

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

Community Development Block Grant (CDBG) Program

Public Services Program Grant Application

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

Name of Organization: _____

Date of Submission: _____

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 the Public Services Program.

Please keep in mind that CDA's funding year is July 1st through June 30th and that under the U.S. Department of Housing and Urban Development (HUD), our grants have been significantly reduced. Funding requests should be project or program specific. Projects selected for funding will be included in the FY 2026 Action Plan to be submitted to HUD for final approval.

If you wish to be considered for CDBG 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 June 30, 2026.

In preparing your application below, please keep in mind that in a group activity, a minimum of 51% of those assisted must have incomes below the HUD 80% of Area Median Income (AMI) guidelines. For activities serving individual clients, each individual assisted must be under the 80% income guidelines.

With pre-existing programs, CDBG funds cannot be used in place of other funds unless those funds have been cut-off. Also, for pre-existing programs funded by other sources, CDBG funds may be used only if the intent is to increase the number of persons assisted.

Provided herein is HUD's most recent income guidelines including monitoring forms (semi-annual and annual) that are required for any past pre-existing programs. Please include all requested information including required attachments.

Sections from CDA's Administrative Procedures Manual are also 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 P.M., Friday, March 6, 2025**. Please submit completed applications with attachments via email to

Robert Balina
rbalina@islipcda.org

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 Community Development Block Grant (CDBG) funds to be released each year.

The Agency Board of Directors approves the process by which funding recommendations will be developed. The schedule will be determined annually by CDA based upon the following guidelines:

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
---------------	--

July 17, 2026	All remaining claim vouchers due to CDA Deadline to submit the Final Annual Subrecipient Monitoring Forms with Demographic Information Spreadsheet for fiscal year 2025-2026 (page 6-7)
---------------	--

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

A. AGENCY INFORMATION

Name of Agency: _____

Address of Agency: _____

Year(s) in Operation: _____

Contact Person: _____

Title: _____

Telephone Number: _____

Email Address: _____

Tax ID #: _____

UEI Number(Required): _____

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

DUNS Number: _____

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 Statement

--

2. Detail the experience your agency has in implementing the activities such as the program being proposed in this application. Include the years of experience of staff and the organization. (Attach any additional information as necessary)

--

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

--

4. Previous years funded and amounts of grants

--

C. PROPOSED PROGRAM DETAIL

1. Program Name: _____

2. Where will the Program take place (physical address):

3. Does your agency own or rent the site listed above? Please attach a copy of the Deed and/or Lease that demonstrates your ability to undertake the subject public service at the site.

4. Is this a new or expansion of an existing program?

5. Program Description, Need, and Anticipated Accomplishments during the Program Year:

6. Anticipated Program Start Date: _____

Anticipated Program Completion Date: _____

7. Describe the Staffing that will carry out the Program

D. 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 describes the activity benefit and complete the appropriate subsection.

1. Low/Mod Benefit Categories (Check only one category)

Low/Mod Limited Clientele (Direct Benefit): _____

The 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, whose population is predominantly Low/Mod Income.

If Low/Mod Area Benefit checked, describe the service area that will be benefit from this public service (attach a map):

2. 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 adults, persons living w/ AIDS, and migrant farm workers: (Reference: 24 CFR 570.208(a)(2)(i)(A)).

Is this a Presumed Benefit Activity? Yes _____ No _____

If yes, please check the appropriate category:

abused children	_____	homeless persons	_____
battered spouses	_____	illiterate adults	_____
elderly persons	_____	persons living w/ AIDS	_____
severely disabled adults	_____	migrant farm workers	_____

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 570.208(a)(2)(i)(D).

Is this a Nature or Location Activity? Yes _____ No _____

If yes, please explain how:

3. Beneficiary Group Information - Type of Beneficiary (Choose All That Apply):

____ People ____ Youth ____ Elderly ____ Households ____ Businesses
____ Disabled ____ Homeless ____ Veterans ____ Jobs ____ Public Facilities

Proposed Total Number of Beneficiaries: _____

Type of Service:

Senior Services	_____	Handicapped Services	_____
Legal Services	_____	Youth Services	_____
Transportation Services	_____	Substance Abuse Services	_____
Battered and Abused Spouses	_____	Employment Training	_____
Crime Awareness	_____	Fair Housing Activities	_____
Tenant/Landlord Counseling	_____	Child Care Services	_____
Health Services	_____	Abused Children Services	_____
Mental Health Services	_____	Housing Counseling	_____
Food Banks	_____	Other _____	

