



TOWN OF SOUTHAMPTON  
COMMUNITY DEVELOPMENT BLOCK GRANT FUND  
FISCAL YEAR 2026 APPLICATION – Due by 10/17/25

<b>Town Use Only</b>
Date Rec'd: _____
Approved: <input type="checkbox"/>
Denied: <input type="checkbox"/>
Amount: \$ _____

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

DUNS # \_\_\_\_\_ FED TAX ID# \_\_\_\_\_

If you are an organization, do you have federal 501(c)3 IRS status? Yes  No

Is your organization subject to fiscal Single Audit Requirements? Yes  No

What year was your organization founded/established: \_\_\_\_\_

**Description of Project:**

For public service organizations specifically describe what funds will be spent for including:

- 1) **WHAT** products or services are to be performed (*i.e. youth counseling*);
- 2) **WHERE** they are to be provided (*physical address*);
- 3) **WHOM** the services are to be provided for are (*population type i.e. low income youth*) and;
- 4) **HOW** they are to be provided. (*Attach additional information, if needed*)

**If this is a Capital project\*** (*ie, playground equipment for a park, sidewalks, street lighting*), please describe the nature of the project and the project location (*attach additional information, if needed*).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If a Capital Project** what is the number of persons to be assisted that will have:

New access to this infrastructure improvement or public facility? \_\_\_\_\_

Improved access to this infrastructure improvement or public facility? \_\_\_\_\_

Define the community associated with the activity (*attach additional information, if needed*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Accomplishments (*attach additional information, if needed*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* For funding of a Capital Project, please attach cost estimate documentation from a licensed contractor or licensed engineer.**

Choose category and **provide the anticipated number to be assisted:**

# of Youth to be assisted \_\_\_\_ # of Elderly to be assisted \_\_\_\_ # of Jobs to be created \_\_\_\_  
# of People to be assisted \_\_\_\_ # of Businesses to be assisted \_\_\_\_

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 persons with disabilities? Yes  No

Is the activity to be carried out by the municipality? Yes  No

Is the activity to be carried out by the applicant? Yes  No

Is applicant a faith-based organization? Yes  No

Is applicant an institution of higher learning? Yes  No

**Eligibility Criteria:**

**All projects MUST meet one of the following three (3) criteria** (*check box that applies*)

Benefits Primarily Low and Moderate Income Persons  
Project is in a low and moderate income area  
*Household income data will be collected*

Prevents and Eliminates Slums and Blight  
Describe slums and blighting influences and how they will be eliminated  
*Attach description and supporting documentation*

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Urgent Need  
Describe the serious and immediate threat to health and safety  
*Attach description and supporting documentation*

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**Cost Estimate:**

**Funding Sources:**

- 1. **CDBG Funds Requested in this application (FY 2026)** \$ \_\_\_\_\_
- 2. Prior Year CDBG Funds Received\*\* \$ \_\_\_\_\_
- 3. Other Federal Funds Requested (if any) \$ \_\_\_\_\_
- 4. NYS Funds Requested (if any) \$ \_\_\_\_\_
- 5. County Funds Requested (if any) \$ \_\_\_\_\_
- 6. Private Funds Requested (if any) \$ \_\_\_\_\_
- 7. Other Funds Requested (if any) \$ \_\_\_\_\_

*\*\*If multiple years, list years and amounts on separate sheet.*

If applicant is a **public service group**, please show how the CDBG funds will be used for the period of one year:

- 1. Salaries and Benefits \$ \_\_\_\_\_
  - 2. Rental Space \$ \_\_\_\_\_
  - 3. Utilities \$ \_\_\_\_\_
  - 4. Supplies and Materials \$ \_\_\_\_\_
  - 5. Program/Service Costs (Specify)
    - a. \_\_\_\_\_ \$ \_\_\_\_\_
    - b. \_\_\_\_\_ \$ \_\_\_\_\_
    - c. \_\_\_\_\_ \$ \_\_\_\_\_
    - d. \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL BUDGET** \$ \_\_\_\_\_

**CERTIFICATION:**

I certify that, to the best of my knowledge, the information provided in this application is correct. I understand this is neither an offer of funding, nor does it obligate the applicant or the Town of Southampton Dept. of Housing & Community Development in any way. I have read the instructions and Town of Southampton Community Development Block Grant Sub-Recipient Requirements.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

