

TOWN OF BABYLON
HOME CHDO Operating PROPOSAL 2022



Town of Babylon

Department of Community Development
200 E. Sunrise Highway
Lindenhurst, New York 11757
CDPInfo@townofbabylon.com

HOME CHDO Operating PROPOSAL COVER SHEET FISCAL YEAR 2022

GRANT REQUEST AMOUNT: _____

ORGANIZATION NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT PERSON: _____

EMAIL: _____

DUNS NUMBER: _____

FEDERAL IDENTIFICATION NUMBER: _____

DOS CHARITABLE ORGANIZATION NUMBER: _____

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

Signature of Authorized Representative: _____

Print Name: _____ Date: _____

Title: _____

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HAS YOUR ORGANIZATION EVER BEEN SANCTIONED, TERMINATED, OR DEBARRED BY ANY FUNDING SOURCE? _____ IF YES, ATTACH A SEPARATE SHEET WITH EXPLANATION TO THIS FORM.

ATTACH YOUR ORGANIZATION'S CERTIFICATE OF INCORPORATION, MOST RECENT AUDIT OR MOST RECENT FINANCIAL STATEMENT, AND W-9 TO THIS FORM.

SEND ALL INFORMATION TO:

TOWN OF BABYLON
Department of Community Development
200 E. Sunrise Highway
Lindenhurst, New York 11757

CHDO: A Community Housing Development Organization certified by the Town of Babylon in accordance with Subpart A, Section 92.2 of the HOME Interim Rule. See Attachment A for CHDO Requirements.

HOME PROGRAM PURPOSE

- 1) To expand the supply of decent, safe, sanitary, and affordable housing, with primary attention to rental housing for very low-income and low-income Americans;
- 2) To mobilize and strengthen the abilities of states and units of general local government throughout the United States to design and implement strategies for achieving an adequate supply of decent, safe, sanitary and affordable housing;
- 3) To encourage public, private, and non-profit partnerships in addressing affordable housing needs.

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TOWN OF BABYLON HOUSING PRIORITIES

(From the Housing & Community Development Consolidated Plan 2020-2024)

- 1) To increase homeownership options for low and moderate income families;
- 2) To rehabilitate the existing housing stock for low and moderate income families;
- 3) To increase affordable rental opportunities for low and moderate-income families.

ELIGIBLE CHDO OPERATING EXPENSES

- Salary, wages and related costs directly associated with the development of affordable housing.
- Travel costs incurred for official business in carrying out the program.
- Administrative services performed under third party contracts or agreements, including such services as general legal services, accounting services and audit services.
- Other costs for goods and services required for administration of the program, including rental or purchase of equipment, insurance, utilities, office supplies and rental and maintenance of office space.

Purpose and eligibility information from the HOME INVESTMENT PARTNERSHIPS PROGRAM 24 Code of Federal Regulations Part 92.

A CHDO may not receive HOME funding for any fiscal year in an amount that provides more than 50% or \$50,000 whichever is greater, of the CHDO's total operating expenses in that fiscal year.

For further information, please contact the Department of Community Development
CDPInfo@townofbabylon.com

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I. PROJECT NARRATIVE

Provide a complete description of your **housing development program**. Describe in measurable terms your anticipated goals (i.e. number of units) and the time period for achieving these goals within the calendar year. 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. If additional space is needed, add sheets behind this page and label them **I. PROJECT NARRATIVE**.

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**II. A. ANNUAL OPERATING BUDGET INFORMATION
ITEMIZED BUDGET BREAKDOWN BY CATEGORY OF EXPENSE**

Provide a detailed list of budgeted items, and as accurately as possible, their anticipated costs. Below is the format for your Itemized Budget Breakdown. If additional space is needed, add sheets behind this page and label them **II. A. ITEMIZED BUDGET BREAKDOWN BY CATEGORY OF EXPENSE.**

Provide the amount of HOME funds you plan to allocate to each of the categories below:

- | | | |
|-----|--|-----------------|
| 1. | Salary (breakout by number of employees & Title) | |
| | _____ | \$ _____ |
| | Name & 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 | \$ _____ |

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II. B. BUDGET NARRATIVE

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

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II. C. BUDGET FLOW CHART

Provide a Budget Flow Chart indicating all funding sources including HOME using the following format:

Item	HOME Funds \$	*Match Funds \$	*Source Other Funds	Total Amount
Salary				
FICA/MED				
Ins/Consults/Bonds				
Rent				
Utilities				
Telephone				
Office Supplies				
Printing				
Postage				
Travel				
Training				
Dues/Subscriptions				
Security				
Accounting & Legal				
UNEM/COMP/DIS				
Health Insurance				
TOTAL	\$	\$		\$

*List amounts from each match separately. See II D. SUMMARY AND DOCUMENTATION OF OTHER FUNDING SOURCES for further information regarding these funding sources

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II. D. 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.