Is the main purpose of this activity (answer yes or no):

To help the homeless? _____ Yes _____ No
To prevent homelessness? _____ Yes _____ No
To help those with HIV/AIDS? _____ Yes _____ No
To help those with disabilities? _____ Yes _____ No

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

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

- 4. Outreach:** Describe the efforts of your agency regarding soliciting participation in the proposed program. Please be sure to note any other agencies and organizations that will assist you in performing this outreach (e.g. school districts, villages)

--

- 5. Beneficiary Income Verification:** Describe your agency's method of documenting and verifying the income status of the targeted beneficiaries (i.e. Income tax return document):

--

The following table represents the Low-and Moderate-Income Limits for 2025:
Family Size

	1	2	3	4	5	6	7	8
Very Low 30	\$34,650	\$39,600	\$44,550	\$49,450	\$53,450	\$57,400	\$61,350	\$65,300
Low 50	\$57,750	\$66,000	\$74,250	\$82,450	\$89,050	\$95,650	\$102,250	\$108,850
Low / Mod 80	\$92,350	\$105,550	\$118,750	\$131,900	\$142,500	\$153,050	\$163,600	\$174,150

This chart is based on HUD's June 2025 revision to FY 2025 Median Income

Intake forms for programs which assist individuals directly must include household size, income level, and self-identification of race and ethnicity. Please attach a blank intake form as part of your application. If your program does not have an intake form, a sample intake form may be requested from our office. Note: Identifying information is not required for submittal and monitoring purposes, however assigning case/file numbers to those assisted is recommended.

E. TOTAL BUDGET REQUEST: _____

A. Budget Breakdown for Project: Please provide the Total Program budget and how the CDBG funds requested are planned to be used

<u>Projected Costs</u> (i.e. Salaries, Fringe, Supplies, Program Service Costs) Please Specify	<u>Total Budget</u>	<u>CDBG Funding</u> <u>Requested from</u> <u>Islip CDA</u>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

*Subrecipients may not use CDBG funds for general administrative costs or “overhead” costs unless the subrecipient has established cost allocation for such costs applicable to all subrecipient activities regardless of funding source.

B. LEVERAGING OF OTHER FUNDING AGENCIES

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

<u>Funding Source(s)</u>	<u>Funding Received 2025-2026 Program Year</u>	<u>Funding Request 2026-2027 Program Year</u>
Other Federal		
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____
State		
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____
Local Government		
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____
Organization's Contribution (List Sources)		
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____

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

If CDBG were not available, what alternative funds would be available for this Service?

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:

<https://www.hudexchange.info/programs/cdbg-entitlement/>

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 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.

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. I have read the instructions and Town of Islip CDA Community Development Block Grant Subrecipient Requirements.

Print Name: _____

Title: _____

Signature: _____

Date: _____

TOWN OF ISLIP COMMUNITY DEVELOPMENT AGENCY

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

SUBRECIPIENT MONITORING FORM

Semi-Annual Reporting Period: July 1, 2026 to December 31, 2026

Name of Agency:		
Name of Program:		
Areas Served (Be Specific):		
Brief Description:		
Total No. of Individuals Assisted (include all members of an assisted household when appropriate):		
Total No. of Recipients from Low/Mod Income Households (between 51% to 80%):		
Total No. of Recipients from Low Income Households (between 31% to 50%):		
Total No. of Recipients from Extremely Low-Income Households (30% or below):		
Number of Individuals Served from Female Headed Households:		
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		
Amer Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Total Numbers of Race <u>and</u> Hispanics		

* **Hispanics** are an ethnicity **NOT** a race. When you enter a number of any individual served for any particular race, they may or may not be Hispanic. For each column you must provide the number of individuals served for each race and how many within each race are Hispanic.

* **NOTE:** To be in compliance with CDBG regulations, a minimum of 51% of individuals served **MUST** be low- and moderate-income households.

Preparers Name and Title:	
Phone Number and E-mail:	
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

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

Public Service Organization: _____

Name of Program: _____

Areas Served (Be Specific: _____

DESCRIPTION OF THE PROGRAM

ACCOMPLISHMENTS – OUTCOMES - SUCCESSES

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.

