

Glen Cove Community Development Block Grant
Public Service Agency Application
48th Program Year (9/1/22 – 8/31/23)

Basic Public Service Information (Name, Address, Phone, Contact, TIN#)

The CDBG regulations allow the use of grant funds for a wide range of public service activities. CDBG funds may be used to pay for labor, supplies, and material as well as to operate and/or maintain the portion of a facility in which the public service is located. This includes the lease of a facility, equipment, and other property needed for the public service.

Please choose from the list below what type of **Public Service** activity will you be undertaking.

Public Service Activity List

___ **Senior Services – 05A** (Services for the elderly)

___ **Services for Persons with Disabilities 05B** (Services for the persons with disabilities, regardless of age)

___ **Legal Services - 05C** (Services providing legal aid to low- and moderate-income (LMI) persons)

___ **Youth Services – 05D** (Services for young people age 13 to 19. For example, recreational services limited to teenagers and teen counseling programs. This can also be used for counseling programs that target teens but include counseling for the family as well.

For services for children age 12 and under, use "Child Care Services")

___ **Transportation Services – 05E** (General transportation services. Transportation services for a specific client group should use the activity name for that client group. For example, use "Senior Services" for transportation services for the elderly)

___ **Substance Abuse Services – 05F** (Substance abuse recovery programs and substance abuse prevention/education activities. If the services are provided for a specific client group, the activity name for that client group may be used instead. For example, substance abuse services that target teenagers may be coded "Youth Services")

___ **Services for victims of domestic violence, dating violence, sexual assault or stalking – 05D** (Services for victims of domestic violence, dating violence, sexual assault or stalking. For services limited to abused and neglected children, use activity "Services for Abused and Neglected Children")

___ **Employment Training – 05H** (Assistance to increase self-sufficiency, including literacy, independent living skills, resume writing, job coaching, "how to get and keep a job" training, or training students in a particular field on skill when there is no tie to a specific position or business)

___ **Crime Awareness/Prevention – 05I** (Promotion of crime awareness and prevention, including crime prevention education programs, community-oriented policing programs above and beyond normal staffing levels, installation of security cameras, and paying for security guards)

___ **Fair Housing Activities - 05J** (subject to Public Services cap) 24 CFR 570.201(e) (Fair housing services (e.g., counseling on housing discrimination) as public services. The activity needs to meet a national objective)

___ **Tenant/Landlord Counseling – 05K** (Counseling to help prevent or settle disputes between tenants and landlords)

___ **Child Care Services – 05L** (Services that will benefit children (generally under age 13), including parenting skills classes)

___ **Health Services – 05M** (Services addressing the physical health needs of residents of the community)

___ **Services for Abused and Neglected Children – 05N** (Daycare and other services exclusively for abused and neglected children)

___ **Mental Health Services – 05O** (Services addressing the mental health needs of residents of the community)

___ **Housing Counseling only, under – 05U** (Housing counseling, under 24 CFR 5.100, for renters, homeowners, and/or potential new homebuyers that is provided as an independent public service (i.e., not as part of another eligible housing activity))

___ **Neighborhood Cleanups – 05V** (One-time or short-term efforts to remove trash and debris from neighborhoods. Examples of legitimate uses of this code include neighborhood cleanup campaigns and graffiti removal)

___ **Food Banks – 05W** (Costs associated with the operation of food banks, community kitchens, and food pantries, such as staff costs, supplies, utilities, maintenance, and insurance)

___ **Housing Information and Referral Services – 05X** (An activity that provides housing information, education, and referral services, or general budget/financial counseling that does not meet the 24 CFR 5.100 definition of Housing Counseling)

___ **Housing Counseling under 24 CFR 5.100 Supporting Homebuyer Downpayment Assistance – 05Y** (Housing Counseling, under 24 CFR 5.100, that is provided to in conjunction with homebuyer downpayment assistance as a public service)

___ **Homeless/AIDS Patients Programs – 03T** (Costs associated with the operation of programs for the homeless or AIDS patients, such as staff costs, utilities, maintenance, and insurance)

___ **Other Public Service Not Listed Above – 05Z**___

1. Project name:
2. What areas of Nassau County does your organization serve?
3. Agency's Mission Statement:
4. Provide a detailed project description.
5. At what address will the services be taking place?
6. Describe the type of facility and discuss how conducive the environment is in carrying out your public service.
7. To utilize CDBG funds for a public service, the service must be either:
 - A new service; or
 - A quantifiable increase in the level of an existing service which has been provided by the State or another entity
 Please explain if this is a new service or an increase in the level of service.
8. Who are the beneficiaries?
 - People (General)
 - Youth
 - Elderly
 - Disabled (Physically or Mentally)
 - Veterans
 - Homeless
 - Victims of Domestic Violence
 - Victims of Child Abuse
 - Other _____
9. Proposed number of beneficiaries.

Note: As per HUD rule, the number of beneficiaries, beneficiary demographics, and income level information must be collected and reported on once 80% of the funds have been expended.

The following lists the race categories delineated by HUD. Hispanic is an ethnicity and must also be reported on. For example, someone can be Black/African American and also Hispanic:

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native & White

- Asian & White
- Black/African American & White
- American Indian/Alaska Native & Black
- Other Multi-Racial

The following lists the income categories based on household size and income.

