

**Inc. Village of Hempstead**

# **COMMUNITY DEVELOPMENT AGENCY**

**50 CLINTON ST - SUITE 504**

**HEMPSTEAD, NY 11550**

###### Community Development Block Grant (CDBG) Program

###### Public Service Organization

###### Grant Application

###### Federal Fiscal Year 2024 (50th Program Year)

(September1, 2024 – August 31, 2025)

**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WAYLYN HOBBS, JR. DANIELLE OGLESBY**

**mAYOR cOMMISSIONER**

**Name of Organization:**

**Address of Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact Person:**

**Title:**

**Telephone Number:**

**Email Address:**

**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 Community Development (NC OCD) 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. Projects selected for funding will be included in the FY 2024 Action Plan to be submitted to HUD for final approval. Nassau County’s 2024 Program Year begins on September 1, 2024.

Application is due to the Village of Hempstead CDA office no later than **Friday, March 1, 2024**. at 4:30 p.m.

**Attn: Tina Lake**

Inc. Village of Hempstead Community Development Agency

50 Clinton St. Suite 504

Hempstead, NY 11550

**Please attach the following required documentation to the application, unless the information has not changed from last year’s application. Incomplete applications will be returned.**

**Check each item that is attached. If you do not attach a particular document, please provide an explanation.**

\_\_\_\_\_Articles of Incorporation and By-Laws

\_\_\_\_\_Mission Statement

\_\_\_\_\_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 being funded.

\_\_\_\_\_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.  **\_**\_\_\_\_Copy of a blank Intake Form for program participants. Information from the Intake Form will be submitted with the CAPER Report. Intake form must include household size, income level, and self-identification of race and ethnicity. Attach participant intake forms and any other income documentation provided by program participants when CAPER is submitted. Please black out any personal information. **All client intake forms must contain the following language and must be signed**:

“*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 Housing and Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documents if requested.”*

###### Explanation for omitted documentation:

**GENERAL INFORMATION**

1. **Public Service Program Detail:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Is this service a new service or quantifiable increase in the level of existence? Explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Anticipated accomplishments during the program year** (be specific):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Program Eligibility**

The HUD CDBG regulations require that all funded activities meet one of the Program’s National Objectives

1. **Low/Mod Benefit Categories (Check only one category)**
2. ***Low/Mod Limited Clientele (Direct Benefit****):* \_\_\_\_\_\_

*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.*

1. **Low/Mod Area Benefit:** \_\_\_\_\_\_

*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.*

***If Low/Mod Area Benefit checked, describe the service area that will be benefit from this public service (attach a map):***

1. **Additional Low/Mod Benefit Categories**

***Presumed Benefit*** *activities are those that benefit* ***one*** *of the following categories: abused children, battered spouses, elderly, severely disabled adults, homeless, illiterate persons, persons living w/ AIDS, and migrant farm workers: (Reference: 24 CFR 570.483(b)(2)(ii)(A))*.

Is this a Presumed Benefit Activity? Yes \_\_\_\_ No \_\_\_\_

If yes, list the appropriate category your program serves: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Nature or Location*** *activities are of such a nature and in such a location that it may reasonably be concluded that the activity’s clientele will primarily be low/mod 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).*

Is this a Nature or Location Activity? Yes \_\_\_\_ No \_\_\_\_

If yes, list the type (one) of beneficiaries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Proposed Number of Program Beneficiaries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Beneficiary Income Verification**

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

**HUD Uncapped Income Limits FY 2023**

HOUSEHOLD SIZE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Very Low 30% | 30,550 | 34,900 | 39,250 | 43,600 | 47,100 | 50,600 | 54,100 | 57,600 |
| Low 50% | 50,900 | 58,150 | 65,400 | 72,650 | 78,500 | 84,300 | 90,100 | 95,900 |
| **Low/Mod 80%** | **86,200** | **98,500** | **110,800** | **123,100** | **132,950** | **142,800** | **152,650** | **162,500** |
| 120% | 123,00 | 140,55 | 158,10 | 175,70 | 189,75 | 203,800 | 217,85 | 231,90 |

**­­­­­­­­­­­ F. 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).

As per the above criteria for funding, please describe how this activity is eligible:

1. **PROJECT DETAIL**
2. **Program Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Location of Services (block/address):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Anticipated Program Start date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Anticipated Program Completion date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Objective of Project:**

**Suitable Living Environment \_\_\_\_**

**Decent Affordable Housing \_\_\_\_**

**Creating Economic Opportunities \_\_\_\_**

1. **Expected Outcome of Project:**

**Availability / Accessibility \_\_\_\_**

**Affordability \_\_\_\_**

**Sustainability \_\_\_\_**

**Other \_\_\_\_**

1. **Proposed Budget:**

**Total Program Cost: ­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CDBG Grant Funding Requested Amount:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget Breakdown for Project:**

|  |  |
| --- | --- |
| **Budget Item**  **(i.e. rent, personnel, transportation)** | **Amount** |
| **Program’s Personnel** | **$** |
| **Registration Fees** | **$** |
| **Program’s Insurance** | **$** |
| **Trip (tickets for the event)** | **$** |
| **Transportation** | **$** |
| **Rent (specific space used for the program)** | **$** |
| **Equipment (Basketball** | **$** |
| **Utilities (electricity, water)** | **$** |
| **Uniforms** | **$** |
| **Other** | **$** |
| **Total** | **$** |

**Are there other funding sources contributing to this program? Yes \_\_\_\_ No\_\_\_\_\_**

**Other Funding Sources for this Program Year**

|  |  |  |
| --- | --- | --- |
| Source of Funds | Funding Amount | Additional Information |
|  |  |  |
|  |  |  |

1. **LEVERAGING OF OTHER FUNDING AGENCIES**

Please list other sources of funding you have applied for or have received.

**Funding Source(s) All Funding Received All Funding Requested**

**2024-2025**

**2023-2024**

**Other Federal**

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State**

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Government**

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization’s 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/>

1. **ORGANIZATIONAL INFORMATION**
2. **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.)
3. **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).
4. **Timeliness** - What steps will be taken to ensure timely completion of this project or activity?
5. **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

1. **PROGRAM PRIORITIES**
2. **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 rehabilitaton – 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)

1. **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**](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

\_\_\_\_ 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”

**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-funded 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**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**