



**TOWN OF BABYLON**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
200 E. Sunrise Highway  
LINDENHURST, NEW YORK 11757  
(631)957-3051  
[CDPInfo@townofbaylon.com](mailto:CDPInfo@townofbaylon.com)

**FISCAL YEAR 2022**  
Community Development Block Grant (CDBG)  
Public Services and Public Facility Improvement Application  
**COVER SHEET**

**GENERAL INFORMATION**

ORGANIZATION NAME: \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_

PROGRAM APPLYING FOR FUNDS FOR:

\_\_\_\_\_ PUBLIC SERVICE PROJECT  
\_\_\_\_\_ FACILITY IMPROVEMENT

FUNDS REQUESTED \$ \_\_\_\_\_

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

PHONE: ( ) \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

**DUNS NUMBER: (D&B DATA UNIVERSAL NUMBERING SYSTEM)** \_\_\_\_\_

DOS CHARITABLE ORGANIZATION NUMBER: \_\_\_\_\_

ARE YOU CURRENTLY RECEIVING CDBG FUNDING? YES [ ] NO [ ]  
HOME FUNDING? YES [ ] NO [ ]

HAS YOUR ORGANIZATION EVER BEEN SANCTIONED, TERMINATED, OR DEBARRED BY ANY FUNDING SOURCE? YES [ ] NO [ ], IF YES ATTACH A SEPARATE SHEET WITH EXPLANATION TO THIS FORM.

**Facility Improvement projects** are due by noon on or before **December 3, 2021**

**Public Service projects** are due by noon on or before **December 3, 2021**

**CHECKLIST**

All the items listed below are needed even if it has been previously provided. Please make sure all items are included when submitting the application to the Community Development Department. **Sign, date and submit this checklist with your application.**

- CERTIFICATE OF INCORPORATION (501 C3)     W-9
- ORGANIZATION'S MOST RECENT AUDIT OR FINANCIAL STATEMENT
- CERTIFICATE OF LIABILITY INSURANCE (Town of Babylon LISTED AS "ADDITIONAL INSURED")
- WORKERS COMPENSATION CERTIFICATION
- GENERAL INFORMATION
- PROGRAM NARRATIVE (I)
- ESTIMATE OF CONSTRUCTION COSTS\* (**For construction projects only**)
- ANNUAL OPERATING BUDGET INFORMATION (II)
- BUDGET NARRATIVE (III)
- BUDGET FLOW CHART (IV)
- SUMMARY AND DOCUMENTATION OF OTHER FUNDING SOURCES (V)
- AGENCY BOARD OF DIRECTORS PROFILE (VI)
- AGENCY DESCRIPTION (VII)
- AGENCY EXPERIENCE (VIII)
- PERFORMANCE MEASUREMENT (IX)
- HUD NATIONAL OBJECTIVES AND OUTCOMES (X)
- FINANCIAL LEVERAGING AND SUMMARY (XI)
- CONTACT INFORMATION AND CERTIFICATION (XII)
- CONFLICT OF INTEREST CERTIFICATION (XIII)
- LOBBING CERTIFICATION (XIV)

**I have submitted all of the above information with this application. I understand that incomplete applications will not be considered.**

Signature of Authorized Rep. \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_ Title \_\_\_\_\_

**PLEASE FORWARD ALL INFORMATION TO THE FOLLOWING ADDRESS:**

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

**General Information – To be filled out by all applicants:**

1. Into which category does your organization fall?  
 Non-Profit       Government       Quasi-Government  
 Other (please specify) \_\_\_\_\_
  
2. In what year was your organization incorporated? \_\_\_\_\_
  
3. How long has your organization been providing services in the Town of Babylon?  
 New Organization       New to Babylon       Less than 1 year  
 1-3 years       4-10 years       11-19 years       20+ years
  
4. Does your organization have Non-Profit Certification from the Internal Revenue Service?  
 Yes  
 No
  
5. Does your organization have a formal and active Board of Directors?  
 Yes, both formal and active  
 Formally appointed, but no regular meetings  
 No formal appointment, but regular meetings
  
6. Has your organization managed or attempted to manage this CDBG program before?  
 Yes  
 No
  
7. Has your organization ever overseen or attempted to oversee a similar project?  
 Yes - If yes, what were the results?  
 No
  
8. Has this program received funding from the Town of Babylon before?  
 Yes  
 No

9. Has your organization ever been cited for misuse of Federal, State, or Local funds and been required to repay them?

Yes  No

If yes, please explain:

10. Are there other services or activities similar to your program provided by other organizations in the Town of Babylon?

Yes  No

If yes, describe how has your organization looked for ways to partner or leverage program funds or services?