- Extremely Low – 0-30% AMI
- Very Low – 31-50% AMI
- Low to Moderate – 51 – 80% AMI
- Non-Low/Moderate - 81% AMI and above

10. National Objective (choose one).

___ Low/Mod Limited Clientele Based on Household Size and Income
At least 51% of program participants must be low/mod

___ Low/Mod Limited Clientele – Presume Benefit

An activity can be considered Presumed Benefit if the program benefits abused children/spouses, elderly, severely disabled adults, homeless, illiterate, AIDS, or migrant farmworkers. If this category is chosen, please explain how the program participants meet the criteria:

If an activity is considered presumed benefit, the organization must still collect demographic data on clients served.

___ Low/Mod Limited Clientele – Nature or Location.

An activity can be considered eligible under this category if the activities are of such a nature and in such a location to conclude low/mod clientele serviced (i.e., funding a daycare in a Public Housing complex - the location of the activity implies eligibility). If this category is chosen, please explain how the program participants meet the criteria:

If an activity is considered eligible because of Nature and Location, the organization must still collect demographic data on clients served.

___ Low/Mod Area Benefit Activity

If LMA, provide the census tract(s) and block group(s) and attach a map of the service area

___ Low/Mod Jobs Benefit

If LMJ, please indicate what types of jobs and number of jobs will be either created or retained and if they will be FTE or PTE.

11. Describe how the organization will collect income eligibility documentation (i.e., tax returns, DSS documentation, Section 8 documentation). In order for a public service activity to be considered "eligible," at least 51% of the participants must be low to

moderate-income. Please see HUD Income Limits attached to the "Library" Section of this application. **NOTE:** Income "Self Certification" can only be used only under extenuating circumstances and must be approved by Nassau OCD in advance. Source documentation must be collected and kept in program files for potential HUD audits.

12. Describe the outreach efforts your organization undertakes to solicit program participation. Please make a note of any other agencies/organizations that may assist in this regard (i.e., school district, village)
13. If you are requesting funding to make physical improvements to your facility (PF&I), please provide the project detail, including a proposed timeline for completion. Attach a professional cost estimate if available.
14. Has your organization received CDBG funding within the past two years? If yes, please state the amount received and if there are any funds remaining from previous years.
15. Receiving CDBG funding is not guaranteed. If CDBG funds were not available, how would you carry out your program? Are you sustainable?
16. How important is this program to the community and/or clientele it serves?
17. Are there any other organizations carrying out similar program in the community?
18. How does your program lead to greater self-sufficiency among individuals? How does it provide a long-term solution to solving poverty?
19. Summarize your organization's and its staff's background and capacity. Describe any experience managing federal grants or other types of grants.
20. What are past "success stories" of this program? If new project, what are success stories from similar projects your organization has undertaken?
21. Are your financials audited on a yearly basis? Yes__ No___. Please explain.
22. Please indicate which Performance Objective this activity will address. Note that there are no wrong answers.
 Suitable living environments
 Decent affordable housing
 Creating economic opportunities
23. Please indicate which Performance Outcome this activity will address. Note that there are no wrong answers.
 Availability/accessibility
 Affordability
 Sustainability: providing livable or viable communities

24. Does your organization do anything to address any of the nine (9) Impediments to Fair Housing Choice as identified in the 2020 Analysis of Impediments (AI) The Impediments are as follows:

- Impediment #1: Discrimination in the Nassau County Housing Market _____
- Impediment #2: Lending Policies, Practices and Disparities _____
- Impediment #3: High Cost of Housing _____
- Impediment #4: Community Planning & Zoning Decisions That Impede Affordable Housing _____
- Impediment #5: Limited Availability of Funds _____
- Impediment #6: Limited Non-Profit Capacity _____
- Impediment #7: Abandoned / Deteriorated Housing _____
- Impediment #8: Employment/Housing/Transportation Linkage _____
- Impediment #9: Insufficient Understanding of “Reasonable Accommodations” and ADA _____

25. Please use the space below to provide any additional information about your organization and the services you provide that may further support this application.

26. Does any other organization utilize the facility? Please explain.

Timeline for PF&I Projects:

Phase	Anticipated Completion Date
Architectural/Engineering	
Bid Phase	
Construction Phase	
Other	
Project Completion	

27. Budget (include all other sources of funding for your program):

For Public Service	Amount CDBG Requested \$	Other State \$	Other Federal \$	Other Local Government \$
Equipment				
Supplies				
Salaries				
Fringe				
Consultants				
Rent/Utilities				
Travel (58 Cents per mile)				

Professional Development				
Other				
For PF&I				
Architectural				
Engineering				
Materials				
Construction				
Inspections				
Other_____				
Total				

APPLICATION DEADLINE: Thursday, February 24, 2022 at 3:00 P.M.
 By email with *required attachments to: cbyrne@glencovecda.org
 One hard copy with all attachments to:

Camille Byrne, Executive Assistant
 Glen Cove Community Development Agency
 9 Glen Street, Room 304
 Glen Cove, NY 11542
 (516) 676-1625 Ext. 112

Criteria/checklist for eligible Public Service Agencies to apply:

1. Articles of Incorporation and By-Laws
2. Resume of Program Administrator
3. Resume of Fiscal Officer
4. Current list of Board of Directors
5. State and Federal Tax Exemption Determination Letters.*
6. Copy of Intake Form verifying income eligibility, race and ethnicity*
7. Tax Identification Number
8. Audited financial statement (current year).
9. Include budget outlining cost of expenses associated with your public service program.*
10. List of officers compensated under the public service agency program, if applicable.*

***NOTE:** The above * items must be uploaded into the grant portal program; therefore, the CDA will not be able to submit your public service program unless the items marked with * are received electronically or available to scan. The remaining documents must be kept on file by the CDA in the event of an audit. Only one copy of the attachments is necessary.