

TOWN OF SOUTHAMPTON

Department of Community Services
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 702-2423
Fax: (631) 287-5721



Jay Schneiderman
TOWN SUPERVISOR

JAMIE BOWDEN
COMMUNITY SERVICES
631 702-2423

JBOWDEN@SOUTHAMPTONTOWN.NY.GOV

GRANT CHECKLIST and APPLICATION

- 2022 HUMAN SERVICES GRANT 2022 CULTURAL ARTS & RECREATION GRANT
 2022 COMMUNITY GRANT PROGRAM 2022 HAMLET SERVICES GRANT

If you are applying for multiple grants, you must submit separate applications.

1. _____ CONTACT SHEET

2. _____ PROGRAM DESCRIPTION

3. _____ PROGRAM BUDGET

4. _____ FINANCIAL DATA

5. _____ **ALL APPLICANTS: submit proof of 501 (C) Status, 990 Filing AND W-9 Form**

6. _____ **END-of-YEAR PROGRAM SUMMARY AND ACCOUNTING:** Organizations that received a **2021** Town of Southampton grant **must** submit a **grant annual report form which includes 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

**FUNDING WILL NOT BE RELEASED UNTIL ALL
REQUIRED CURRENT CERTIFICATES AND DOCUMENTS ARE RECEIVED. ALL
FUNDING IS SUBJECT TO THE ADOPTION OF THE 2022 BUDGET**

8. _____ **RETURN ONE COMPLETED COPY:** by email, mail, or hand deliver the hard copy.

CONTACT SHEET

AGENCY NAME: _____

AGENCY DIRECTOR: _____

MAILING ADDRESS: _____

WEB ADDRESS: _____

PROGRAM / EVENT TITLE: _____

PROGRAM ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

CONTACT TELEPHONE: _____

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? How will the requested funding support 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?

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

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

12. Do you have other funding sources? If "YES", please list those sources? If "NO" - how will you fund the program if the Town does not award your total request?

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

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

Non-personnel Total \$ _____

GRAND TOTAL: \$ _____

FINANCIAL DATA

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

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

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 19, 2021