

TOWN OF ISLIP COMMUNITY DEVELOPMENT AGENCY



BOARD OF DIRECTORS
Debra Cavanagh, Chairperson
Jarett Gandolfo • Timothy Morris • Manuel Troche • Maria Vidal



Julia E. MacGibbon, *Executive Director*
Kevin J. Crean, *Director of Affordable Housing and Program Development*
Renee C. Sumpter, *Chief Financial Officer*



TOWN OF ISLIP
COMMUNITY DEVELOPMENT AGENCY
15 SHORE LANE
BAY SHORE, NY 11706

Emergency Solutions Grants (ESG) Program

Emergency Shelter
Homeless Prevention
Rapid-Re-Housing

Funding Application

Fiscal Program Year:
July 1, 2026 – June 30, 2027

Name of Organization: _____

Date of Submission: _____

INTRODUCTION

Thank you for your interest in the program sponsored by the Town of Islip Community Development Agency (CDA). Below, please find and complete the application for funding under the federal Emergency Solutions Grants (ESG) Program operating within the Town of Islip.

Please keep in mind that the CDA's funding year is July 1st through June 30th and that our U.S. Department of Housing and Urban Development (HUD) grants fluctuate annually based on federal appropriations. Funding requests should be project-specific. Projects selected for funding will be included in the FY 2025 Action Plan to be submitted to HUD for final approval.

If you wish to be considered for Emergency Solutions Grants (ESG) Program funds for the 2026-2027 fiscal year, your request for funding must be submitted no later than **5:00 PM on Friday, March 6, 2026.** No applications/proposals will be accepted after that date. Grant awards will be announced on or about April 4, 2026.

The provision of Housing for the Homeless was identified as a Priority Need in the Five-Year Consolidated Plan (2020-2024) prepared by the Town of Islip CDA. The Emergency Solutions Grants (ESG) Program has five eligible activities. Funding under three of those categories is available under this funding application. Non-profit organizations that assist the homeless or those at-risk of homelessness are invited to apply for funding assistance. Properties operating as emergency housing for the homeless must be located within the Town of Islip and must have applicable approvals to operate as emergency shelters from the Suffolk County Department of Social Services and be in good standing.

Eligible applicants for ESG Funding under this application include:

- Nonprofit 501(c)(3) organizations;
- Faith-based organizations;
- Public agencies

The three eligible categories of funding under this application are:

1. Street Outreach and Emergency Shelter
2. Homelessness Prevention Services
3. Rapid Re-Housing Services

Beneficiaries of such project and programs must meet HUD's definition of homelessness. HUD has established four categories of homelessness:

1. Literally homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation; or
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

2. Imminent Risk of Homelessness: An individual or family who will imminently lose their primary nighttime residence, provided that:

- Residence will be lost within 14 days of the date of application for homeless assistance;

- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Note: Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

3. Homeless under other Federal Statutes: Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease or ownership interest in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- Can be expected to continue in such status for an extended period of time due to special needs or barriers.

4. Fleeing or Attempting to Flee Domestic Violence: Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
 - Has no other residence; and
 - Lacks the resources or support networks to obtain other permanent housing.
- “Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in their primary nighttime residence, or causes him or her to be afraid to return to their primary nighttime residence (including human trafficking).

Properties to be assisted must be compliant with all Town of Islip zoning and building code requirements, unless the requested funding is intended to correct building code deficiencies. For the latter, information contained in the application must demonstrate that the funding requested, in conjunction with other identified funds, will address said deficiencies and permit the property to be compliant when improvements are completed.

Sections from CDA’s Administrative Procedures Manual are included that pertain to the Overall Guidance for Compliance, the Application and Award Process, Financial Management, Performance Reviews and Monitoring.

If you have any questions or require assistance to your proposal, do not hesitate to contact our office.

Contact Information:

Kevin Crean, Director of Affordable Housing and Project Development
Phone:(631) 665-1185 ext. 18 | E-mail: kcrean@islipcda.org.

