

Glen Cove Community Development Block Grant
Public Service Agency Application
50th Program Year (9/1/24 – 8/31/25)

Basic Public Service Information (Agency Name, Address, Phone, Email 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**___

Please answer the following 5 questions as it pertains to affirmatively promoting Fair Housing.

Does the proposed activity?

1. Support and promote integrated communities and improve integrated living patterns?

Yes ___ No ___ N/A___

2. Reduce racially and ethnically concentrated areas of poverty?

Yes ___ No ___ N/A___

3. Respond to identified disproportionate housing needs of persons protected under the Fair Housing Act?

Yes ____ No ____ N/A ____

4. Foster and maintain compliance with civil rights and fair housing laws?

Yes ____ No ____ N/A ____

5. Address disparities in access to key community assets which may provide greater mobility and access to vital assets, including: economic opportunities, employment, health, transportation and quality education?

Yes ____ No ____ N/A ____

Provide information as it relates to your positive response, if applicable, to the above questions.

PROJECT INFORMATION:

6. Project name:

7. What areas of Nassau County does your organization serve? Glen Cove

8. Agency's Mission Statement:

9. Provide a detailed project description.

10. 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.

11. Who are the beneficiaries?

- People (General)
- Youth
- Elderly
- Disabled (Physically or Mentally)
- Veterans
- Homeless
- Victims of Domestic Violence
- Victims of Child Abuse
- Other _____

12. Proposed number of beneficiaries.

Note: As per HUD rule, 51% of the program participants must be low/moderate income as per HUD income limits (attached). Please be sure to collect the following data (below) as it pertains to the beneficiaries, beneficiary demographics, and income level. Information must be collected and kept on file in the event of an audit. The CAPER report will be requested once 80% of the funds have been expended and will need to include reporting on the demographics and income categories of the program participants.

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

13. National Objective (choose one).

Low/Mod Limited Clientele Based on Household Size and Income

At least 51% of program participants must be low/mod per 2023 HUD Income Limits 6/15/23 (attached)

If an activity is low/mod clientele, please collect income certification documentation and keep it on file in the event of an audit.

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.

14. Describe how the organization will collect income eligibility documentation (e.g., tax returns, DSS documentation, Housing Choice Voucher Program 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 refer to HUD Income Limits attached.

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.

Determining, verifying, and documenting eligibility: Describe detailed procedure to determine income eligibility.

15. **Has your organization received CDBG funding from the City of Glen Cove within the past two years? If yes, please state the amount received and if there are any funds remaining from previous years.**
16. **Receiving CDBG funding is not guaranteed. If CDBG funds were not available, how would you carry out your program? Are you sustainable?**
17. **How important is this program to the Glen Cove community and/or clientele it serves?**
18. **Are there any other organizations carrying out similar program in the community?**

- 19. How does your program lead to greater self-sufficiency among individuals? How does it provide a long-term solution to solving poverty?**
- 20. Summarize your organization and its staff's background and capacity. Describe any experience managing federal grants or other types of grants.**
- 21. What are past "success stories" of this program? If new project, what are success stories from similar projects your organization has undertaken?**
- 22. Are your financials audited on a yearly basis? Yes__ No___. Please explain.**
- 23. 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
- 24. 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
- 25. 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) as follows (check all that apply):**

- 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 _____

- 26. Please use the space below to provide any additional information about your organization and the services you provide that may further support this application.**
- 27. Does any other organization utilize the facility in which the program is held? Please explain.**

PUBLIC FACILITIES IMPROVEMENT (PF&I)

If you are requesting funding to make physical improvements to your facility (PF&I), please provide the project details, including a proposed timeline for completion. Attach a professional cost estimate.

Timeline for Public Facilities Improvements (PF&I) Projects:

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

28. Budget to conduct program (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				

BUDGET SUPPORT DOCUMENTION:

In each category of the budget expenses (above), please provide supporting documentation.

For PF&I projects, please provide a professional cost estimate and photos of proposed work in need of replacement. Please be mindful any construction project over \$2,000.00 must adhere to the NYS DOL Prevailing Wage determination by trade. If awarded funds under this category, payroll certification reports will need to be completed and procurement efforts demonstrating lowest responsible bidder/cost of equipment must be undertaken.

For Public Service Programs, please provide a breakdown of costs associated with delivery of your program. For example, if your program is to offset salaries of counselors or youth employment workers, please provide breakdown of hourly rate + fringe and estimated number of hours per number of workers and estimated number of hours to perform the program. If your program is to pay for supplies or equipment, please provide details of what is being ordered and the estimated price. If your program is to hire outside contractors to perform a service/program (e.g., Yoga) then please provide details of the program and cost per session. If your program is for field trips or bus transportation, please provide details on the number of participants and cost of admission per person or bus rental.

PUBLIC SERVICE AGENCY APPLICANTS ARE REQUIRED TO ATTEND A MANDATORY APPLICATION WORKSHOP ON THURSDAY, FEBRUARY 15, 2024 AT 10AM IN GLEN COVE CITY HALL, 1ST FLOOR CONFERENCE ROOM.

APPLICATION DEADLINE: Thursday, February 29th

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 by the Glen Cove CDA into a comprehensive 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.

2/1/24 final