11. What was the gap in service that your program seeks to fill? What makes your organization's program unique?

12. Does your organization have personnel dedicated for grant administration?

Grant Administrator – Yes/ No                      Name \_\_\_\_\_

Reporting and Documentation – Yes/ No        Name \_\_\_\_\_

Financial Management – Yes/ No                Name \_\_\_\_\_

13. What mechanisms do you utilize to keep your organization's staff up to date and knowledgeable about grant programs?

14. Is your organization currently seeking funding from other sources for this program?

Yes  No

If yes, list the sources that you are seeking funding for this program

**Pages 5 and 6 to be filled-out by Sub-recipients who have previously received funding**

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1. For how many years has your organization received funds from the Town of Babylon?

- 1 Year
- 2-5 Years
- 6-10 years
- 11+ Years

2. For how many years has this program received funds from the Town of Babylon?

- 1 Year
- 2-5 Years
- 6-10 years
- 11+ Years

3. What was the funding amount and number of clients served for this program the last complete year?

Amount of Prior Funding \_\_\_\_\_

Year funding received \_\_\_\_\_

Planned # of beneficiaries served \_\_\_\_\_

Actual # of beneficiaries served \_\_\_\_\_

If you did not meet your planned # to be served, please provide an explanation

4. What was the date (mm/dd/yyyy) of your last Town of Babylon monitoring visit?

\_\_\_\_\_

5. Were there any findings and/ or concerns in your last monitoring visit?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following:

Findings/ Concerns identified

6. If your organization received findings or concerns, how did your organization address any mandated corrective actions outlined by the Town of Babylon?

7. Has your organization ever been cited for misuse of Federal, State, or Local funds and been required to repay them?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are there other services or activities similar to your program provided by other organizations in the Town of Babylon?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how has your organization looked for ways to partner or leverage program funds or services?

9. Is your organization currently seeking funding from other sources for this program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the organizations and amounts

10. Does your organization have an unexpended CDBG balance from previous years funding?

Yes \_\_\_\_\_ No \_\_\_\_\_

Year of Funding \_\_\_\_\_

Amount Remaining \_\_\_\_\_

**I. PROGRAM NARRATIVE**

Provide a complete description of your program. The description should describe the specific program you are requesting funding for (not a description of the organization), and the purpose of the program. Describe in measurable terms your anticipated goals, and the time period for achieving these goals. If you received funding in a previous year and did not meet your goals, please state why they could not be met and what measures have been taken to ensure they will be met in the future. Include a statement of need for your services. ***Explain how the project meets a Community Development Objective(s) and is new or enhances an existing program.*** If additional space is needed, add additional sheets behind this page and label them I. PROGRAM NARRATIVE.

1. Program description for which funding is sought:

2. Purpose of the program for which funding is sought:

3. Anticipated goals and time period for achieving goals:

4. Have you received CDBG funding in previous years? YES \_\_\_\_\_ NO \_\_\_\_\_

5. If you received previous years funding did you meet the goals? If not, state the measures have you taken to ensure goals will be met in the future.

6. Provide a Statement of need for your service:

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

**II. CDBG ANNUAL OPERATING BUDGET INFORMATION BREAKDOWN**

**Provide the amount of CDBG funds you plan to allocate to each of the categories below.** If additional space is needed, add additional sheets behind this page and label them II. CDBG ITEMIZED BUDGET BREAKDOWN BY CATEGORY OF EXPENSE.

**\*\*If your project is construction related, please supply a qualified estimate for the work.**

- 1. Salary (breakout by number of employees & Title)  
\_\_\_\_\_ \$ \_\_\_\_\_  
Name & Title  
\_\_\_\_\_ \$ \_\_\_\_\_
  - 2. Consultant(s) \$ \_\_\_\_\_
  - 3. Rent \$ \_\_\_\_\_
  - 4. Utilities \$ \_\_\_\_\_
  - 5. Telephone \$ \_\_\_\_\_
  - 6. Office Supplies \$ \_\_\_\_\_
  - 7. Printing \$ \_\_\_\_\_
  - 8. Postage \$ \_\_\_\_\_
  - 9. Travel \$ \_\_\_\_\_
  - 10. Training \$ \_\_\_\_\_
  - 11. Other (specify) \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_**

### **III. BUDGET NARRATIVE**

In the space provided below, please provide an explanation for the amounts requested in the ITEMIZED BUDGET BREAKDOWN BY CATEGORY OF EXPENSE. If additional space is needed, add additional sheets behind this page and label them III. BUDGET NARRATIVE.

**IV. BUDGET FLOW CHART**

Provide a Budget Flow Chart indicating all additional funding source(s) for each category, and their corresponding amount(s) from 2020. Please include CDBG funds where indicated.

