

# TOWN OF SOUTHAMPTON

Department of Community Services  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

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Jay Schneiderman  
TOWN SUPERVISOR

RUSSELL A. KRATOVILLE  
BUSINESS MANAGEMENT SERVICES  
ADMINISTRATOR

VIRGINIA B. BENNETT  
DIRECTOR  
COMMUNITY SERVICES

## GRANT CHECKLIST and APPLICATION

- 2018 HUMAN SERVICES GRANT       2018 CULTURAL ARTS & RECREATION GRANT

If you are applying for both the Human Services and Cultural Arts grants,  
submit a separate application for each.

1. \_\_\_\_\_ CONTACT SHEET

2. \_\_\_\_\_ PROGRAM DESCRIPTION

3. \_\_\_\_\_ PROGRAM BUDGET

4. \_\_\_\_\_ FINANCIAL DATA

5. \_\_\_\_\_ NEW APPLICANTS: submit proof of Not-For-Profit Status AND W-9 Form

6. \_\_\_\_\_ **END-of-YEAR PROGRAM SUMMARY AND ACCOUNTING:** Organizations that received a **2017** Town of Southampton grant **must** submit a brief self-evaluation of the program activities and an accounting of how the awarded funds were actually spent.

7. \_\_\_\_\_ **INSURANCES:** Insurance requirements will be determined by the grant award and *may* include one or more of the following:

- A) Liability Insurance
- B) Worker's Compensation, Form C-105.2 OR U26.3
- C) Disability Benefits Insurance, Form DB 120.1
- D) A state-issued, substantiating waiver, available at [www.wcb.ny.gov](http://www.wcb.ny.gov)

**FUNDING WILL NOT BE RELEASED UNTIL ALL  
REQUIRED CURRENT CERTIFICATES ARE RECEIVED.**

8. \_\_\_\_\_ **RETURN ONE COMPLETED COPY:** mailed to the address above,  
**dropped** at the Citizens Response Center in Southampton Town Hall,  
or scanned and **emailed** to [vbennett@southamptontownny.gov](mailto:vbennett@southamptontownny.gov)

# CONTACT SHEET

AGENCY NAME: \_\_\_\_\_

DIRECTOR/RESPONSIBLE PARTY: \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL STREET ADDRESS (if different): \_\_\_\_\_

\_\_\_\_\_

PROGRAM/EVENT TITLE/: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(If different from Director)

CONTACT TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TOTAL PROGRAM COSTS \$ \_\_\_\_\_

TOTAL REQUESTED FROM TOWN \$ \_\_\_\_\_

**If applicant is a corporation, the signatory hereby acknowledges that he/she executed this application in his/her capacity on behalf of the corporation and that he/she has full authority to bind the corporation to same.**

\_\_\_\_\_  
DULY AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

# **PROGRAM DESCRIPTION**

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

**Program Name:** \_\_\_\_\_

Please answer the following questions. Feel free to attach additional pages.

**1. What is your organization's history?** \_\_\_\_\_

**2. What makes your proposed program unique to Southampton Town? Describe how the requested funding will provide a specific program or additional service that would otherwise not occur or be available in Southampton Town**

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

**3. What issue does this program address and how will the Town of Southampton benefit?**

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

**4. What methods and/or activities will be used to achieve your program objectives?**

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

**5. What target population will this program serve? Do you have a waiting list?**

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

**6. How many participants will be served?** \_\_\_\_\_

**7. How will the program results be evaluated?**

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

**8. Where will the program be held?** \_\_\_\_\_

**9. How will you verify that participants in your proposed program are Southampton Town residents?**

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**10. Describe your agency's service record and fee structure.**

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**11. This grant is not automatically renewable. What provisions will be made if this funding is not available in the future?**

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**12. Do you have other funding sources? YES  NO**

**If "YES", please list those sources? If "NO" - how will you fund the program if the Town cannot award your total request?**

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**13. If the program budget exceeds the amount requested, explain how you will make up that difference.**

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**14. Are you in compliance with the Americans with Disabilities Act? YES  NO**

**15. Are you in compliance with Title VI of the Civil Rights Act of 1964 prohibiting discrimination in hiring or employment opportunities? YES  NO**

# PROGRAM BUDGET

**I. If applicable, include personnel costs for proposed program:**

<u>POSITION</u>	<u>DUTIES</u>	<u>ANNUAL RATE</u>	<u>PROJECT SALARY</u>

Salary Total \$ \_\_\_\_\_

**II. Employee Benefits**

<u>ITEM</u>	<u>PROPOSED EXPENDITURE</u>
Social Security	_____
Health Insurance	_____
Workers Compensation Insurance	_____
Unemployment Insurance	_____
Other (Identify)	_____
Other (Identify)	_____

Benefits Total \$ \_\_\_\_\_

**III. NON-PERSONNEL COSTS**

**EXPENDITURES**

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Non-personnel Total \$ \_\_\_\_\_

**GRAND TOTAL:** \$ \_\_\_\_\_

## **FINANCIAL DATA**

**I. List funding other than from Southampton Town received over the past three years:**

<b><u>DATE</u></b>	<b><u>FUNDING SOURCE</u></b>	<b><u>AMOUNT</u></b>	<b><u>ACTIVITY</u></b>

**II. Provide a copy of your organization's latest financial statement or annual report prepared by an independent auditor. Report should not be more than 2 years old.**

**DEADLINE: 4 PM, FRIDAY, NOVEMBER 17, 2017**