The Town of Babylon is an Entitlement Community and receives an annual allocation of CDBG and HOME funds directly from the U.S. Department of Housing and Urban Development (HUD). The regulations implementing the CDBG Program are found at 24 CFR Part 570 and 2 CFR part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Requirements"). To review the regulations in their entirety, visit HUD's website at www.hud.gov.

Consolidated Plan

HUD requires all participating jurisdictions to submit a long-range strategic planning document called a Consolidated Plan. The Town of Babylon is currently functioning through its 2020-2024 Consolidated Plan. Consolidated Plans describe the housing and community development needs of the Town of Babylon for a five-year period. This document represents the Town of Babylon's vision for improving the quality of life in the low-income areas of the town and provides details on how specific goals will be accomplished. It is through the Consolidated Plan that the Town of Babylon determines its funding priorities each program year. As conditions change, the Consolidated Plan may be amended.

Annual Action Plan

The Annual Action Plan is the annual update to the Consolidated Plan. The plan describes resources available, how those resources are to be utilized, including funded projects, and the geographic distribution of those resources. The planning process has been specifically created to assist in mapping one-year actions for community development and making good use of available federal, state, and local resources.

Town of Babylon Geographic Distribution of Funds

Projects must primarily benefit low- and moderate-income residents of the Town of Babylon. Activities provided town-wide include public services, homebuyers' assistance, housing rehabilitation, and homeless prevention and assistance. Any funded program/ project must be located in a HUD-defined low to moderate-income census block.

2020-2024 Consolidated Plan Measurable Objectives

By regulation, HUD grant funds must be used to meet the Measurable Objectives of the Town of Babylon Consolidated Plan. Measurable Objectives are developed after an analysis of existing conditions, community needs, and an extensive citizen participation process.

Public Services

Public services are social service activities in the community that benefit low- to moderate-income residents.

Eligible Organizations

Non-profit organizations that deliver services to low- and moderate-income clients within the Town of Babylon may apply for CDBG funding through the Town of Babylon's Department of Community Development. ***All non-profit organizations must have an IRS-granted nonprofit status at the time of application to receive funding through the Town of Babylon.***

Documentation of Client Eligibility

In accordance with CDBG regulation 24 CFR 570.506, organizations must acquire information to determine client eligibility, as well as for general reporting purposes. These guidelines are discussed at the conclusion of the National Objectives section.

Application

Organizations applying for CDBG funding for public services through the Town of Babylon must complete the application and include applicable documentation. Please read the application carefully and complete all sections relevant to your activity.

Incomplete applications will not be considered for funding.

Program Participation

Participation must be voluntary for the beneficiaries of the HUD-funded programs.

Match Requirements

CDBG regulations do not require matching funds on behalf of the sub-recipient as do some federal programs; however, limited CDBG funds **cannot support 100 percent of any program**. The Town of Babylon **highly recommends** that organizations provide leverage funds. Leverage fund sources include contributions derived from nonfederal sources and the value of third party in-kind contributions (i.e. volunteers, personnel, office space, materials, equipment, and supplies).

Meeting a HUD National Objective

CDBG funded activities must meet one of the three HUD National Objectives below:

- Benefit **low moderate** areas in the Town of Babylon and/or low moderate individuals
- Eliminate **slum and blight**
- Meet **urgent** community development **needs** local govt. unable to fund on its own

CDBG Public Service applicants must meet the National Objective regarding benefit to low- and moderate-income persons/area in order to receive funding. (24 CFR 570.201(e)). All proposals will be reviewed based upon US Department of HUD CDBG criteria that the project should be new or enhance an existing program.

Low- and moderate-income is defined as being less than 80 percent of the median family income for the area. See ATTACHMENT 4 for FY 2020 HUD Income Guidelines.

Please note: All information used to verify the program's national objective criteria must be documented, verifiable, and maintained in the sub-recipients' records on-site. Please read details on documentation requirements below the subcategory description.

