



**CITY OF LONG BEACH**  
**OFFICE OF COMMUNITY DEVELOPMENT**  
**1 WEST CHESTER STREET**  
**LONG BEACH, NY 11561**  
**516-431-1000**  
[WWW.LONGBEACHNY.GOV](http://WWW.LONGBEACHNY.GOV)

**Community Development Block Grant (CDBG)  
Program  
Public Service Organization  
Grant Application**

**Federal Fiscal Year 2015 (41<sup>st</sup> Year)**

City Council  
Len Torres, President  
Fran Adelson, Vice President  
Anthony Eramo  
Eileen Goggin  
Scott J. Mandel

Jack Schnirman  
*City Manager*

# LONG BEACH OFFICE OF COMMUNITY DEVELOPMENT PUBLIC SERVICE APPLICATION – 41<sup>st</sup> PROGRAM YEAR

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Please attach the following check list and requested documents to the application. The application will not be processed without the following documents. Incomplete applications will not be considered for funding.

## REQUIRED ATTACHMENTS TO INCLUDE WITH YOUR APPLICATION

### Check List

- Articles of Incorporation and By-Laws
- State and Federal Tax Exemption Determination Letters
- Current List of Board of Directors
- Organizational Chart
- List of any officers and/or staff to be compensated under the program
- Resume of Program Administrator
- Resume of Fiscal Officer
- Copy of Most Recent Audited Financial Statements Prepared in Compliance with OMB Circular A-133
- Copy of Most Recently Filed IRS Form 990 – Return of Organization Exempt From Income Tax
- Copy of Current Annual Operating Budget (*include both sources & uses of funds*)
- Copy of Most Recent Interim Financial Statements for Current Year (Balance Sheet & Profit & Loss Statement) Not More Than 60 Days Old.
- Copy of Intake Form verifying income eligibility which also includes self-identification of race and ethnicity.

### All client intake forms must contain the following language:

*I certify that the above information is accurate to the best of my knowledge. While I have been assured that the information is kept confidential, I am aware that it is subject to verification by the agency providing services, the Long Beach Office of Community Development. I, therefore, authorize such verification, and will provide supporting documents if requested.*

Applicant's Name (Please Print): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of a parent or guardian person to receive services is a minor)

### For Public Facility Improvement Projects include the following additional documents:

- Evidence of local building department approvals
- Engineering or Architects estimate of project cost

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**Name of Organization:** \_\_\_\_\_

**Address of Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Charities Registration #:** \_\_\_\_\_  
(Obtained from NYS Attorney General)

**Tax ID #:** \_\_\_\_\_

**DUNS Number (required):** \_\_\_\_\_

If your organization does not have a DUNS number, apply online at <https://eupdate.dnb.com/requestoptions.html> or call toll free at 1-866-705-5711.

**Year(s) in Operation:** \_\_\_\_\_

Funding Available from the Long Beach Office of Community Development (LB OCD) is received through an allocation from the U.S. Department of Housing and Urban Development. All requests for funding must thus comply with applicable requirements of the Community Development Block Grant (CDBG) Program. Such requirements include being eligible for assistance and benefiting a clientele that is principally of low and moderate income.

Funding requests should be project or program specific. General operating expenses of a non-profit organization will not be considered.

Long Beach's 2015 Program Year begins on September 1, 2015.

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**CERTIFICATION:** The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under this Long Beach HUD-financed program is true and complete to the best of the Applicant's knowledge and belief. Verification may be obtained from any source named herein.

The applicant further certifies that no employee, agent, consultant, officer, or elected or appointed official of the subrecipient agency may obtain a financial interest in the program for which funding is being requested, either for themselves or those with whom they have business or immediate family ties, during their tenure and for the period of one (1) year thereafter.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**I. PROJECT DESCRIPTION SHEET**

**A. Description of your agency's Mission Statement. Attach additional programmatic information if necessary.**



**B. Project Name:**



**C. Specific Location (block/address):**



**D. Budget Request:**



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E. Anticipated Project Start date: \_\_\_\_\_

Anticipated Project Completion date: \_\_\_\_\_

F. Budget Request for this Project: \_\_\_\_\_

**II. PRIORITIES**

**A. Which priority does the program address (check all that apply):**

- Affordable Housing
- Downtown Revitalization
- Transit Oriented Development
- Economic Development
- Green/Energy Efficiency
- Leveraging of CDBG Dollar
- Public Service

**B. Does the program (check all that apply):**

- Support and promote integrated communities and improve integrated living patterns?
- Reduce racially and ethnically concentrated areas of poverty?
- Respond to identified disproportionate housing needs of persons protected under the Fair Housing Act?

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- Foster and maintain compliance with civil rights and fair housing laws?
- 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?

**III. PROGRAM ELIGIBILITY**

The HUD CDBG regulations require that all funded activities meet one of the Program's national objectives. Public Service activities can qualify by meeting the needs of primarily low and moderate income persons in different ways. Please choose the **one** category that best describes the activity and complete the appropriate subsection.