Robert Balina, Program Coordinator
Phone: (631) 665-1185 ext. 27 | E-mail: rbalina@islipcda.org

Application is due to this office no later than
5:00 PM on Wednesday, February 26, 2025.

Robert Balina
Town of Islip Community Development Agency
15 Shore Lane
Bay Shore, NY 11706

The Town Board of the Town of Islip directs the application for Emergency Solutions Grants (ESG) Program funds to be released each year.

The Agency Board of Directors approves the process by which funding recommendations will be developed. The tentative 2026-27 Program Year schedule is as follows:

January 28, 2026	CDA's First Public Hearing to Announce Expected Available Funding and Request Input on Local Needs Funding Applications Available
------------------	---

March 4, 2026	CDA's Second Public Hearing Draft Annual Action Plan Review Start of 30-Day Public Comment Period on Plan
---------------	---

March 6, 2026	Funding Applications Due to CDA
---------------	---------------------------------

April 3, 2026	End of 30-Day Public Comment Period on Plan
---------------	---

TBD	Town Board Approval of Plan
-----	-----------------------------

TBD	Submission of Annual Action Plan to HUD
-----	---

May to July, 2026	Notifications of Potential Grant Awards Issuance/Execution of Subrecipient Agreements
-------------------	--

July 1, 2026	Anticipated HUD Approval of Annual Action Plan Beginning of Islip CDA's 2026-2027 Fiscal/Program Year
--------------	--

For Previous Awards

June 30, 2026	The close of Islip CDA's 2025-2026 Fiscal/Program Year
---------------	--

October 2026	Monitoring of <u>prior</u> Subrecipients for accomplishments for <u>FY 2025-2026</u>
--------------	--

NOTE:
THIS APPLICATION IS FOR EMERGENCY SOLUTIONS GRANTS (ESG) PROGRAM FUNDING

A. AGENCY INFORMATION

Name of Agency: _____

Address of Agency: _____

Year(s) in Operation: _____

Contact Person: _____

Title: _____

Telephone Number: _____

Email Address: _____

Tax ID #: _____

DUNS #: _____

Unique Entity ID Number (required): _____

If your organization does not have a UEI, apply online at: <https://sam.gov/content/entity-registration>

**Please attach the following required documentation to the application.
Incomplete applications will be returned.**

Description of Agency's Financial Position (For the most recently ended fiscal year)

1. Most recent Annual Financial Report and Independent Auditors' Letter to Management.
2. IRS 990 Return of Organization Exempt from Income Tax.
3. NYS CHAR 500 Annual Filing for Charitable Organizations.
4. Compliance with Single Audit-Supplemental Financial Report, formerly OMB Circular A-133, codified to 2 CFR Subpart F Section 200.501 "Audit Requirements" must be provided or a letter from your independent auditor, stating that you fall below federal award threshold of \$750,000.
5. Management Letter – Statement from your CEO, CFO or independent auditor confirming the overall position of the organization and certifying that your accounting system conforms to 2 CFR Part 200 "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."
6. IRS Federal Tax-Exempt Status Letter.
7. NYS Form ST-119 - Exempt Organization Certificate with Certificate Number.

Insurance Requirements

1. General Liability Insurance Certificates, naming the Town of Islip Community Development Agency as "additional insured."
2. Workers Compensation Certification

Description of Agency

1. Most Recent Board of Director's Membership Roster
2. Updated Organization Chart
3. Articles of Incorporation (Stamped by Sec. of State)

B. DESCRIPTION OF AGENCY

1. Description of your agency's Mission:

--

2. Detail the experience your agency has in providing housing for homeless populations and/or the services related to homeless prevention and/or rapid re-housing of homeless persons. Include the years of experience of staff and the organization. (Attach any additional information as necessary)

--

3. Does your organization operate an emergency shelter(s) for the homeless in Suffolk County?

☐ Yes - please provide locations and property details

☐ No

Location	Owned?	Beneficiary Type

4. Please list any other Current Programs being carried out by your agency

--

5. Is your organization active in the Long Island Continuum of Care?

☐ Yes - please provide a confirmation email from the CofC

☐ No

6. Has your organization received ESG funding from Islip CDA in the past five years (since 2020)?

- ☐ **Yes - please provide a summary of the amounts received and their use**
☐ **No**

Year	Amount Received	Purpose
2024	\$	
2023	\$	
2022	\$	
2021	\$	
2020	\$	

C. SUMMARY OF FUNDING REQUEST

Indicate the amount of funding requested through this application by eligible activity type. Details will be requested below.