Limited clientele

Limited clientele activities benefit a limited number of people rather than everyone in a defined area. At least 51 percent of those persons served must be low- and moderate-income persons. These activities must meet one of the following criteria:

- Benefit a clientele generally presumed by HUD to be principally low- and moderate income, i.e. abused children, elderly persons, battered spouses, homeless persons, severely disabled adults, illiterate adults, persons living with AIDS, or migrant farm workers; or
- Require information and documentation on family size and income in order to show that at least 51 percent of the clientele are low- and moderate-income; or
- Have income eligibility requirements limiting the activity to low- and moderate-income persons; or
- Be of such nature and in such a location that it can be reasonably concluded that the activity's clientele will primarily be low- and moderate-income; or
- Be an activity that provides job training and placement and/or other employment support services when the percentage of low- and moderate-income persons assisted is less than 51 percent. Examples include, but are not limited to, peer support programs, counseling, childcare, transportation, and other similar services.

[Note: Some restrictions apply to these activities. See §570.208(a) (2) (iv).]

For each activity, one of the following types of documentation must be kept:

- Documentation showing that the activity is designed to be used exclusively by a segment of the population presumed by HUD to be low- and moderate-income persons; or
- Documentation describing how the nature and the location of the activity establishes that it will be used predominantly by low- and moderate-income persons; or
- Data showing the size and annual income of the family of each person receiving the benefit.

COMMUNITY DEVELOPMENT OBJECTIVES

(A minimum of one objective must be addressed in the project narrative.)

- To conserve and improve the existing housing stock.
- To provide a safe water supply in areas where contaminated private wells have been identified.
- To aid in the physical upgrading and general revitalization of older commercial areas.
- To eliminate flooding, drainage problems and substandard Public Street conditions, especially in areas where such conditions have an adverse effect on housing or pedestrian safety.
- To improve and expand facilities and provide project operating funds for public and private, not for profit, service organizations.
- To provide programs and activities serving the elderly, the handicapped and lower income persons.
- To aid in the elimination and prevention of blighting conditions.
- To stimulate economic development and increase job opportunities.
- To improve the amenities of life through assistance for recreational, historical and beautification activities.

The Town of Babylon Department of Community Development can make this application available to you via e-mail. If you would like a copy e-mailed to your organization, please email Max Jacob at mjacob@townofbabylon.com

ELIGIBLE ACTIVITIES

In order for an activity to be eligible for funding under the Community Development Block Grant Program (CDBG), the following two criteria must be met:

- All projects must either meet the needs of low and moderate-income people, or aid in the prevention or elimination of slums and blight, or meet other community development needs having a particular urgency.
- All projects must address at least one of the eligible activities listed in 24 CFR 570.201 and 24 CFR 570.202. This information is attached herewith.

Note: The proposed project must benefit low and moderate-income people.

INELIGIBLE ACTIVITIES

The following list of ineligible activities is merely illustrative and is not a complete list of ineligible activities:

Public works and facilities not specifically cited as eligible, including:

1. Acquisition, construction, or reconstruction of buildings for the general conduct of government;
2. Buildings for the general conduct of Government.
 - a. Schools and educational facilities.
 - b. Airports, subways and transit terminals.
 - c. Hospitals, nursing homes and medical facilities.
 - d. Treatment works for sewage or liquid industrial waste.
3. Purchase of construction equipment or furnishings except in special instances.
4. Operating and maintenance expenses.
5. General Government expenses.
6. Political activities.
7. New housing construction
8. Income payments
9. Substitution of CDBG funds for current levels of state or local governmental funding for a service is prohibited.

Please see the attached regarding Eligible and Ineligible Activities under CDBG funding.

Minimum Criteria for Receipt of Funding

The proposed program/facility must:

- Provide services that benefit primarily low- to moderate-income persons residing in the Town of Babylon;
- Meet at least one of the Consolidated Plan Measurable Objectives; and
- Meet a HUD National Objective

Application Process Overview

Applicants must complete the application in a professional manner, with all sections properly completed, as well as demonstrate knowledge in the proposed program or project type. Organizations

must demonstrate financial viability of their organization's capacity to operate a federally funded program. Town of Babylon funds are provided to awarded projects on a reimbursement basis only. This means that funds will be available to the organization *after* it has paid for eligible project costs. However, no costs incurred prior to contract approval will be reimbursed.