* NOTE: To be in compliance with CDBG regulations, a minimum of 51% of individuals served **MUST** be low- and moderate-income households

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:

Robert Balina, Program Coordinator
Town of Islip Community Development Agency
15 Shore Lane – P.O. Box 5587
Bay Shore, New York 11706

Overall Guidance for Compliance

The Agency will follow the regulations governing the CDBG program which are found in Title 24 of the Code of Federal Regulations (CFR) Part 570, Community Development Block Grants.

Grant Administration - Subpart J

The Town of Islip Community Development Agency staff accepts the responsibility for ensuring that CDBG funds are used in accordance with all program requirements. The use of designated public agencies, subrecipients, or contractors does not relieve the Agency staff of its responsibility. The Agency staff is also responsible for determining the adequacy of performance under subrecipient agreements and procurement contracts, and for taking appropriate action when performance problems arise, such as the actions described at §570.910.

Objectives/Priorities/Criteria

1. National Objectives - CDBG

During each program year, not less than seventy percent (70%) of CDBG funds must be used for activities that benefit low- and moderate-income persons. In addition, each activity must meet one of the following National Objectives for the program:

- a) Benefit low- and moderate-income individuals, families or neighborhoods;
- b) Prevention or elimination of slums or blight; or
- c) Address community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community for which other funding is not available.

2. Town/Agency Priorities - CDBG

- a) Expand housing opportunities to very low- and other low-income renters and expand owner occupied housing opportunities for low and moderate-income first-time home buyers.
- b) Improve housing for low- and moderate-income homeowners.
- c) Facilitate the location of housing for the homeless and households with specialized needs.
- d) Expand employment opportunities for low- and moderate-income persons.

- e) Stabilize and improve quality of neighborhoods.
- f) Provide equal access to public facilities and private homes through the removal of architectural barriers.
- g) Break the cycle of poverty by addressing the needs of disadvantaged children and other special needs populations.

3. Town/Agency Priorities – Public Services

Public Service funds are used to provide direct services; funds shall not be used for capital improvements or mortgage payments.

- a) First Priority - Services which assist low-income and at-risk youth in developing their full potential educationally, emotionally, and in terms of employability; and
- b) Second Priority - Services which assist low-income adults with employment readiness and life skills.

4. Combined Funding Application Criteria

The following standards currently apply to organizations applying for Community Development Block Grant (CDBG) and/or Public Services funds:

- a) Programs should primarily benefit low and moderate-income residents as per the most recent demographics for LMA analyses after each decennial census.
- b) Programs must address specific social or physical needs and conditions of the people they propose to serve. Documentation could include social indicators, demographic data, surveys, community plans and need as perceived by potential consumers.
- c) Programs must present a marketing strategy, which includes specific efforts to reach ethnic communities.
- d) Programs must demonstrate support from the people for which the program is proposed.
- e) Agencies must clearly identify all funding sources and justify proposal if services are available through another source.
- f) Agencies shall seek funding, or demonstrate funding support from other public/private

sources. The CDA shall not be committed to total support of a program nor shall the Agency be committed to continue funding in the case where other support is withdrawn.

- g) CDBG funds through Islip CDA should support only those services that directly benefit residents of the Town of Islip.
- h) Administrative costs shall be held to a minimum and will be scrutinized during the program review process.
- i) Programs shall identify geographical areas where they propose to provide services.

Sub-grantee Application and Award Process

1. Town Board and Agency Board of Directors Participation

Since Congress appropriates all HUD program funds annually, the Agency will act to apply for CDBG funds annually and determine, based on the amount of CDBG funds available to the Town and the recommendations of the Town of Islip CDA, the use of funds each year.

The Agency will seek approval and direction from the Town Board and/or Board of Directors concerning the process, priorities and uses of CDBG public service funds each new program year. All Agency and Town actions will be conditional upon the availability of funds.

2. Assistance to Applicants

Proposals must be submitted by the deadline, preferably by U.S. Mail or by e-mail provided that all required information is included. If your proposal is being e-mailed, do not send the entire proposal in one file. Kindly develop and label files for each piece of documentation submitted.

3. Review of Applications by Staff

Agency staff will review the applications after submission to ensure that the applications are complete, and that the applicant and proposed program qualify for funding under U.S. Department of Housing and Urban Development regulations, as well as the Town's Five-Year Consolidated Plan.

Staff will also review information on the applicant to ensure that the applicant is an eligible nonprofit organization.

