

**SUFFOLK COUNTY CONSORTIUM
PROJECT DESCRIPTION FORM
PUBLIC IMPROVEMENTS AND FACILITIES**

COUNTY USE ONLY		
Project No.:	CPS Project No.:	HUD Activity No:
Project Name:	Project Year:	
HUD Activity Code:	Approved by Suffolk County:	

Municipality:

Contact Person:

Project Title:

Phone:

Site: Define where the activity is taking place, (i.e. street address)

Location: Define the community or service area associated with the activity: (include 8-1/2" X 11" map of service area).

Description of Project: (Complete description of activity to be undertaken including what improvements or facilities are to be implemented, population to be served, how funds are to be spent and anticipated accomplishments)(What steps will be undertaken to ensure timely completion of this activity, include anticipated start and completion dates)

Census Tracts, Block Groups:

Is the purpose of this activity to:

Help prevent homelessness?	Yes	No
Help the Homeless?	Yes	No
Help those with HIV/AIDS?	Yes	No
Primarily help persons with Disabilities?	Yes	No

Activity to be carried out by Municipality? Yes No

Activity to be carried out by subrecipient? Yes No

Subrecipient Name:

DUNS#

Subrecipient Address:

Contact Person:

Telephone Number:

Is subrecipient a faith based organization? Yes No

Is subrecipient an institution of higher learning? Yes No

Performance Indicators

Number Assisted

Number of persons to be assisted that have new access to this infrastructure improvement or public facility:

Number of persons to be assisted that have improved access to this infrastructure improvement or public facility:

TOTAL

Eligibility Criteria - All activities must meet one of the following criteria. Check ONE and complete the corresponding sub-section:

Benefits Primarily Low and Moderate Income Persons

- Activity is in a low and moderate income area
- Activity provides housing to be occupied by low and moderate income persons. (Household data will be collected)
- Activity creates jobs to be filled by low and moderate income persons. (Household data will be collected)
- Activity serves to remove material or architectural barriers to the mobility or accessibility of elderly persons or severely disabled adults.
- Activity provides benefit to a specific group of persons of which 51% of the persons assisted are low and moderate income. (Household data will be collected)

Prevents and Eliminates Slums and Blights

- Describe slums and blighting influences and how they will be eliminated
- Attach description and supporting documentation

Objective Category:

Outcome Category:

Cost Estimate:

	<u>Funding Source</u>	<u>Amount</u>
1.	CDBG Funds	\$
2.	Prior Year CDBG Funds	\$
3.	Prior Year CDBG Funds	\$
4.	Program Income	\$
	Total CDBG Funds	\$
5.	Other Federal Funds	\$
6.	NYS Funds	\$
7.	County Funds	\$
8.	Private Funds	\$
9.	Other Funds	\$
	Total	\$

Certification

I certify that information on this form is correct to the best of my knowledge.

(Signature)

(Date)

This project has been authorized as an activity to be implemented with Community Development funds and the information on this form is correct to the best of my knowledge.

(Signature of Supervisor or Mayor)

(Date)

**SUFFOLK COUNTY CONSORTIUM
PROJECT DESCRIPTION FORM
HOUSING REHABILITATION**

COUNTY USE ONLY		
Project No.:	CPS Project No.:	HUD Activity No:
Project Name:	Project Year:	
HUD Activity Code:	Approved by Suffolk County:	

Municipality:

Contact Person:

Project Title:

Phone:

Owner Occupied Housing

Rental Housing

Site: Define where the activity is taking place, (i.e. street address)

Location: Define the community or service area associated with the activity: (include map of service area)

Description of Project: (Complete description of activity to be undertaken including what products or services are to be performed, where they are to be provided, for whom they are to be provided, how they are to be provided)(What steps will be undertaken to ensure timely completion of this activity, include anticipated start and completion dates)

Is this activity being carried out by the municipality? Yes No
(Either directly and/or through contractors)

If Yes, Enter "X" by the appropriate category.

- Activity is being carried out by the municipality through:
 - Municipal employees
 - Contractors
 - Municipal employees and contractors

Objective Category:

Outcome Category:

If No, Enter organization name and place an "X" by the appropriate category.