Staff will evaluate proposals based on information provided in the submitted application and **will not request missing information.**

Financially viable organization

A financially viable organization is one that is able to:

- Operate for a minimum of 180 days pending reimbursement without financial hardship;
- Demonstrate an existing and consistent cash flow; and
- Have a separation of duties for personnel time allocations, etc.
- Organizations that are current sub-recipient agencies must be in good standing with the Town of Babylon (i.e. have no outstanding reporting delinquencies, outstanding monitoring findings, or program capacity issues) in order to be considered for funding.

Please note that this funding is dependent on the Town receiving CDBG funds from HUD. The program should be able to operate regardless of receipt of these funds.

Disbursement of Funds

For Public Services awardees, **reimbursement** to sub-recipient agencies will be made upon the receipt of required documentation, for the amount specified in the contract. All funded organizations are required to submit their requests for reimbursement on the provided Community Development voucher. The voucher should list in detail the reimbursement request.

All expenses that are being reimbursed with CDBG funds must have appropriate back up and documentation as to why that is an eligible cost. Vouchers lacking sufficient detail will not be reimbursed until all of the information has been provided to the Department of Community Development.

No reimbursement will be paid without proof of payment.

No part of the Grant will be applied to any expenses paid or payable from any other external funding source, including State or Federal grants, or grants from any other public or private source.

Quarterly Reports and Performance Reports

Performance reports and Quarterly Reports are required to be submitted in a timely manner. Past / present performance and compliance of a sub-recipient will be evaluated during funding the agency.

Monitoring Reviews

Monitoring is an important component of the allocation process. Therefore, it is critical that the Town of Babylon and its sub-recipient agencies maintain the appropriate documentation to support their activities in accordance with Federal guidelines and the Town of Babylon Department of Community Development reporting requirements.

All sub-recipient agencies are required to submit documentation for the performance, eligibility, reimbursement, and characteristics of individuals served (e.g. race, ethnicity). This information is reviewed as part of the monthly desk review.

The Department of Community Development will conduct annual on-site monitoring of organizations. HUD representatives may also make on-site visits as a part of their monitoring visits to the Town of Babylon.

The Town's Internal Auditor may also conduct on-site monitoring in certain circumstances. Client files may be reviewed by Town staff to ensure compliance with HUD guidelines. Organizations, by contract, must verify and maintain income data for each client. These records must be maintained for at least five years after the end of the annual contract.

In conducting performance reviews, the Town of Babylon will rely on information obtained from the sub-recipient agency's performance reports, maintained records, findings from on-site monitoring, and audit reports. Performance monitoring reviews typically result in a formal written report from Town of Babylon summarizing the monitoring review and indicating whether or not the sub-recipient agency was found to be in noncompliance with any applicable regulations or requirements. If findings or concerns are presented in a monitoring report, the sub-recipient agency is given a specific time frame in which to respond to the reported deficiencies. In addition, the Town of Babylon may either provide sub-recipient agencies with recommended corrective action or require sub-recipient agencies to submit proposals for corrective actions for approval.

Recordkeeping

Accurate recordkeeping is crucial to the successful management of grant-funded activities. Insufficient documentation is likely to lead to monitoring findings, and these findings will be more difficult to resolve if records are missing, inadequate, or inaccurate. Organizations receiving funding must complete an application for each individual and household client and maintain supporting documentation in participant files. If it is determined at the time of monitoring that the supporting documentation is incorrect or insufficient, reimbursement will be denied for costs associated with the ineligible expense(s).

Access to Records/Maintenance of Records

HUD and the Comptroller General of the United States or their authorized representatives have the right to access Grantee and sub-recipient program records. Recipients of HUD funds must keep documentation on funded programs for five years beyond the project/program closeout.

Inadequate Performance or Non-Compliance

If a sub-recipient agency or its funded activity is found to be out of compliance with Federal regulations or with any of the terms stipulated in the contract, funding can be withheld until compliance is achieved. In the event that compliance cannot be achieved, funding may be terminated. Additionally, funding may be withheld from any sub-recipient agency who does not accurately submit monthly reports on time. Reimbursements will resume when there are acceptable reporting procedures. If performance is found to be substantially inadequate in meeting the stated objectives and measures, the sub-recipient agency may be required to submit a written explanation.