Eligible Activity

Funding Request

- | | |
|-------------------------------------|----------|
| 1. Emergency Shelter Improvements | \$ _____ |
| 2. Street Outreach Services | \$ _____ |
| 3. Homelessness Prevention Services | \$ _____ |
| 4. Rapid Re-Housing Services | \$ _____ |

TOTAL FUNDING REQUEST

\$ _____

D. PROGRAM MATCH

MATCHING FUNDS

The ESG regulations at 24 CFR §576.201 requires funding recipients to match the amount of ESG funding with an equal amount of funds from eligible sources. This requirement will be passed onto each subrecipient receiving ESG funds under this application. Successful applicants must match dollar-for-dollar their total ESG fund award.

Matching funds shall be provided after the date of the grant award. Funds used to match a previous ESG grant may not be used to match a subsequent grant award. A Subrecipient may comply with this requirement by providing the matching funds from any source, including any Federal source other than the ESG program, as well as state, local and private sources. The Subrecipient must ensure the laws governing any Federal funds to be used do not prohibit those funds from being used to match ESG funds. In order to meet the matching requirement, the

matching contributions must meet all the requirements that apply to the ESG funds provided by HUD as required pursuant to 24 CFR §576.201 and all related sections. Matching contributions may be in the form of the following:

(1) *Cash contributions.*

(2) *Noncash contributions.* The value of any real property, equipment, goods, or services contributed to the recipient's or subrecipient's ESG program, provided that if the recipient or subrecipient had to pay for them with grant funds, the costs would have been allowable. Noncash contributions may also include the purchase value of any donated building.

Indicate the amount and source of funding to be used as ESG Match against the funding requested under this application. Attach supporting documentation to support the availability of the funds.

Funding Source	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

TOTAL AMOUNT OF PROPOSED MATCH \$ _____

E. PROPOSED PROGRAM DETAIL

1. Emergency Shelter Improvements Activity (24CFR 576.102)

(a) General. Subject to the expenditure limit in § 576.100(b), ESG funds may be used for costs of providing essential services to homeless families and individuals in emergency shelters, renovating buildings to be used as emergency shelter for homeless families and individuals, and operating emergency shelters.

PROVIDE THE FOLLOWING INFORMATION FOR EACH FACILITY FOR WHICH FUNDING IS BEING REQUESTED. ATTACH SEPARATE SECTIONS FOR EACH LOCATION IF NEEDED.

- a. **Facility Name:** _____
- b. **Facility Location (physical address):**
ONLY PROPERTIES LOCATED WITHIN THE TOWN OF ISLIP ARE ELIGIBLE

- c. **Year property was built:** _____
- d. **For properties built prior to 1978, has a lead-based paint inspection test been performed?**

☐ Yes – Please attach a copy of the report
☐ No
☐ NA – property constructed after 1978
- e. **Does your agency own the site listed above?** (Only sites owned by the applicant are eligible for funding.)
☐ Yes – Please attach a copy of the Deed as evidence of ownership
☐ No – Do not proceed with application
- f. **Is the property currently being operated as an emergency shelter?**
☐ Yes
☐ No
- g. **Describe the planned improvements and/or renovations to the property for which you seek ESG funding:**

- h. Describe the need for the planned improvements and/or renovations and the impact the work will have on the facility and its residents:**

- i. Procurement** – CDBG-funded projects are required to competitively procure professional services (architectural) and construction contracts. Describe how your organization will procure such firms and how construction oversight will be handled.

- j. Relocation/Displacement** – Will your project result in any permanent or Procurement – ESG-funded projects are required to competitively procure professional services (architectural) and construction contracts. Describe how your organization will procure such firms and how construction oversight will be handled.

