

Town of Babylon

200 E. Sunrise Highway
Lindenhurst, New York, 11757
(631) 957-3000



RICH SCHAFFER
SUPERVISOR

Town of Babylon Direct Support Program

APPLICATION 2021-2022



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Applications can be sent via email to dsp@townofbabylon.com, or mailed to

Direct Support Program

Town of Babylon

200 E. Sunrise Highway

Lindenhurst, NY 11757

They can also be brought to the above address and placed in the

Direct Support Program Dropbox in the main vestibule

Additional information can be found at www.townofbabylon.com

Contact us at dsp@townofbabylon.com or 631-957-4488

Eligibility & Requirements

ASSESSMENT – All eligible applications submitted to this program are subject to evaluation by the review committee.

- Please refer to the Assessment Sheet on the last page of this application to review the categories and evaluating criteria.
- The review committee will award funding at its discretion, based upon its review of all of the applications submitted.
- The Town does not provide design assistance for building and business owners to generate their design proposals. Proposals that best adhere to the spirit of addressing issues relate to COVID-19 or the resultant economic down turn will score higher in the “Consistency with Legislation” category.

EXISTING VIOLATIONS – All outstanding code violations must be addressed in the proposed scope of work or prior to submitting this application.

TIMELINE

- Sixty (60) day reviewing period once application is received.
- Once reviewed, a conditional letter will be sent out stating the applicant has either been awarded funds OR the application did not meet the requirements with feedback as to why the applicant did not receive funds.
- Six (6) months after receiving funding applicants must report documentation of how the funds have been utilized so far by filling out forms provided by the review committee.
- One (1) year after receiving funding, applicants must report documentation of how all funds were utilized by filling out forms provided by the review committee.

ELIGIBILITY

- Business owners/non-profits must provide a statement outlining how the shutdown has had a negative impact on business operations and finances.
- Commercial and non-profits that reside within the Town of Babylon are eligible for funds.
- Commercial property owners are eligible to apply. Individual business owners may apply for funds with written approval from the property owner.
- Permanent improvements to the building envelope are eligible, subject to scoring criteria.
- Business owners/non-profits must provide all 2019 taxes receipts.
- Business owners/non-profits that began their business prior to March 30, 2020 must show their first quarter tax receipts of 2020.

REPORTING REQUIREMENTS

Based on your intended use of funds your reporting requirements will vary.

Generally speaking Businesses and Non-profits will have to report the following items:

- 1) Applicants must report to the Town any past funds received from any government agency to combat the negative effects of the pandemic.
- 2) The Board or Executive director of each business/non-profit must send a letter to the Direct Support Program Review Committee outlining the negative effect the pandemic has had on their business/non-profit. The letter should be accompanied by either a 990, 990EZ, 990, Schedule C of your 1040 or 1040SR, 1120 or 1120S.
- 3) Applicants who intend to use fund for payroll protection must supply the Town your W3, 1099-MISC, or 1040 Schedule C.
- 4) Applicants applying who intend to use funds to purchase PPE, supplement revenue loss or make structural improvements to their place of business shall provide an itemized list of all expenditures relevant to this application.
- 5) Applicants who intend to use funds to make structural improvements must provide the Town with two cost estimates for the proposed scope of work.

PRIORITY REVIEWING

The review committee will accept applications for direct support until there are no funds left to distribute. Any applications submitted after the first round of funding has ended will be reviewed in the order they were submitted once the second round of funding begins. Businesses and Non-profits that did not receive funding the first time will have their applications reviewed prior to those applicants who received the first round of funding and are reapplying for second round of funding.

All applicants must attest that the information they are providing the Town is true, and that any untruthful statements will result in the immediate disqualification of the application.