Inadequate program performance by sub-recipient agencies may adversely affect future CDBG funding requests to the Town.

Performance Measurement System

Federal agencies are required to measure the outcomes of their programs to document program effectiveness, increase service quality, and improve public accountability. Program results are directly

linked to funding decisions and public support for programs. HUD's new performance measurement system provides a consistent method to access data from grantees and aggregate the data nationally to demonstrate the positive impact CDBG is making at a national level.

Recipients of CDBG funds are required to meet one of the three outcomes and one of the three objectives listed below. Additionally, specific indicators are required for each activity based on the objectives and outcomes selected. Common indicators include information such as number of persons served, number of jobs created, number of housing units assisted, income levels of persons assisted, and race/ethnicity. Town staff will work with recipients of HUD funds to ensure that the requirements of the new performance system are met.

Conflict of Interest

The standards in OMB Circular A-110, Subpart C, provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or perceived conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated in the contract has a financial or other interest in the firm selected for an award.

Insurance

The agency shall carry sufficient insurance coverage to protect contract assets from loss due to theft, fraud and/or undue physical damage. In addition, the agency shall have general commercial liability insurance protecting the Owner, Town of Babylon and its agents, servants, employees, directors and officers and shall be written for not less than \$1,000,000/\$2,000,000 an occurrence for injury to persons and not less than \$100,000 for damages to property. Certifications of proof of such insurance shall be filed with the Town prior to commencement of work and the Town is to be listed as a certificate holder and additionally insured. The agency shall hold harmless, defend and indemnify the Town and its CDBG Administrator and their assignees from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the agencies' performance or nonperformance of the services or subject matter called for in this Agreement. The agency shall provide Worker's compensation Insurance and Disability Insurance coverage for all its employees involved in the performance of this Agreement and provide evidence of same on forms acceptable to the Town.

Evaluation of Applications

Proposals will be evaluated in the following areas:

1. Organizational capacity and relevant experience
2. Evidence of need for service
3. Statement of Work/Service Plan
4. Budget Narrative
5. Financial Management
6. Availability of Funding
7. Past Performance and compliance meeting all requirements including but not limited to reporting and reimbursement



**TOWN OF BABYLON
DEPARTMENT OF COMMUNITY DEVELOPMENT
200 E. Sunrise Highway
LINDENHURST, NEW YORK 11757
(631)957-4465
CDPInfo@townofbabylon.com**

FISCAL YEAR 2021
Community Development Block Grant (CDBG)
Public Services and Public Facility Improvement Application
COVER SHEET

GENERAL INFORMATION

ORGANIZATION NAME: _____

PROGRAM NAME: _____

PROGRAM APPLYING FOR FUNDS FOR:

_____ PUBLIC SERVICE PROJECT
_____ FACILITY IMPROVEMENT

FUNDS REQUESTED \$ _____

ADDRESS: _____

PHONE: () _____ CONTACT PERSON: _____

FAX NO: _____

E-MAIL ADDRESS: _____

FEDERAL IDENTIFICATION NUMBER: _____

DUNS NUMBER: (D&B DATA UNIVERSAL NUMBERING SYSTEM) _____

DOS CHARITABLE ORGANIZATION NUMBER: _____

ARE YOU CURRENTLY RECEIVING CDBG FUNDING? YES [] NO []

HOME FUNDING? YES [] NO []

HAS YOUR ORGANIZATION EVER BEEN SANCTIONED, TERMINATED, OR DEBARRED BY ANY FUNDING SOURCE? **YES [] NO []**, IF YES ATTACH A SEPARATE SHEET WITH EXPLANATION TO THIS FORM.