**A. Low/Mod Benefit Category**

- Area Benefit** – Benefits low/moderate income persons on an area-wide basis (the service is available to all of the residents of an area whose residents are primarily low and moderate income). Provide a description of the area boundaries.
- Direct Benefit** - Benefits low/moderate income persons on a direct, limited clientele basis. At least 51% of the program participants must meet the income eligibility guidelines per household. Identify applicable income guidelines and any restrictions on participation (See HUD Income Limits Below).

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The current HUD Income Limits are as follows (subject to change, please verify):

Median Income	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
30%	\$22,100	\$25,250	\$28,400	\$31,550	\$34,100	\$36,600	\$39,150	\$41,650
50%	\$36,800	\$42,050	\$47,300	\$52,550	\$56,800	\$61,000	\$65,200	\$69,400
60%	\$44,140	\$50,450	\$56,750	\$63,060	\$68,100	\$73,150	\$78,190	\$83,240
80%	\$58,850	\$67,250	\$75,650	\$84,100	\$90,800	\$97,550	\$104,250	\$111,000

HUD Median Income \$105,100

**Presumed Benefit** - Presumed Benefit activities are those that benefit abused children, battered spouses, elderly, severely disabled adults, homeless, illiterate persons, persons living with AIDS, migrant farm workers. (If your organization does not service this population, it is not considered Presumed Benefit). Please explain.

**Nature or Location** - Nature or Location public service activity is deemed eligible because it is of such a nature and be in such a location that it may be concluded that the activity's clientele will primarily be low and moderate income persons. For example funding a day laborer site located in a low and moderate income area would be an eligible activity. Please explain.

### **B. Beneficiary Group Information:**

Type of Beneficiary: (People, Youth, Elderly, Households, Businesses, Organizations, Housing Units, Public Facilities, Jobs) (Select One) *Choose an item.*

Proposed Number of Beneficiaries: \_\_\_\_\_

Type of Service (i.e. Youth Services, Senior Services, Legal Services, etc.):  
\_\_\_\_\_

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C. Is this service:

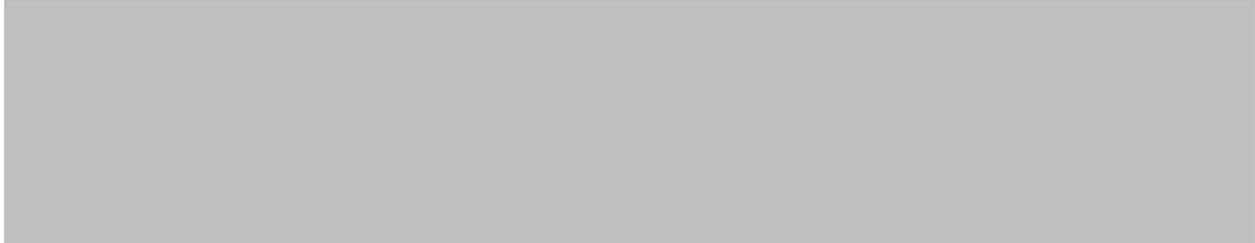
- a continuation of a current activity?  Yes  No
- a new service or expansion of a current activity?  Yes  No

In order to utilize CDBG funds under the public service category, the service must be either a ***new service*** or a ***quantifiable increase in the level of an existing service*** and meet the 51% low/mod criteria (at least 51% of the participants must be documented as being low/mod income individuals or families). Please describe how this activity is eligible.

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**D. If CDBG were not available, what alternative funds would be available for this service?**



**IV. ADDITIONAL INFORMATION**

**A. Experience:** Describe the experience of your organization in implementing the activities that you have proposed in the application. Specifically, include the years of experience of staff and your organization (Attach any additional info.)



**Record Keeping and Reporting**

Please indicate how your organization is able to document the income status of the targeted beneficiaries:



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**LEVERAGING OF OTHER FUNDING AGENCIES Complete Program Budget**

Complete Program Budget	Funding Received 40 <sup>th</sup> Year 2014-2015	Funding Request 41 <sup>st</sup> Year 2015-2016
Amount requested from City of Long Beach OCD Community Development Block Grant (CDBG) Program	\$	\$
Amount Anticipated from other sources		
<b>List Agency &amp; Program</b>		
Other Federal (List)		
1.)		
2.)		
<b>State</b>		
1.)		
2.)		
<b>County</b>		
1.)		
2.)		
<b>Local Gov't</b>		
Program Income		
Original Contribution		
<b>TOTAL PROJECT COSTS</b>		

\* List additional sources on a separate piece of paper if necessary.

**WHERE TO OBTAIN ADDITIONAL INFORMATION**

For additional information on the CDBG Program, including eligibility, national objective compliance, record keeping and other federal requirements please go to:

[http://www.access.gpo.gov/nara/cfr/waisidx\\_04/24cfr570\\_04.html](http://www.access.gpo.gov/nara/cfr/waisidx_04/24cfr570_04.html)