



TOWN OF SOUTHAMPTON
COMMUNITY DEVELOPMENT BLOCK GRANT FUND
APPLICATION FISCAL YEAR 2021

Town Use Only Date Rec'd: _____ Approved: _____ Denied: _____ Amount: \$ _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____ E-MAIL: _____

PHONE NUMBER: _____ FAX NUMBER: _____

DUNS # _____ FED TAX ID# _____

If you are an organization, do you have federal 501(c)3 IRS status? Yes No

Is your organization subject to fiscal Single Audit Requirements? Yes No

What year was your organization founded/established: _____

Description of Project:

For public service organizations specifically describe what funds will be spent for including:

- 1) **WHAT** products or services are to be performed (*i.e. youth counseling*);
- 2) **WHERE** they are to be provided (*physical address*);
- 3) **WHOM** the services are to be provided for are (*population type i.e. low income youth*) and;
- 4) **HOW** they are to be provided. (*Attach additional information, if needed*)

If this is a Capital project* (*ie, playground equipment for a park, sidewalks, street lighting*), please describe the nature of the project and the project location (*attach additional information, if needed*).

If a Capital Project what is the number of persons to be assisted that will have:

new access to this infrastructure improvement or public facility? _____

improved access to this infrastructure improvement or public facility? _____

Define the community associated with the activity (*attach additional information, if needed*):

Anticipated Accomplishments (*attach additional information, if needed*):

*** For funding for a Capital Project, please attach cost estimate documentation from a licensed contractor or licensed engineer.**

Choose category and **provide the anticipated number to be assisted:**

of Youth to be assisted ____ # of Elderly to be assisted ____ # of Jobs to be created ____
of People to be assisted ____ # of Businesses to be assisted ____

Is the **main purpose** of this activity (answer yes or no):

- To help the homeless? Yes No
- To prevent homelessness? Yes No
- To help those with HIV/AIDS? Yes No
- To help persons with disabilities? Yes No

Is the activity to be carried out by the municipality? Yes No

Is the activity to be carried out by the applicant? Yes No

Is applicant a faith-based organization? Yes No

Is applicant an institution of higher learning? Yes No

Eligibility Criteria:

All projects must meet one of the three criteria (*check box that applies*)

Benefits Primarily Low and Moderate Income Persons
Project is in a low and moderate income area
Household income data will be collected

Prevents and Eliminates Slums and Blight
Describe slums and blighting influences and how they will be eliminated
Attach description and supporting documentation

Urgent Need
Describe the serious and immediate threat to health and safety
Attach description and supporting documentation

Cost Estimate:

Funding Sources:

- 1. **CDBG Funds Requested in this application (FY 2020)** \$ _____
- 2. Prior Year CDBG Funds Received** \$ _____
- 3. Other Federal Funds Requested (if any) \$ _____
- 4. NYS Funds Requested (if any) \$ _____
- 5. County Funds Requested (if any) \$ _____
- 6. Private Funds Requested (if any) \$ _____
- 7. Other Funds Requested (if any) \$ _____

***If multiple years, list years and amounts on separate sheet.*

If applicant is a **public service group**, please show how the CDBG funds will be used for the period of one year:

- 1. Salaries and Benefits \$ _____
- 2. Rental Space \$ _____
- 3. Utilities \$ _____
- 4. Supplies and Materials \$ _____
- 5. Program/Service Costs (Specify)
 - a. _____ \$ _____
 - b. _____ \$ _____
 - c. _____ \$ _____
 - d. _____ \$ _____
- TOTAL BUDGET** \$ _____

CERTIFICATION:

I certify that, to the best of my knowledge, the information provided in this application is correct. I understand this is neither an offer of funding, nor does it obligate the applicant or the Town of Southampton Dept. of Housing & Community Development in any way. I have read the instructions and Town of Southampton Community Development Block Grant Sub-Recipient Requirements.

Applicant Signature

Date