Facility Improvement projects* are due by noon on or before **December 30, 2020*

Public Service projects* are due by noon on or before **December 30, 2020*

CHECKLIST

All the items listed below are needed even if it has been previously provided. Please make sure all items are included when submitting the application to the Community Development Department. ***Sign, date and submit this checklist with your application.***

- CERTIFICATE OF INCORPORATION (501 C3) W-9
- ORGANIZATION'S MOST RECENT AUDIT OR FINANCIAL STATEMENT
- CERTIFICATE OF LIABILITY INSURANCE (Town of Babylon LISTED AS "ADDITIONAL INSURED")
- WORKERS COMPENSATION CERTIFICATION
- GENERAL INFORMATION
- PROGRAM NARRATIVE (I)
- ESTIMATE OF CONSTRUCTION COSTS* (**For construction projects only**)
- ANNUAL OPERATING BUDGET INFORMATION (II)
- BUDGET NARRATIVE (III)
- BUDGET FLOW CHART (IV)
- SUMMARY AND DOCUMENTATION OF OTHER FUNDING SOURCES (V)
- AGENCY BOARD OF DIRECTORS PROFILE (VI)
- AGENCY DESCRIPTION (VII)
- AGENCY EXPERIENCE (VIII)
- PERFORMANCE MEASUREMENT (IX)
- HUD NATIONAL OBJECTIVES AND OUTCOMES (X)
- FINANCIAL LEVERAGING AND SUMMARY (XI)
- CONTACT INFORMATION AND CERTIFICATION (XII)
- CONFLICT OF INTEREST CERTIFICATION (XIII)
- LOBBING CERTIFICATION (XIV)

I have submitted all of the above information with this application. I understand that incomplete applications will not be considered.

Signature of Authorized Rep. _____ Date _____

Print _____ Title _____

PLEASE FORWARD ALL INFORMATION TO THE FOLLOWING ADDRESS:

Town of Babylon Department of Community Development
200 E. Sunrise Highway
Lindenhurst, New York 11757

General Information – To be filled out by all applicants:

1. Into which category does your organization fall?
 Non-Profit Government Quasi-Government
 Other (please specify) _____

2. In what year was your organization incorporated? _____

3. How long has your organization been providing services in the Town of Babylon?
 New Organization New to Babylon Less than 1 year
 1-3 years 4-10 years 11-19 years 20+ years

4. Does your organization have Non-Profit Certification from the Internal Revenue Service?
 Yes
 No

5. Does your organization have a formal and active Board of Directors?
 Yes, both formal and active
 Formally appointed, but no regular meetings
 No formal appointment, but regular meetings

6. Has your organization managed or attempted to manage this CDBG program before?
 Yes
 No

7. Has your organization ever overseen or attempted to oversee a similar project?
 Yes - If yes, what were the results?
 No

8. Has this program received funding from the Town of Babylon before?
 Yes – Please complete the current or past sub-recipient section
 No – Please complete the new organization section

9. Has your organization ever been cited for misuse of Federal, State, or Local funds and been required to repay them?

Yes No

If yes, please explain:

10. Are there other services or activities similar to your program provided by other organizations in the Town of Babylon?

Yes No

If yes, describe how has your organization looked for ways to partner or leverage program funds or services?

11. What was the gap in service that your program seeks to fill? What makes your organization's program unique?

12. Does your organization have personnel dedicated for grant administration?

Grant Administrator – Yes/ No Name _____

Reporting and Documentation – Yes/ No Name _____

Financial Management – Yes/ No Name _____

13. What mechanisms do you utilize to keep your organization's staff up to date and knowledgeable about grant programs?

14. Is your organization currently seeking funding from other sources for this program?

Yes No

If yes, list the sources that you are seeking funding for this program

Current or Past Sub-Recipients

(Pages 6, 7 to be filled by Sub-recipients who have previously received funding)

1. For how many years has your organization received funds from the Town of Babylon?

- 1 Year
- 2-5 Years
- 6-10 years
- 11+ Years

2. For how many years has this program received funds from the Town of Babylon?

- 1 Year
- 2-5 Years
- 6-10 years
- 11+ Years

3. What was the funding amount and number of clients served for this program the last complete year?

Amount of Prior Funding _____

Year funding received _____

Planned # of beneficiaries served _____

Actual # of beneficiaries served _____

If you did not meet your planned # to be served, please provide an explanation

4. What was the date (mm/dd/yyyy) of your last Town of Babylon monitoring visit?

5. Were there any findings and/ or concerns in your last monitoring visit?

Yes _____ No _____

If yes, please provide the following:

Findings/ Concerns identified

6. If your organization received findings or concerns, how did your organization address any mandated corrective actions outlined by the Town of Babylon

7. Has your organization ever been cited for misuse of Federal, State, or Local funds and been required to repay them

Yes _____ No _____

8. Are there other services or activities similar to your program provided by other organizations in the Town of Babylon?