Item	CDBG Funds \$	*Other Funds \$	*Source Other Funds	Total \$
Salary				
Consultant(s)				
Rent				
Utilities				
Telephone				
Office Supplies				
Printing				
Postage				
Travel				
Training				
Dues/Subscriptions				
Other (Specify)				
Total	\$	\$		\$

\*List amounts from each source separately.  
Use data on following page for information regarding these funding sources.

**V. SUMMARY AND DOCUMENTATION OF OTHER FUNDING SOURCES**

Please indicate below the source(s) and amount(s) of funding you are receiving from other sponsors. Include a list of the principal sources of funding for your organization, funding patterns for the past three years, and the name, address and phone number of the organization's contact person. Attach letters from the funding sources acknowledging that your organization is applying for CDBG funding.

If you currently are using CDBG funds, indicate the amount of unexpended CDBG funds and the funding year: \$\_\_\_\_\_ Year \_\_\_\_\_. Please note that if substantial amounts of previous year(s) funding have not been expended, we will be unable to allocate additional funds.

If additional space is needed, add additional sheets behind this page and label them V. SUMMARY AND DOCUMENTATION OF OTHER FUNDING SOURCES. Attach your documentation for FY 2018, 2019, and 2020 funding sources following this page.

ANNUAL AMOUNT FOR THE PAST 3 YEARS  
CONTACT PERSON, ADDRESS and PHONE NUMBER

**FUNDING SOURCE:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

2018 \$ \_\_\_\_\_

2019 \$ \_\_\_\_\_

2020 \$ \_\_\_\_\_

**FUNDING SOURCE:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

2018 \$ \_\_\_\_\_

2019 \$ \_\_\_\_\_

2020 \$ \_\_\_\_\_

**FUNDING SOURCE:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

2018 \$ \_\_\_\_\_

2019 \$ \_\_\_\_\_

2020 \$ \_\_\_\_\_

**VI. AGENCY BOARD OF DIRECTORS PROFILE**

Provide in the space below a Board of Directors Profile. If additional space is needed, add additional sheets behind this page and label them VI. AGENCY BOARD OF DIRECTORS PROFILE. Please indicate board officers.

1. Explain the requirements to be a Board Member for your organization
  
2. Describe the efforts to recruits Board members that represent the diversity of clients served.
  
3. In the last two years, has the organization hired new senior management personnel (i.e. Executive Director, Finance Director)? If yes, please list position and relevant experience.
  
4. How many board positions do the by-laws of your certificate of incorporation require? \_\_\_\_\_
  
5. How many board positions are currently occupied? \_\_\_\_\_

Board Member composition

Number of Males: \_\_\_\_\_ Number of Females: \_\_\_\_\_  
 Number of Town of Babylon residents: \_\_\_\_\_  
 Number by Race/ Ethnicity: \_\_\_\_\_

NAME & ADDRESS	EMPLOYER & CURRENT OCCUPATION	POSITION ON BOARD AND DATE APPOINTED

**VII. AGENCY DESCRIPTION**

Below please provide an agency narrative including but not limited to: agency mission, history, current services, and special interests or skill areas. If additional space is needed, add additional sheets behind this page and label them VIII. AGENCY DESCRIPTION.



**IX. PERFORMANCE MEASUREMENT**

**PROGRAM ACTIVITIES**

A. Identify where and when activities will be occurring. Use the following table to provide the hours and days of operation.

<b>Site</b>	<b>Day(s)</b>	<b>Time (From____ To_____)</b>

B. Develop a sound statement of work/ work plan narrative that details how the program will achieve the goals stated. Include procedures, policies, guidelines, and other applicable narrative. Please describe the ideal long-term goal that your program is striving to achieve for participants. Attach additional pages, as necessary:

C. Describe the recruitment process you have in place in order to attract the expected number of participants.

D. If your program requires repeated or sustained attendance, how do you plan on assuring that your participants continue to be involved with your program until the desired outcomes are achieved?

E. Describe how you will measure the success of a CDBG-funded program, including proposed solutions to problems, benefits, and expected results.

F. If applicable, how do you determine eligibility for program participation?

G. Which population will be served by your organization? Please choose one:

Low and moderate-income population

Limited Clientele

H. What is the CDBG eligible activity that will be served by this funding?

Senior Services

Handicapped Services

Legal Services

Youth Services

Employment Training

Fair Housing Activities

Tenant/ Landlord Counseling

Child Care Services

Housing Counseling

**(X) HUD NATIONAL OBJECTIVES AND OUTCOMES**

**OBJECTIVES**

Three objectives originate from the statutory purposes of the formula grant program. Choose the best *OBJECTIVE* that represents your organizations objective.

**\_\_\_ Creating a Suitable Living Environment (SL)**

In general, this objective relates to activities that are designed to benefit communities, families or individuals by addressing issues in their living environment.