4. Agency Application Review

Agency staff will review the National Objectives, criteria and priorities established by the Town and the Agency Board of Directors. Local objectives demonstrate the Town's priorities for community development; all CDBG-funded programs must meet one of the National Objectives and one or more of the local objectives.

Agency staff will make determinations with regard to funding subject to Town and Agency Board of Directors approval and provide information to the Town and Agency Board of Directors as to the maximum amount of funds available in the CDBG and Public Services programs and the amounts that can be allocated for public services and capital projects.

Agency staff shall review applications thoroughly and fairly, and shall evaluate the proposals on the basis of information provided in the application and according to the evaluation criteria.

Agency staff will review the previous reports of grant recipients to ascertain how well a recipient is fulfilling goals and objectives set forth for the program. Staff will provide results of performance reports to the Board of Directors, if requested, which will include, but will not be limited to the following:

- a) The amount of CDBG funding received by an applicant organization from the Town/Agency in the past two years, if any;
- b) The extent to which applicants have collaborated with other agencies or community organizations to deliver and/or expand services;
- c) The extent to which a proposed program complements or expands upon existing services provided by other agencies or organizations, or duplicates existing services without demonstration of additional unmet needs;
- d) The extent to which previously-funded organizations have met program objectives, satisfied contract obligations, and expended allocated funds in an efficient, appropriate and timely manner;
- e) How closely the proposed project meets National Objectives, local objectives in the Consolidated Plan, and local priorities as determined by the Agency Board of Directors;
- f) Whether the applicant organization is new or has significantly expanded their services

Reports on performance by sub-grantees will also be provided to the Agency Board of Directors with funding recommendations and always when a subrecipient has failed to perform according to contract.

Should credible information be provided to Staff concerning a program's current performance and staff determines the information directly impacts either current funding or proposed funding, staff is obligated to report such information to the Agency's Board of Directors.

5. Agency Site Visits

Agency staff shall annually conduct on-site visits to all funded programs.

6. Applicant Interviews

Agency staff may conduct interviews with any or all of the applicants if deemed necessary for proper review or evaluation.

Applicants will be given the opportunity to make a presentation before the Agency Board/Staff at the annual input public hearing to explain their program and funding request. Questions from Board Members and staff will be encouraged.

7. Scoring and Ranking of Applications

Applications will be rated on the basis of objectives, criteria, priorities, information provided in the application, past and current performance.

Agency Staff shall not be influenced by information that is not publicly available concerning the operation, management or staff of applicant agencies or organizations when rating the application.

However, as stated above, should credible information be provided to Staff concerning a program's current performance and staff determines the information directly impacts either current funding or proposed funding, staff is obligated to report such information.

Agency Staff shall judge applications solely on the merits of the application and the objective criteria.

8. Rating Criteria

Each of the 5 major categories listed below is worth up to 5 points for a total score of 30 points.

- a) AGENCY: Track record, Board of Directors, diversity, marketing
- b) PROGRAM: Qualifications (management and program staff), extent to which the program addresses a National Objective, extent to which the program addresses a Local Objectives; Need for the program; Meets Priorities, Goals and Objectives; Monitoring, Service; Measurable outcomes; Collaboration and Partnerships
- c) NEED: Extent to which the program provides a clear Community Benefit, Unduplicated service
- d) CLIENTS: service to low-income clients, composition/diversity

- e) FINANCES: Budget and finances, Record-keeping, accountability, accounting, internal controls, revenues and expenses, past performance Prior experience with CDBG or other federal funds
- f) PAST PERFORMANCE: Review will consider the past administration on the program or similar programs. Consideration will be given to the timeliness and accuracy of submitted accomplishments reports and program invoices/vouchers.

9. Funding Recommendations

After rating each applicant, the Agency staff suggests funding amounts (if any) for each applicant.

The Board of Directors deliberates on the Agency Staff's recommendations.

Final recommendations are approved by majority vote of the Board of Directors.

In years when CDBG entitlement amount is not known, an estimated amount will be used. The amount of funds awarded may be adjusted as per Board of Directors contingency plan.

This plan is utilized when the CDBG entitlement differs from the estimate.

Funding recommendations and contingency plan (if needed) are submitted to the Agency Board of Directors for approval.

10. Conflict of Interest Declarations

Before discussion of applicant organizations and agencies, Agency staff and/or members of the Agency Board of Directors shall declare relationships, if any, with applicant organizations or persons associated with the applicants.