Yes _____ No _____

If yes, how has your organization looked for ways to partner or leverage program funds or services?

9. Is your organization currently seeking funding from other sources for this program?

Yes _____ No _____

If yes, please list the organization and amount

10. Does your organization have an unexpended CDBG balance from previous years funding?

Yes _____ No _____

Year of Funding _____

Amount Remaining _____

4. Have you received CDBG funding in previous years? YES _____ NO _____

5. Did you meet the goals? If not, state the measures have you taken to ensure goals will be met in the future.

6. Provide a Statement of need for your service:

7. Indicate whether the people to be served are low/moderate income.

8. Indicate the items to be funded by CDBG. If a staff position is to be funded through CDBG, list the position title and the amount funded by CDBG.

II. ANNUAL OPERATING BUDGET INFORMATION
 ITEMIZED BUDGET BREAKDOWN BY CATEGORY OF EXPENSE

Provide the amount of CBDG funds you plan to allocate to each of the categories below. If additional space is needed, add additional sheets behind this page and label them II. ITEMIZED BUDGET BREAKDOWN BY CATEGORY OF EXPENSE. If your project is construction related, please supply a qualified estimate for the work.

- | | | |
|-----|--------------------------------------------------|-----------------------|
| 1. | Salary (breakout by number of employees & Title) | |
| | _____ | \$ _____ |
| | Name & Title | |
| | _____ | \$ _____ |
| | Name & Title | |
| 2. | Consultant(s) | \$ _____ |
| 3. | Rent | \$ _____ |
| 4. | Utilities | \$ _____ |
| 5. | Telephone | \$ _____ |
| 6. | Office Supplies | \$ _____ |
| 7. | Printing | \$ _____ |
| 8. | Postage | \$ _____ |
| 9. | Travel | \$ _____ |
| 10. | Training | \$ _____ |
| 11. | Other (specify) | \$ _____ |
| | | |
| | | TOTAL \$ _____ |

III. BUDGET NARRATIVE

In the space provided below, please provide an explanation for the amounts requested in the ITEMIZED BUDGET BREAKDOWN BY CATEGORY OF EXPENSE. If additional space is needed, add additional sheets behind this page and label them III. BUDGET NARRATIVE.

IV. BUDGET FLOW CHART

Provide a Budget Flow Chart indicating all additional funding source(s) for each category, and their corresponding amount(s) from 2020. Please include CDBG funds where indicated.

| Item | CDBG Funds \$ | *Other Funds \$ | *Source Other Funds | Total \$ |
|--------------------|------------------|-----------------------|---------------------|-------------|
| Salary | | | | |
| Consultant(s) | | | | |
| Rent | | | | |
| Utilities | | | | |
| Telephone | | | | |
| Office Supplies | | | | |
| Printing | | | | |
| Postage | | | | |
| Travel | | | | |
| Training | | | | |
| Dues/Subscriptions | | | | |
| Other (Specify) | | | | |
| Total | \$ | \$ | | \$ |

*List amounts from each source separately.
Use data on following page for information regarding these funding sources.

V. SUMMARY AND DOCUMENTATION OF OTHER FUNDING SOURCES

Please indicate below the source(s) and amount(s) of funding you are receiving from other sponsors. Include a list of the principal sources of funding for your organization, funding patterns for the past three years, and the name, address and phone number of the organization's contact person. Attach letters from the funding sources acknowledging that your organization is applying for CDBG funding.

If you currently are using CDBG funds, indicate the amount of unexpended CDBG funds and the funding year: \$_____ Year _____. Please note that if substantial amounts of previous year(s) funding have not been expended, we will be unable to allocate additional funds.