Organization Name: DUNS#

Activity is being carried out by:

- A subrecipient only A CBDO only
- Another unit of local government A CBDO designated as a subrecipient
- Another public agency

This activity is providing the assistance in the form of: (Enter the estimated number of grants, loans, or other forms of assistance to be provided under this activity)

Grant(s):
Loan(s):
Other:

If the assistance is a loan(s), enter the appropriate information below:

	Interest Rate	Amortization Period (in Months)	Budget
Amortized Loan:	%		
Deferred Payment/Forgivable Loan:	%		

Indicate if this activity is limited to one or more of the following:

(Enter "X" for all that apply)

- Installing security devices
- Installing smoke detectors
- Performing emergency housing repairs

Performance Indicators:

- Total units to be assisted
- Estimated number of elderly units to be assisted
- Number of units to be brought from substandard to standard condition
- Number of units to meet Energy Star Standards
- Number of units to be made lead safe
- Number of units to be accessible
- Number of units with project-based rental assistance
- Number of rental units designated for persons with HIV/AIDS
- Number of units of permanent housing for homeless persons and families

Cost Estimate:

	<u>Funding Source</u>	<u>Amount</u>
1.	CDBG Funds	\$
2.	Prior Year CDBG Funds	\$
3.	Prior Year CDBG Funds	\$
4.	Program Income	\$
	Total CDBG Funds	\$
5.	Other Federal Funds	\$
6.	NYS Funds	\$
7.	County Funds	\$
8.	Private Funds	\$
9.	Other Funds	\$
	Total	\$

Certification

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(Signature)

(Date)

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(Signature of Supervisor or Mayor)

(Date)

**SUFFOLK COUNTY CONSORTIUM
PROJECT DESCRIPTION FORM
PUBLIC SERVICES**

COUNTY USE ONLY		
Project No.:	CPS Project No.:	HUD Activity No:
Project Name:	Project Year:	
HUD Activity Code:	Approved by Suffolk County:	

Municipality:

Contact Person:

Phone:

Project Title:

Site: Define where the activity is taking place, (i.e. street address)

Location: Define the community or service area associated with the activity: (include map of service area)

Description of Project: (Complete description of activity to be undertaken including what products or services are to be performed, where they are to be provided, for whom they are to be provided, how they are to be provided)

Is the purpose of this activity to:

Help prevent homelessness?	Yes	No
Help the Homeless?	Yes	No
Help those with HIV/AIDS?	Yes	No
Primarily help persons with Disabilities?	Yes	No

Service to be carried out by Municipality? Yes No

Service to be carried out by subrecipient? Yes No

Subrecipient Name: _____ **DUNS#** _____

Subrecipient Address: _____

Contact Person: _____ **Telephone Number:** _____

Is subrecipient a faith based organization? Yes No

Is subrecipient an instititon of higher learning? Yes No

Objective Category:

Outcome Category:

Eligibility Criteria - All public service activities must meet the national objective of benefiting low and moderate income persons. Select one of the following:

Exclusively benefit persons who are presumed by HUD to be low and moderate income. (i.e. Seniors, homeless persons, abused children). Collect race & ethnicity information.

Collect household data on income, family size, and race & ethnicity information to substantiate that person being assisted is low and moderate income.

Activity is of such a nature and located in a lower income community that it can be concluded that the activity benefits low and moderate income persons. (Collect race & ethnicity information).

Accomplishments:

<u>Indicators</u>	<u>Number Assisted</u>
Number of persons to be assisted that have new access to this service or benefit	
Number of persons to be assisted that have improved access due to expansion of this service or benefit.	
TOTAL	

Cost Estimate:

<u>Funding Source</u>	<u>Amount</u>
1. CDBG Funds	\$
2. Prior Year CDBG Funds	\$
3. Prior Year CDBG Funds	\$
4. Program Income	\$
Total CDBG Funds	\$
5. Other Federal Funds	\$
6. NYS Funds	\$
7. County Funds	\$
8. Private Funds	\$
9. Other Funds	\$
Total	\$

Certification

I certify that information on this form is correct to the best of my knowledge.

(Signature)

(Date)

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(Signature of Supervisor or Mayor)

(Date)

**SUFFOLK COUNTY CONSORTIUM
PROJECT DESCRIPTION FORM
ADMINISTRATION AND PLANNING**

COUNTY USE ONLY		
Project No.:	HUD Project No.:	HUD Activity No:
Project Name:		
HUD Activity Code:	Approved by Suffolk County:	

Municipality:

Contact Person:

Title:

Telephone Number:

Site: Define where the activity is taking place, (i.e. street address)

Activity to be carried out by subrecipient?

Yes

No

Subrecipient Name:

DUNS#

Subrecipient Address:

Contact Person:

Telephone Number:

Description: (Specifically describe what funds will be spent for)

Cost Estimate:

CDBG Funds

Total Allocation for
Year

Administration funds:

Percent of Allocation: %

Certification

I certify that information on this form is correct to the best of my knowledge.

(Signature)

(Date)

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(Signature of Supervisor or Mayor)

(Date)