



**Town of Babylon
Department of Community Development**

The Coronavirus Aid, Relief and Economic Security Act (CARES ACT) Grant
2020 CARES ACT Public Service Application

General Information

Organization Name: _____

Program Name: _____

Funds Requested: \$ _____

Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

Federal Identification Number: _____

DUNS Number: _____

Checklist

In addition to answering the questions, please submit each of the following documents:

- Certificate of Incorporation (501 C3)
- Organization's most recent audit or financial statement
- W9

I have submitted all the above information with this application. I understand that incomplete applications will not be considered. I understand that pending HUD regulations, the Town may request additional information at a later date regarding the program for which funding is sought.

Signature of Authorized Representative: _____ Date: _____

Print: _____ Title: _____

4. Indicate whether the people to be served are low/moderate income.

5. Anticipated goals and time period for achieving goals.

Duplication of Benefits are NOT Permitted

Duplication of benefits occurs when an applicant receives assistance from multiple sources intended for the same purpose or the amount of assistance provided exceeds the total identified need.

A copy of the application can be e-mailed to cdpinfo@townofbabylon.com and the original should be mailed to the following address:

Town of Babylon
Department of Community Development
200 E. Sunrise Highway
Lindenhurst, New York 11757