If additional space is needed, add additional sheets behind this page and label them V. SUMMARY AND DOCUMENTATION OF OTHER FUNDING SOURCES. Attach your documentation for FY 2017, 2018, and 2019 funding sources following this page.

| ANNUAL AMOUNT FOR PAST 3 YEARS | CONTACT PERSON ADDRESS and PHONE NUMBER |
|-----------------------------------|--------------------------------------------|
|-----------------------------------|--------------------------------------------|

FUNDING SOURCE: _____

2018 \$ _____

2019 \$ _____

2020 \$ _____

FUNDING SOURCE: _____

2018 \$ _____

2019 \$ _____

2020 \$ _____

FUNDING SOURCE: _____

2018 \$ _____

2019 \$ _____

2020 \$ _____

VI. AGENCY BOARD OF DIRECTORS PROFILE

Provide in the space below a Board of Directors Profile. If additional space is needed, add additional sheets behind this page and label them AGENCY BOARD OF DIRECTORS PROFILE. Please indicate board officers.

1. Explain the requirements to be a Board Member for your organization

2. Describe the efforts to recruits Board members that represent the diversity of clients served.

3. How many board positions do the by-laws of your certificate of incorporation require? _____

How many board positions are currently occupied? _____

Board Member composition

Number of Males: _____ Number of Females: _____

Number of Town of Babylon residents: _____

Number by Race/ Ethnicity: _____

| NAME & ADDRESS | EMPLOYER & CURRENT OCCUPATION | POSITION ON BOARD AND DATE APPOINTED |
|----------------|-------------------------------|--------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

VII. AGENCY DESCRIPTION

Below please provide an agency narrative including but not limited to: agency mission, history, current services, and special interests or skill areas. If additional space is needed, add additional sheets behind this page and label them VIII. AGENCY DESCRIPTION.

IX. PERFORMANCE MEASUREMENT

PROGRAM ACTIVITIES

A. Identify where and when activities will be occurring. Use the following table to provide the hours and days of operation.

| Site | Day(s) | Time (From ____ To ____) |
|-------------|---------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

B. Develop a sound statement of work/ work plan narrative that details how the program will achieve the goals stated. Include procedures, policies, guidelines, and other applicable narrative. Please describe the ideal long term goal that your program is striving to achieve for participants. Attach additional pages, as necessary:

C. Describe the recruitment process you have in place in order to attract the expected number of participants.

D. If your program requires repeated or sustained attendance, how do you plan on assuring that your participants continue to be involved with your program until the desired outcomes are achieved?

E. Describe how you will measure the success of a CDBG-funded program, including proposed solutions to problems, benefits, and expected results.

F. If applicable, how do you determine eligibility for program participation?

G. Which population will be served by your organization? Please choose one:

Low and moderate-income population

Limited Clientele

H. What is the CDBG eligible activity that will be served by this funding?

Senior Services

Handicapped Services

Legal Services

Youth Services

Employment Training

Fair Housing Activities

Tenant/ Landlord Counseling

Child Care Services

Housing Counseling

(X) HUD NATIONAL OBJECTIVES AND OUTCOMES

OBJECTIVES

Three objectives originate from the statutory purposes of the formula grant program. Choose the best *OBJECTIVE* that represents your organizations objective.

___ Creating a Suitable Living Environment (SL)

In general, this objective relates to activities that are designed to benefit communities, families or individuals by addressing issues in their living environment.

___ Provide Decent Affordable Housing (DH)

The activities that typically emanate from this objective are designed to cover a wide range of housing possibilities under HOME, CDBG or ESG. This objective focuses on housing programs where the purpose of the program is to meet individual, family or community needs and not program where housing is and element of a larger effort (not captured under Creating a Suitable Living Environment).

___ Creating Economic Opportunities (EO)

This objective applies to the types of activities related to economic development, commercial revitalization and job creation.

OUTCOMES

Three outcomes reflect what the CDP seeks to achieve by the funded activity. Choose the best *OUTCOME* that represents your organizations objective.

___ Availability/Accessibility (1)

This outcome category applies to activities that make services, infrastructure housing or shelters available or accessible to low-income people. In this category, accessibility does not only refer to physical barriers, but considers the affordability of the basic needs of daily life to low to moderate-income people.