If you currently are using HOME funds, indicate the amount of unexpended HOME 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 sheets behind this page and label them:

II. D. SUMMARY AND DOCUMENTATION OF OTHER FUNDING SOURCES

Funding Source:

Year	Amount	Contact Person	Address	Contact Number
2021	\$			
2020	\$			
2019	\$			

Funding Source:

Year	Amount	Contact Person	Address	Contact Number
2021	\$			
2020	\$			
2019	\$			

Funding Source:

Year	Amount	Contact Person	Address	Contact Number
2021	\$			
2020	\$			
2019	\$			

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IV. A. CHDO DESCRIPTION

Below please provide a narrative about your CHDO including but not limited to: CHDO mission, history, current services, and special interests or skill areas. If additional space is needed, add sheets behind this page and label them CHDO DESCRIPTION. **If this has been provided previously, please provide only an update of changes since your last submission for funding.**

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IV. B. CHDO EXPERIENCE

Provide a detailed description of the organization's experience in the area where the funding will be applied. If additional space is needed, add additional sheets behind this page and label them IV. B. CHDO EXPERIENCE.

If this has been previously submitted, please provide an update concerning the past year(s) accomplishments.

ATTACHMENT A

Please complete the following and attach documents for compliance:

CHDO CHECKLIST

The information contained in this checklist refers to the definition of Community Housing Development Organizations (CHDOs) in Subpart A, Section 92.2 of the HOME Interim Rule. The checklist should be used as a tool to educate participating jurisdictions about the documents they must receive from a non-profit before it may be certified as a CHDO. For monitoring purposes, participating jurisdictions should be asked to maintain the completed checklist on file to document compliance with the regulations.

I. **LEGAL STATUS**

A. The non-profit organization is organized under State or local laws, as evidence by:

_____ a Charter, OR
_____ Articles of Incorporation.

B. No part of its net earnings inure to the benefit of any member, founder, contributor or individual as evidenced by:

_____ a Charter, OR
_____ Articles of Incorporation.

C. Has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501 (c)(3) or (4) of the Internal Revenue Code of 1986, as evidence by:

_____ a 501 (c)(3) or (4) Certificate from the IRS.

OR

D. Is classified as a subordinate of a central organization non-profit under section 905 of the Internal Revenue Code, as evidenced by:

_____ a group exemption letter from the IRS that includes the CHDO.

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- E. Has among its purposes the provision of decent housing that is affordable to low- and moderate-income people, as evidenced by a statement of the organizations:

_____ Charter,
_____ Articles of Incorporation,
_____ By-laws, OR
_____ Resolution.

II. **CAPACITY**

- A. Conforms to the financial accountability standards of OMB Circular A-110, "Standards for Financial Management Systems", as evidenced by:

_____ a notarized statement by the president or chief financial officer of the organization;
_____ a certification from a Certified Public Accountant, OR
_____ a HUD approved audit summary.

- B. Has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by:

_____ resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds, OR
_____ contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization.

- C. Has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by:

_____ a statement that documents at least one year of experience in serving the community, OR
_____ for newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year of experience in serving the community.

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The CHDO or its parent organization must be able to show one year of serving the community prior to the date of the participating jurisdiction provides HOME funds to the organization. In the statement, the organization must describe its history (or its parent organization's history) of serving the community by describing activities that it provided (or its parent organization provided), such as, developing new housing, rehabilitating existing stock and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief or childcare facilities. The statement must be signed by the president or other official of the organization.

III. ORGANIZATION STRUCTURE

- A. Maintains at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents or elected representatives of low-income neighborhood organizations as evidenced by the organizations:

_____ By-laws,
_____ Charter, OR
_____ Articles of Incorporation.

Under the HOME program, for urban areas, the term "community" is defined as one or several neighborhoods, a city, county or metropolitan area. For rural areas, "community" is defined as one or several neighborhoods, a town, village, county or multi-county area (but not the whole state).

- B. Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, setting, development and management of affordable housing projects, as evidenced by:

_____ the organization's By-laws,
_____ Resolutions, OR
_____ a written statement of operating procedures approved by the governing body.

- C. A CHDO may be chartered by a State or local government, but the following restrictions apply: (1) the State or local government may not appoint more than one-third of the membership of the organization's governing body; (2) the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and (3) no more than one-third of the governing board members are public officials (including any employees of the participation jurisdiction), as evidenced by the organization's:

_____ By-laws,

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_____ Charter, OR
_____ Articles of Incorporation.

If the CHDO is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership from the CHDO's governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO's:

_____ By-laws,
_____ Charter, OR
_____ Articles of Incorporation

IV. RELATIONSHIP WITH FOR-PROFIT ENTITIES

- A. The CHDO is not controlled, nor receives directions from individuals or entities seeking profit from the organization, as evidenced by:

_____ the organization's By-laws, OR
_____ a Memorandum of Understanding (MOU).

- B. A Community Housing Development Organization may be sponsored or created by a for profit entity, however:

1. The for-profit entity's primary purpose does not include the development or management of housing, as evidenced:

_____ in the for-profit organization's By-laws, AND:

2. The CHDO is free to contract for goods and services from vendor(s) of its own choosing, as evidenced in the CHDO's:

_____ By-laws,
_____ Charter, OR
_____ Articles of Incorporation

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.

Program Contact	
Name	
Title	
Phone	
Email	
Finance Contact	
Name	
Title	
Phone	
Email	
Grant Contact	
Name	
Title	
Phone	
Email	
Authorized Contact (Person who is authorized to make commitments on behalf of the organization)	
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

CERTIFICATION 2: Conflict of Interest Certification – to be submitted along with completed application

The standards in 2 CFR 200.112, Subpart C, 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

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