☐ No

☐ Yes – Please explain

- k. Program Eligibility** – HUD ESG regulations require that beneficiaries of funded activities must meet HUD’s definition of homelessness. HUD has established four categories of homelessness. Please select the category which your activity will address (see the Introduction section of this application for definition details)

☐ Literally homeless

☐ Imminent Risk of Homelessness

☐ Homeless under other Federal Statutes

☐ Fleeing or Attempting to Flee Domestic Violence

Proposed Total Number of Beneficiaries: _____

- l. Beneficiary Qualification** – Describe your agency’s method of documenting and verifying the homelessness status of program beneficiaries. Attach any In-Take forms being utilized for this purpose.

- m. Beneficiary Targeting** – Indicate whether the primary purposed of the proposed activity will be to assist:

Those with HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Persons With Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- n. Project Timeline** – Please provide the expected project timeline. Note: All ESG-funded projects will require the completion of an environmental review to be prepared by the Islip CDA. No construction is permitted to start before receipt of notification that this process has been completed. Please factor that into your timeline. Additionally, the PY2025-26 begins on July 1, 2025.

Project Task	Expected Start Date	Expected Completion Date
➤ Lead-Based Paint Testing	_____	_____
➤ Architectural Planning & Design	_____	_____
➤ Execution of Construction Contract	_____	_____
➤ Receipt of Building Permits	_____	_____
➤ Construction	_____	_____
➤ Town Inspections/Receipt of Certificate of Occupancy	_____	_____

2. Homeless Street Outreach Services (24CFR 576.101)

(a) ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility...

PROVIDE THE FOLLOWING INFORMATION FOR THE PROPOSED STREET OUTREACH SERVICES PLANNED TO BE CONDUCTED BY YOUR ORGANIZATION.

- a. **Prior Experience** – Describe the recent experience of your organization in carrying out a Homeless Street Outreach Program.

- b. **Staffing** – Detail the staffing your organization will provide to the Homeless Street Outreach Program. Provide the experience level of designated staff persons if available.

- c. **Program Description** – Describe your organization's plans to administer the proposed Homeless Street Outreach Program.

- d. **Program Need** – Explain the need for the proposed program in the Town of Islip. Support your claims with appropriate data.

- e. **Program Eligibility** – HUD ESG regulations require that beneficiaries of funded activities must meet HUD's definition of homelessness. HUD has established four categories of homelessness. Please select the category which your activity will address (see the Introduction section of this application for definition details)

- ☐ Literally homeless
☐ Imminent Risk of Homelessness

- ☐ Homeless under other Federal Statutes
- ☐ Fleeing or Attempting to Flee Domestic Violence

Proposed Total Number of Beneficiaries: _____

- f. Beneficiary Qualification** – Describe your agency’s method of documenting and verifying the homelessness status of program beneficiaries. Attach any In-Take forms being utilized for this purpose.

- g. Beneficiary Targeting** – Indicate whether the primary purposed of the proposed activity will be to assist:

Those with HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Persons With Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- h. Project Timeline** – Please provide the expected project timeline. Note: The PY2025-26 begins on July 1, 2025.

3. Homeless Prevention Services (24CFR 576.103)

ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in § 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the “at risk of homelessness” definition, or who meet the criteria in paragraph (2), (3), or (4) of the “homeless” definition in § 576.2 and have an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant’s current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short-term and medium-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

PROVIDE THE FOLLOWING INFORMATION FOR THE PROPOSED HOMELESS PREVENTION SERVICES PLANNED TO BE CONDUCTED BY YOUR ORGANIZATION.

- a. **Prior Experience** – Describe the recent experience of your organization in carrying out a Homeless Prevention Program.

--

- b. **Staffing** – Detail the staffing your organization will provide to the Homeless Prevention Program. Provide the experience level of designated staff persons if available.

--

- c. **Program Description** – Describe your organization’s plans to administer the proposed Homeless Street Outreach Program.

--

- d. Program Need** – Explain the need for the proposed program in the Town of Islip. Support your claims with appropriate data.

