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**Inc. Village of Hempstead  
COMMUNITY DEVELOPMENT AGENCY  
50 CLINTON ST - SUITE 504  
HEMPSTEAD, NY 11550**

## **Community Development Block Grant (CDBG) Program**

### **Public Service Organization Grant Application**

Federal Fiscal Year 2025 (51<sup>st</sup> Program Year)  
(September 1, 2025 – August 31, 2026)

**Name of Organization:**

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**Date of Submission:**

**Years organization has been in operation:**

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**Main contact person/title for organization:**

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**Address of organization:**

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Community Development Block Grant (CDBG) funding is available from the Nassau County Office of Community Development (NC OCD) and is received through an allocation from the U.S. Department of Housing and Urban Development (HUD). All requests for funding must comply with applicable requirements of the federal program. Such requirements include being eligible for assistance and benefiting a clientele that is principally of low and/or moderate income.

Funding requests should be program specific. Projects selected for funding will be included in the FY 2025 Action Plan to be submitted to HUD for final approval. Nassau County's 2025 Program Year begins on September 1, 2025. For additional information on the CDBG Program, including eligibility, national objective compliance, record keeping and other federal requirements please go to: <https://www.hudexchange.info/programs/cdbg-entitlement/>

This application is due to the Village of Hempstead CDA office no later than  
**Friday, February 21, 2025, by 4 p.m.**

**Attn: Tina Lake, Project Coordinator**  
Inc. Village of Hempstead Community Development Agency  
50 Clinton Street, Suite 504  
Hempstead, NY 11550

**Organization Tax ID #:**

\_\_\_\_\_

**D-U-N-S Number (Required):**

\_\_\_\_\_

If your organization does not have a DUNS number, apply online at: <https://www.dnb.com/en-us/smb/duns.html> or call 1-866-990-5845.

**Name of program to be funded with CDBG funds:**

\_\_\_\_\_

**Address of CDBG program location:**

\_\_\_\_\_

**The contact person from the organization who will submit invoices and reports to the Inc. Village of Hempstead CDA for CDBG reimbursement. Include phone # and e-mail address:**

\_\_\_\_\_

\_\_\_\_\_

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**Please attach the following required documentation to the application. If the documents were submitted and the program was awarded in the 50<sup>th</sup> year CDBG program, please indicate that CDA has the documents on file. Incomplete applications will not be considered for submission to Nassau County.**

**Check each item that is attached. If you do not attach a particular document, please provide an explanation.**

1. \_\_\_\_\_ Articles of Incorporation and By-Laws
2. \_\_\_\_\_ Mission Statement
3. \_\_\_\_\_ State and Federal Tax Exemption Determination Letters
4. \_\_\_\_\_ Current List of Board of Directors
5. \_\_\_\_\_ Organizational Chart
6. \_\_\_\_\_ List of any officers and/or staff to be compensated under the program being funded.
7. \_\_\_\_\_ Resume of Program Administrator
8. \_\_\_\_\_ Resume of Fiscal Officer
9. \_\_\_\_\_ Copy of Lease Agreement of building where program takes place.
10. \_\_\_\_\_ Copy of Most Recent Audited Financial Statements Prepared in Compliance with the Office of Management and Budget (OMB) 2 CFR Part 200, et seq.
11. \_\_\_\_\_ Copy of most recently Filed IRS Form 990 – Return/Organization Exempt from Income Tax
12. \_\_\_\_\_ Copy of current annual operating budget (include both sources and uses of funds).
13. \_\_\_\_\_ Copy of most recent Interim Financial Statements for Current Year (Balance Sheet and Profit & Loss Statement) Not More Than 60 Days Old.
14. \_\_\_\_\_ Copy of a blank Intake Form for program participants. Information from the Intake Form will be submitted with the Consolidated Annual Performance and Evaluation Report (CAPER). Intake form must include household size, income level, and self-identification of race and ethnicity. Attach participant intake forms and any other income documentation provided by program participants when CAPER is submitted. Please remove all personal information.

**All client intake forms must contain the following language and must be signed:**

*“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 Nassau County Office of Housing and Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documents if requested.”*

**Explanation for omitted documentation:**

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**I. PROGRAM INFORMATION**

**A. Description of the Program that funding is being requested for. Include program name and who from the Village of Hempstead is being served. Include days of program operation and the location(s) of the program.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Program start date and program end date:** \_\_\_\_\_

**Cost to run the entire program:** \_\_\_\_\_

**B. What part of the above program are you requesting to be funded with CDBG funds?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Are there other funding sources being used to carry out this program? Please list sources and amounts.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Is this program a newly requested service to be funded in the Village of Hempstead or a quantifiable increase in the level of existence of a service that has received past CDBG funding? Explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Anticipated program accomplishments during the program year (be specific):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**II. PROGRAM ELIGIBILITY**

- A. 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).**

**As per the above criteria for funding, please describe how this activity is eligible:**

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- B. The HUD CDBG regulations require that all funded activities meet one National Objective. Check which objective applies to this specific program:**

- Low/Mod Limited Clientele (Direct Benefit):** limited clientele category is a way to qualify specific activities under the Low/Mod Income (LMI) benefit national objective. Under this category, 51% of the beneficiaries of an activity have to be Low/Mod Income persons. Activities in this category provide benefits to a specific group of persons rather than everyone in an area. It may benefit particular persons without regard to their residence, or it may be an activity that provides a benefit to only particular persons within a specific area.
- Low/Mod Area Benefit:** The area benefit category is the national objective used for activities that benefit a residential neighborhood. An area benefit activity is one that benefits all residents in a particular area, where at least 37.98% (Nassau County exception criteria) of the residents are Low/Mod Income persons.