This may include:

- a) Serving as a Board member of or volunteer in an applicant agency or organization;
- b) Membership or participant in activities of an applicant agency or organization;
- b) Direct contributor to an applicant agency or program;
- c) Beneficiary of the activities or services of an application agency or program; and
- d) Any connection with the applicant that would constitute or that could be perceived to constitute a conflict of interest.

When a Staff member and/or Director has a perceived or real conflict of interest with an applicant organization, the staff member and/or director shall refrain from considering the application the application and shall withdraw from any discussion of the merits of the application and/or voting on said application, etc.

Staff and/or any Director shall also declare any personal interest in an organization that is in direct competition with an applicant organization that may cause them to rank the application other than strictly on the merits of the application.

Financial Management

a) The Agency provides reimbursement payments to contractors and subrecipients based on verification of expenditures by submission of a request for payment form (voucher) with all required back-up documentation. The payment request is reviewed upon submission and approved by applicable Agency staff and either the Executive Director or the Assistant Director. This payment request is then forwarded to the Finance Department to issue and mail the check to the subrecipients.

b) Final payments to subrecipients will be made only upon submission of final program reports that document the achievement of program goals and satisfactory completion of the CDBG-funded activity.

c) Each request for payment by contractors or subrecipients must have adequate documentation for the costs incurred such as payroll records, purchase orders, copies of canceled checks, timesheets reflecting time spent directly on CDBG activities, etc. Requests must be only for costs directly related to the approved activity and included in the approved budget attached to the contract. **Where partial payments are requested from CDBG funds, the methodology for calculating the eligible amount must be provided.**

d) Subrecipients may not use CDBG funds for general administrative costs or “overhead” costs unless the subrecipient has established cost allocation for such costs applicable to all subrecipient activities regardless of funding source.

e) Subrecipients will be required to submit requests for reimbursement at least quarterly in order that the Town/Agency may demonstrate its timely use of CDBG funds.

Performance Reviews - Subpart O - Monitoring of Subrecipients

The Agency staff will monitor all subrecipients to ensure program compliance. Staff will utilize both “Desk Monitoring” and “Internal/On-site” monitoring to assess the quality of program performance over the duration of the contract.

Monitoring provides information for making informed judgment about program effectiveness and management efficiency, as well as identifies internal weaknesses that may contribute to fraud or abuse.

The procedures established are to ensure program compliance with the requirements of the Subpart O and all other applicable laws and regulations.

Monitoring of subrecipients shall concentrate on program, financial, and regulatory performance of the subrecipients, including subrecipients of capital improvement project funds. Primary monitoring

objectives are to make sure that subrecipients comply with all regulations governing administrative, financial, and programmatic operations.

In conducting monitoring and performance reviews, Agency staff will primarily rely on information obtained from the subrecipients' performance reports, records, audits, allowed costs, review of financial reports, eligibility and number of beneficiaries served, compliance with federal regulations and Agency program requirements.

Staff may also consider relevant information pertaining to a recipient's performance gained from other sources, including litigation, citizen comments, and other information provided by or concerning the subrecipient.

Within three months of contract execution, Agency staff shall develop and implement a monitoring schedule to visit all new subrecipients. Previously funded subrecipients shall be monitored as per a review system established by Agency staff based upon grant amounts, reporting and performance, but shall be no less often than every other year.

Monitoring visits shall include review of compliance by funded agencies and organizations of federal EEO and Section 504 ADA requirements. A record of monitoring visits and any subsequent action shall be maintained in the files of each CDBG subrecipient.

Corrective and remedial actions

24 CFR §570.910

A subrecipient's failure to perform under the terms of the contract with the Agency and/or maintain records in the prescribed manner may result in a finding that the subrecipient has failed to meet the applicable requirement to which the contract with the subrecipient pertains.

If the staff finds that a recipient has failed to comply with program and/or contract requirements or has failed to meet a performance criterion, staff will take the following steps:

- (1) Issue a letter of warning advising the recipient of the deficiency and putting the recipient on notice that additional action will be taken if the deficiency is not corrected or is repeated;
- (2) Recommend, or request the recipient to submit, proposals for corrective actions, including the correction or removal of the causes of the deficiency.

Agency staff will offer technical assistance to subrecipients when monitoring indicates less than complete compliance with CDBG regulations or contract requirements.