- e. Program Eligibility – HUD ESG regulations require that beneficiaries of funded activities must meet HUD’s definition of homelessness. HUD has established four categories of homelessness. Please select the category which your activity will address (see the Introduction section of this application for definition details)**

- ☐ Literally homeless
☐ Imminent Risk of Homelessness
☐ Homeless under other Federal Statutes
☐ Fleeing or Attempting to Flee Domestic Violence

Proposed Total Number of Beneficiaries: _____

- f. Beneficiary Qualification** – Describe your agency’s method of documenting and verifying the homelessness status of program beneficiaries. Attach any In-Take forms being utilized for this purpose.

- g. Beneficiary Targeting** – Indicate whether the primary purposed of the proposed activity will be to assist:

Those with HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Persons With Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- h. Project Timeline** – Please provide the expected project timeline. Note: The PY2026-27 begins on July 1, 2026.

4. Rapid Re-Housing Services (24CFR 576.104)

ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. This assistance, referred to as rapid re-housing assistance, may be provided to program participants who meet the criteria under paragraph (1) of the “homeless” definition in § 576.2 or who meet the criteria under paragraph (4) of the “homeless” definition and live in an emergency shelter or other place described in paragraph (1) of the “homeless” definition. The rapid rehousing assistance must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short- and medium term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

PROVIDE THE FOLLOWING INFORMATION FOR THE PROPOSED RAPID RE-HOUSING SERVICES PLANNED TO BE CONDUCTED BY YOUR ORGANIZATION.

- a. **Prior Experience** – Describe the recent experience of your organization in carrying out a Homeless Prevention Program.

- b. **Staffing** – Detail the staffing your organization will provide to the Homeless Prevention Program. Provide the experience level of designated staff persons if available.

- c. **Program Description** – Describe your organization’s plans to administer the proposed Homeless Street Outreach Program.

- d. **Program Need** – Explain the need for the proposed program in the Town of Islip. Support your claims with appropriate data.

- e. Program Eligibility – HUD ESG regulations require that beneficiaries of funded activities must meet HUD’s definition of homelessness. HUD has established four categories of homelessness. Please select the category which your activity will address (see the Introduction section of this application for definition details)**

- ☐ Literally homeless
- ☐ Imminent Risk of Homelessness
- ☐ Homeless under other Federal Statutes
- ☐ Fleeing or Attempting to Flee Domestic Violence

☐ **Proposed Total Number of Beneficiaries:** _____

- f. Beneficiary Qualification – Describe your agency’s method of documenting and verifying the homelessness status of program beneficiaries. Attach any In-Take forms being utilized for this purpose.**

- g. Beneficiary Targeting – Indicate whether the primary purposed of the proposed activity will be to assist:**

Those with HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Persons With Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- h. Project Timeline – Please provide the expected project timeline. Note: The PY2026-27 begins on July 1, 2026.**

F. LONG-TERM PROGRAM COMPLIANCE

The Town of Islip CDA requires that facilities assisted with ESG-funding continue to serve the intended purpose and benefit the target population for the useful-life of the improvements, which in most cases will be ten years from completion of the improvements. This requirement will be enforced through a Restrictive Covenant to be recorded on the property. A sample Restrictive Covenant is attached to this application for your review.

Failure to continue to utilize the assisted property as an emergency shelter for the homeless for the duration of the required period may subject the applicant to repay the ESG funds provided for the subject improvements.

By signing below, the applicant acknowledges that it understands the long-term compliance requirements that will adhere to any award of ESG funds for facility improvements.

Print Name: _____

Title: _____

Signature: _____

Date: _____

G. TOTAL BUDGET REQUEST:

1. Budget Breakdown for Facility Improvements:

<u>Projected Costs</u> (Provide detailed costs and indicate whether the item has already been competitively bid)	<u>Itemized Cost</u>	<u>ESG Portion of Cost</u>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

* Attach commitment letters, board resolutions or other evidence (such as letters from financial institutions confirming available balances) for all sources of funds committed to the proposed project.