**C. Additional Low/Mod Benefit Categories**

**Presumed Benefit** activities are those that benefit **one** of the following categories: abused children, battered spouses, elderly, severely disabled adults, homeless, illiterate persons, persons living w/ AIDS, and migrant farm workers: (Reference: 24 CFR 570.483(b)(2)(ii)(A)).

Is this a Presumed Benefit Activity? Yes \_\_\_\_ No \_\_\_\_

If yes, list the appropriate category your program serves: \_\_\_\_\_

- D. Nature or Location** activities are of such a nature and in such a location that it may reasonably be concluded that the activity's clientele will primarily be low/mod income persons (for example, a day care center that is designed to serve residents of a public housing complex). Reference: 24 CFR 570.483(b)(2)(ii)(D).

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Is this a Nature or Location Activity? Yes \_\_\_\_ No \_\_\_\_

If yes, list the type (one) of beneficiaries: \_\_\_\_\_

**E. Proposed Number of Program 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

Total number of beneficiaries in program/project  
to be served with CDBG funds \_\_\_\_\_

Number of persons who are racial or ethnic  
minority \_\_\_\_\_

Number of persons who are Extremely Low  
Income \_\_\_\_\_

Number of persons who are Very Low Income \_\_\_\_\_

Number of persons who are Low-Moderate-  
Income \_\_\_\_\_

Number of persons who are non-Low-Moderate-  
Income \_\_\_\_\_

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**F. Beneficiary Income Verification**

HUD Uncapped Income Limits FY 2025

HOUSEHOLD SIZE

	1	2	3	4	5	6	7	8
<b>Low/ Mod 80%</b>	<b>\$87,500</b>	<b>\$100,000</b>	<b>\$112,500</b>	<b>\$125,000</b>	<b>\$135,000</b>	<b>\$145,000</b>	<b>\$155,000</b>	<b>\$165,000</b>

In order for a public service activity to be considered “eligible”, at least 51% of the participants must be low to moderate income. **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.

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

**Describe how your organization will document the income status of the targeted beneficiaries (i.e. Income tax return document):**

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**III. Expected Outcome of Program:**

**Identify which outcome category best reflects what you are seeking to achieve (the results) in funding this particular activity. Choose only one outcome:**

\_\_\_\_\_ 1. **Availability / Accessibility Affordability Sustainability Availability / Accessibility** - This outcome category applies to activities that make services, infrastructure, housing, or shelter available or accessible to low and moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low and moderate income people.

\_\_\_\_\_ 2. **Affordability** - This 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 the creation of maintenances of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

\_\_\_\_\_ 3. **Sustainability: Promoting Livable or Viable Communities** - This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable

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by providing benefits to persons of low and moderate income, or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

**IV. Proposed Program Budget**

**Total Program Cost:** \_\_\_\_\_

**Budget for the Program:**

<u>Program budget Item</u> (specifically used for the program)	<u>Total Amount</u>
Personnel	\$
Fees	\$
Insurance	\$
Transportation	\$
Rent	\$
Supplies	\$
Utilities	\$
Other – (please explain)	\$
<b>Total</b>	<b>\$</b>

**CDBG Grant Funding Requested Amount:** \$ \_\_\_\_\_

**V. LEVERAGING OF OTHER FUNDING AGENCIES**

**A. Please list other sources of funding you have applied for or have received.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

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**VI. ORGANIZATIONAL 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.)

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**B. Outreach:** Describe the outreach efforts of your organization with regard to soliciting participation in the subject program. Please make note of any agencies/organizations that will assist in this regard (e.g. school district, village).

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**C. Timeliness** - What steps will be taken to ensure timely completion of this project or activity? Will you submit invoices to Village of Hempstead CDA prior to August 31, 2026?

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**D. Additional HUD Activity Set Up Information (Check all that apply):**

Is the Primary Purpose of the activity to:

- Help Prevent Homelessness       Help Those with HIV/AIDS  
 Help the Homeless                       Help Persons with Disabilities

**VII. PROGRAM PRIORITIES**

**A. Does the activity (check all that apply):**

Support and promote integrated communities and improve integrated living patterns? (i.e., public service activities, multifamily rehabilitation, acquisition of property for public purpose, and homeownership assistance)

Reduce racially and ethnically concentrated areas of poverty? (i.e. economic development, public service activities, and homeownership assistance)

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- \_\_\_\_\_ Respond to identified disproportionate housing needs of persons protected under the Fair Housing Act? (i.e. residential rehabilitation – for handicapped accessibility improvements, code enforcement, and public housing rehabilitation)
  
- \_\_\_\_\_ Foster and maintain compliance with civil rights and fair housing laws? (i.e., housing counseling, and landlord/tenant counseling)
  
- \_\_\_\_\_ 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? (i.e. downtown revitalization, public facility and infrastructure improvements, handicapped accessibility improvements, commercial rehabilitation, public service activities, and transportation activities)

**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 Nassau County HUD-funded 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**