___ Affordability (2)

The outcome category applies to activities that provide affordability in a variety of ways in the lives of low and moderate-income people. It can include but is not limited to the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day-care.

___ Sustainability: Promoting Livable or Viable Communities (3)

This outcome applies to projects where the activity or activities are aimed at improving a neighborhood by helping make it more livable or viable for principally low and moderate-income people through multiple activities, or by providing services that sustain communities or sections or communities.

INDICATE THE NUMBER OF CLIENTS TO BE SERVED WITH THIS CDBG FUNDING _____

(XI) Financial Leveraging and Budget – To be submitted along with this application

1. Describe funds leveraged with CDBG, if applicable:

| Funding Source | Amount | Status – Approved, Pending, Denied | Award Date |
|----------------|--------|------------------------------------|------------|
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |

2. Cost Per Person Served

| | |
|------------------------------------------|----|
| Total Organizational Budget | \$ |
| Total Program Budget | \$ |
| Total CDBG Request | \$ |
| # Clients to be Served | |
| | |
| Program Budget Divided by Clients Served | \$ |
| CDBG Budget Divided by Clients Served | \$ |

3. Program Budget

| Revenue Source | 2019 Actual | 2020 Estimate | 2021 Proposed |
|-------------------------|-------------|---------------|---------------|
| Contributions | \$ | \$ | \$ |
| Special Events | \$ | \$ | \$ |
| Membership Fees | \$ | \$ | \$ |
| Program Service Fees | \$ | \$ | \$ |
| Other Grants/Foundation | \$ | \$ | \$ |
| CDBG | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |
| Expenses | 2019 Actual | 2020 Estimate | 2021 Proposed |
| Salaries and Benefits | \$ | \$ | \$ |
| Contracts | \$ | \$ | \$ |
| Rent/Mortgage | \$ | \$ | \$ |
| Utilities | \$ | \$ | \$ |
| Supplies | \$ | \$ | \$ |
| Transportation | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

(XII) CERTIFICATION 1: Contact Information and Certification – to be submitted along with completed application

If the proposed project is funded, this form will be used to facilitate correspondence with the Program Agency’s staff. The individual listed as the Program contact should be able to respond to questions regarding the programmatic activities and reports. The individual listed as the Fiscal contact should be able to respond to questions regarding the fiscal activities and reports. Submit a new form each time any of the listed information is revised during the approved contract period. If there is change of address, your agency MUST submit a revised form to the CDBG Program Office, in order for reimbursement payments to be issued properly.

| | |
|------------------------|--|
| Program Contact | |
| Name | |
| Title | |
| Phone | |
| Email | |

| | |
|------------------------|--|
| Finance Contact | |
| Name | |
| Title | |
| Phone | |
| Email | |

| | |
|----------------------|--|
| Grant Contact | |
| Name | |
| Title | |
| Phone | |
| Email | |

| | |
|--------------------------------------------------------------------------------------------------------|--|
| Authorized Contact (Person who is authorized to make commitments on behalf of the organization) | |
| Name | |
| Title | |
| Phone | |
| Email | |

I certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I further certify that no contract have been awarded, funds committed, or construction begun on the proposed program and that none will be done prior to issuance of a Release of Funds by the Town of Babylon.

Signature of Authorized Person Listed

Date

Printed Name

Title

(XIII) CERTIFICATION 2: Conflict of Interest Certification – to be submitted along with completed application

The standards in OMB Circular A-110, Subpart C, provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or perceived conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated in the contract has a financial or other interest in the firm selected for an award.

I certify that to the best of my knowledge and belief, no actual or apparent conflict of interest exists with regard to this program and application. I further certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts.

Signature of Authorized Person Listed

Date

Printed Name

Title

(XIV) CERTIFICATION 3: Lobbying Certification – to be submitted along with completed application

To the best of my knowledge and belief:

No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and

I certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts.

Signature of Authorized Person Listed

Date

Printed Name

Title

UNIFORM CERTIFICATE OF ACKNOWLEDGMENT

STATE OF NEW YORK)

COUNTY OF SUFFOLK) ss.:

On the ____ day of _____, 20____, before me, the undersigned, a Notary Public of said State, personally appeared, _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public