2. Budget Breakdown for Homeless Outreach Services:

<u>Projected Costs</u>	<u>Itemized Cost</u>	<u>ESG Portion of Cost</u>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

* Attach commitment letters, board resolutions or other evidence (such as letters from financial institutions confirming available balances) for all sources of funds committed to the proposed project.

3. **Budget Breakdown for Homeless Prevention Services:**

<u>Projected Costs</u>	<u>Itemized Cost</u>	<u>ESG Portion of Cost</u>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

* Attach commitment letters, board resolutions or other evidence (such as letters from financial institutions confirming available balances) for all sources of funds committed to the proposed project.

D. **Budget Breakdown for Rapid Re-Housing Services:**

<u>Projected Costs</u>	<u>Itemized Cost</u>	<u>ESG Portion of Cost</u>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

* Attach commitment letters, board resolutions or other evidence (such as letters from financial institutions confirming available balances) for all sources of funds committed to the proposed project.

G. LEVERAGING OF OTHER FUNDING SOURCES

Please list other sources of funding you have applied for or have received that will be contributed to the planned program and can be used as the required program match.

<u>Funding Source(s)</u>	Amount	Status
Other Federal		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
 State		
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
 Local Government		
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
 Organization's Contribution (List Sources)		
10. _____	\$ _____	_____
11. _____	\$ _____	_____
12. _____	\$ _____	_____

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

H. GOALS AND PERFORMANCE MEASURES AND ACTIVITY STAFFING

Please provide the anticipated outcome and list the program staff and title along with the time dedicated to the project

Goals and Performance Measures			Staffing	
Activity	Household Units/Month	Total Units/Year	Staff Member & Title	% Time Dedicated to Activity
Resident Case Management				
Street Outreach Case Management				
Homeless Prevention				
Rapid Re-Housing				
Supervision				
Case Review				
Housing Relocation				
Business Office				

**TOWN OF ISLIP
EMERGENCY SOLUTIONS GRANT
FY 2026 FUNDING APPLICATION**

**CERTIFICATION OF PARTICIPATION IN CONTINUUM OF CARE
ATTENDANCE AND PARTICIPATION FORM**

All ESG applicants must submit this Form, completed by the chairperson of their Continuum of Care, with their Emergency Solutions Grant Application.

Attention CoC Leaders: Please complete the information below and check the appropriate level of participation. Funding consideration will be based in part on the extent of the applicant's participation in the local CoC.

To Be Completed by Applicant:

Date: _____

Agency Applying: _____

Agency applying for ESG funding in: Town of Islip

To Be Completed By CoC Lead Agency:

CoC Leader Print Name: _____

CoC Leader Signature: _____

Phone: _____

Email: _____

The Long Island Continuum of Care held _____ (#) meetings in 2024.

_____ YES, the above agency has been an active participant in the Local Continuum of Care in 2025

_____ YES, the above agency has attended at least 75% of the meeting held

_____ NO, the above agency has not been an active participant in the Local Continuum of Care in 2025.

_____ The above agency has attended fewer than 75% of the meeting held

WHERE TO OBTAIN ADDITIONAL INFORMATION

For additional information on the ESG Program, including eligibility, record keeping and other federal requirements please consult:

<https://www.hudexchange.info/programs/esg/>

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 Town of Islip Community Development Agency (CDA) HUD-funded program and 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 acknowledges its understanding that providing false or incomplete information will disqualify the organization from consideration and/or represent a criminal offense in the Town of Islip Emergency Solutions Grants Program.

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 a period of one (1) year thereafter.

The Applicant additionally acknowledges that Town of Islip is not responsible to any party for the loss of funding or any other damages which may arise as a result of the applicant's failure to adhere to the terms of the Town of Islip Emergency Solutions Grant Program Guidelines, as stated in this document.

Furthermore, the applicant understands that this is neither an offer of funding, nor does it obligate the applicant or the Town of Islip Community Development Agency in any way.