**\_\_\_ Provide Decent Affordable Housing (DH)**

The activities that typically emanate from this objective are designed to cover a wide range of housing possibilities under HOME, CDBG or ESG. This objective focuses on housing programs where the purpose of the program is to meet individual, family or community needs and not program where housing is and element of a larger effort (not captured under Creating a Suitable Living Environment).

**\_\_\_ Creating Economic Opportunities (EO)**

This objective applies to the types of activities related to economic development, commercial revitalization and job creation.

**OUTCOMES**

Three outcomes reflect what the CDP seeks to achieve by the funded activity. Choose the best *OUTCOME* that represents your organizations objective.

**\_\_\_ Availability/Accessibility (1)**

This outcome category applies to activities that make services, infrastructure housing or shelters available or accessible to low-income people. In this category, accessibility does not only refer to physical barriers, but considers the affordability of the basic needs of daily life to low to moderate-income people.

**\_\_\_ Affordability (2)**

The outcome category applies to activities that provide affordability in a variety of ways in the lives of low and moderate-income people. It can include but is not limited to the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day-care.

**\_\_\_ Sustainability: Promoting Livable or Viable Communities (3)**

This outcome applies to projects where the activity or activities are aimed at improving a neighborhood by helping make it more livable or viable for principally low and moderate-income people through multiple activities, or by providing services that sustain communities or sections or communities.

**INDICATE THE NUMBER OF CLIENTS TO BE SERVED WITH THIS CDBG FUNDING \_\_\_\_\_**

**(XI) Financial Leveraging and Budget – To be submitted along with this application**

**1. Describe funds leveraged with CDBG, if applicable:**

Funding Source	Amount	Status – Approved, Pending, Denied	Award Date
	\$		
	\$		
	\$		
	\$		
	\$		

**2. Cost Per Person Served**

Total Organizational Budget	\$
Total Program Budget	\$
Total CDBG Request	\$
# Clients to be Served	
Program Budget Divided by Clients Served	\$
CDBG Budget Divided by Clients Served	\$

**3. Program Budget**

Revenue Source	2020 Actual	2021 Estimate	2022 Proposed
Contributions	\$	\$	\$
Special Events	\$	\$	\$
Membership Fees	\$	\$	\$
Program Service Fees	\$	\$	\$
Other Grants/Foundation	\$	\$	\$
CDBG	\$	\$	\$
Other:	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$
Expenses	2020 Actual	2021 Estimate	2022 Proposed
Salaries and Benefits	\$	\$	\$
Contracts	\$	\$	\$
Rent/Mortgage	\$	\$	\$
Utilities	\$	\$	\$
Supplies	\$	\$	\$
Transportation	\$	\$	\$
Other:	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

**(XII) CERTIFICATION 1: Contact Information and Certification – to be submitted along with completed application**

If the proposed project is funded, this form will be used to facilitate correspondence with the Program Agency’s staff. The individual listed as the Program contact should be able to respond to questions regarding the programmatic activities and reports. The individual listed as the Fiscal contact should be able to respond to questions regarding the fiscal activities and reports. Submit a new form each time any of the listed information is revised during the approved contract period. If there is change of address, your agency MUST submit a revised form to the CDBG Program Office, in order for reimbursement payments to be issued properly.

<b>Program Contact</b>	
Name	
Title	
Phone	
Email	

<b>Finance Contact</b>	
Name	
Title	
Phone	
Email	

<b>Grant Contact</b>	
Name	
Title	
Phone	
Email	

<b>Authorized Contact (Person who is authorized to make commitments on behalf of the organization)</b>	
Name	
Title	
Phone	
Email	

I certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I further certify that no contract have been awarded, funds committed, or construction begun on the proposed program and that none will be done prior to issuance of a Release of Funds by the Town of Babylon.

\_\_\_\_\_

Signature of Authorized Person Listed

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title

**(XIII) CERTIFICATION 2: Conflict of Interest Certification – to be submitted along with completed application**

The standards in 2 CFR 200.112, provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or perceived conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated in the contract has a financial or other interest in the firm selected for an award.

I certify that to the best of my knowledge and belief, no actual or apparent conflict of interest exists with regard to this program and application. I further certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts.

\_\_\_\_\_  
Signature of Authorized Person Listed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**(XIV) CERTIFICATION 3: Lobbying Certification – to be submitted along with completed application**

To the best of my knowledge and belief:

No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and

I certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts.

\_\_\_\_\_  
Signature of Authorized Person Listed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**UNIFORM CERTIFICATE OF ACKNOWLEDGMENT**

STATE OF NEW YORK)

COUNTY OF SUFFOLK) ss.:

On the \_\_\_\_ day of \_\_\_\_\_, 2021, before me, the undersigned, a Notary Public of said State, personally appeared, \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public