Applicant Information

A) Personal Info

- 1) Name: _____
- 2) Mailing Address: _____
- 3) Phone: _____
- 4) Email: _____

B) Business/ Non-profits & property Information

- 1) Property Address: _____
 - a) Do you own this property? _____
 - b) If no, please provide the name and contact information of the property owner:

- 2) Name of Business/Non-Profit: _____
- 3) Number of stories above grade: _____
 - a) Number of commercial units: _____
 - b) Number of residential units: _____
 - c) Number of vacant units: _____
- 4) Are there any known code violations for this property? _____
 - a) If yes, please describe:

C) Applicant Financial Information

- 1) Is there a mortgage for the property? _____
 - a) If yes, are the payments current? _____
 - b) Who holds the mortgage? _____

- 2) Are there any other liens other than listed above? _____
 - a) If yes, please describe: _____

- 3) Are all of the property, water, and sewer taxes paid up to date? _____
 - a) If no, which taxes are not current? _____

- 4) Do you have property insurance? _____
 - a) If yes, is it paid to-date? _____

D) Additional Business Information

- 1) Is your business MWBE* owned? _____
*(Minority/Women-owned Business Enterprise)
 - a) If yes, is your business MWBE certified? _____

- 2) Is your business Veteran owned? _____

Use of Funds

1) Grant Amount Requested: _____

Itemized List of Expenses/Receipts:

Costs:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

6. _____

6. _____

2) What is your intended use of funds?

- Paycheck Protection
- Purchase of Personal Protective Equipment
- Revenue Loss
- Structural Improvements to Businesses

3) Please describe how your intended use of funds will help your business/ non-profit combat either the negative impact of the COVID-19 public health emergency or resultant economic downturn.

Reporting Requirements

- 1) If you are using funds to reimburse your business or non-profit's Personal Protective Equipment ("PPE") purchases, please provide an estimated total of cost of PPE purchased to mitigate the effects of the COVID-19 pandemic and please attach all receipts and/or invoices relating to such purchases:

- a) If your business or nonprofit previously received financial assistance for PPE, please disclose below:

- 2) If you are using funds to reimburse your business or nonprofit for keeping employees on payroll during the pandemic or subsequent economic downturn, please provide payroll data in the form of Form W-3 or Form 1099-MISC about all employees that were kept or will be kept on the payroll using these funds:

- a) If your business or nonprofit previously received payroll assistance through the federal Paycheck Protection Program or a similar program, please disclose below:

- 3) If you are using funds to reimburse your business or nonprofit's revenue losses due to the pandemic or subsequent economic downturn, please provide gross receipts (990, 990EZ, 990, Schedule C of your 1040 or 1040SR, 1120 or 1120S) from all quarters in 2019 and 2020 showing a loss in revenue. If you started your business or nonprofit in 2020 prior to the COVID-19 pandemic, you are required to provide gross receipts beginning from the last quarter of 2019 or first quarter of 2020 onward, whichever is applicable:

- 4) If you are using funds for structural improvements relating to the prevention or mitigation of COVID19 to your business or nonprofit, please provide:
- Two (2) cost estimates for the scope of work eligible for reimbursement, and
 - Visualizations of the proposed scope of work; drawings, sketches, renderings, to help describe the visual impact of the work on the location, convey adherence to the spirit of the 2021 American Rescue Plan and provide a basis for final inspection at the completion of the project.

- 5) Provide a statement outlining how the shutdown has had a negative impact on business or non-profit's operations and finances.

Conflict of Interest Disclosure

- 1) Are you an official, employee, agent, consultant or member of any board or agency of the Town of Babylon? _____
 a) If yes, please describe your position: _____
- 2) Are you related by blood or marriage to any official, employee, agent, consultant or member of any board or agency of the Town of Babylon? _____
 a) If yes, please identify the official(s), agent(s), consultant(s), employee(s) or member(s) and describe your relationship:

- 3) Do you have any corporate, partnership, landlord-tenant or other business relationship with any official, employee, agent, consultant or member of any board or agency of the Town of Babylon? _____
 a) If yes, identify the official(s), agent(s), consultant(s), employee(s) or member(s) and describe your business relationship:

- 4) Are you doing business in any of the following ways with any official, employee, agent, consultant or member of any board or agency of the Town of Babylon? (Check all that apply, please describe)
 - a) Purchaser or Seller of Goods _____
 - b) Loan or Grant Recipient _____
 - c) Provision of Services _____
 - d) Other _____

Please attach your most recent federal tax filing, NYS 45, and statement about the effect of COVID-19 on your business.

- 5) **SIGNATURE: To the best of my knowledge, all of the application information I have provided is true and correct. I understand that any willful misstatement of material fact will be grounds for disqualification. The Town of Babylon is hereby granted permission to verify and oft information in the application in any appropriate manner.**

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____