Print Name: _____

Title: _____

Signature: _____

Date: _____

TOWN OF ISLIP COMMUNITY DEVELOPMENT AGENCY

15 Shore Lane, P.O. Box 5587, Bay Shore, New York 11706

Office: (631) 665-1185 Facsimile: (631) 665-0036

ANNUAL SUBRECIPIENT MONITORING FORM FACILITY IMPROVEMENTS

Reporting Period: July 1, 2026 to June 30, 2027

Facility Name: _____

Facility Location (physical address): _____

Facility Improvements Funded Through CDBG Program:

DESCRIPTION OF THE PROGRAMS AVAILABLE AT FACILITY

ACCOMPLISHMENTS – OUTCOMES - SUCCESSES

TARGETED BENEFICIARIES – OUTCOMES

CATEGORY	# ASSISTED DURING REPORTING PERIOD
Literally homeless	_____
Imminent Risk of Homelessness	_____
Homeless under other Federal Statutes	_____
Fleeing or Attempting to Flee Domestic Violence	_____

REPORTING OF INDIVIDUALS SERVED

Total number of Individuals Assisted (include all members of an assisted household when appropriate): _____

Number of Recipients from Low/Mod Income Households (between 51% to 80%): _____

Number of Recipients from Low Income Households (between 31% to 50%): _____

Number of Recipients from Extremely Low-Income Households (30% or below): _____

Number of Individuals Served from Female Headed Households: _____

RACE AND ETHNICITY

Number of Individuals Served	<u>Race</u>	<u>Hispanics*</u>
White		
Black/African American		
Asian		
American Indian/Alaska Native		
Native Hawaiian or Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Total Number of Race <u>and</u> Hispanics		

* Please Note that Hispanics are an ethnicity **NOT** a race. After you report on an individual's race, you must then report whether they are Hispanic as well. For each column, you must provide the number of individuals served for each race and how many within **each** race are Hispanic.

Prepared By: _____
(Name and Title)

Signature: _____

Telephone Number: _____

Date: _____

Please note:

1. The Monitoring Form must be fully completed, signed and dated.
2. All corresponding intake forms or summary spreadsheet **must** be included.
3. The **Monitoring Form** together with the **Summary of Demographic Information Spreadsheet** must be received by CDA **no** later than **Friday, July 23, 2027.**

Kindly forward the above documentation to:

Kevin J. Crean, Director of Affordable Housing and Project Development
Town of Islip Community Development Agency
15 Shore Lane – P.O. Box 5587
Bay Shore, New York 11706

Additional Application Requirements

Capital improvement applicants must also submit a supplemental application outlining the proposed project. As part of the application packet, applicants must submit the following documents:

- (a) Board of Director's Minutes authorizing submission of application
- (b) Board of Director's Membership Roster and Organization Chart
- (c) Application Approval and Declaration
- (d) Articles of Incorporation (Stamped by Sec. of State)
- (e) Agency and Program Financial Information/Budget
- (f) Client Data
- (g) Most recent Financial Audit Report and Independent Auditors' Letter to Management
- (h) IRS 990 Return of Organization Exempt from Income Tax
- (i) NYS CHAR 500 Annual Filing for Charitable Organizations
- (j) Compliance with Single Audit-Supplemental Financial Report codified to 2 CFR Subpart F Section 200.501 "Audit Requirements" must be provided or a letter from your auditor, stating that you fall below federal award threshold of \$750,000.
- (k) Management Letter – Statement from your CEO, CFO or independent auditor confirming the overall position of the organization and certifying that your accounting system conforms to 2 CFR Part 200 "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."
- (l) IRS Federal Tax-Exempt Status Letter
- (m) NYS Form ST-119 - Exempt Organization Certificate with Certificate Number.
- (n) Copy of Deed for all properties or Lease Agreements affected by this application
- (o) Copy of most recent Property Tax Bill, if applicable
- (p) Certificate of Participation in local Continuum of Care (attached)
- (q) Certificate from the local Continuum of Care of participation in the Homeless Management Information System (HMIS) Participation

If the audit has not been completed by the time of the open Application Period, applicant can submit unaudited financial statements for purposes of proposal review. If the 990 Tax Return has not been completed by the time of the open Application Period, you must submit a copy of an extension form.