



TOWN OF EAST HAMPTON

Peter Van Scoyoc
Town Supervisor

Department of Human Services
128 Springs Fireplace Road
East Hampton, NY 11937
Diane Patrizio, Director
dpatrizio@EHamptonNY.Gov
Telephone: (631) 329-6939
Fax: (631) 329-6693

2019 GRANT APPLICATION

THIS IS YOUR CHECKLIST

Submission deadline is 4 pm on Friday, July 13th

Call Diane Patrizio at 631-329-6939 with any questions.

_____ **Cover Sheet**

_____ **Narrative**

_____ **Program Budget**

_____ **Financial Data**

_____ **NEW APPLICANTS must submit proof of Not-For-Profit Status AND W-9 Form**

_____ **End-of-year Program Summary and Accounting.** Organizations that received a **2018** Town of East Hampton grant **must** submit a brief self-evaluation of the program activities and an accounting of how the awarded funds were actually spent.

_____ **Insurance: All** organizations awarded **2019** funding must provide an up to date **Certificate of Insurance** naming the Town of East Hampton as additional insured and **Worker's Compensation coverage**.

APPLICATION DEADLINE: 4pm FRIDAY, July 13th

Return one completed copy.

Electronic applications cannot be accepted.

COVER SHEET –Page 2

Application deadline: 4:00 PM. FRIDAY, July 13, 2018

NAME OF AGENCY: _____

AGENCY DIRECTOR: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

PROPOSAL TITLE: _____

CONTACT PERSON: _____ **TITLE:** _____

TELEPHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____

TOTAL PROGRAM COST \$ _____

REQUEST FROM TOWN \$ _____

Signature of Chair/Board of Directors (or other authorized individual)

Print name and title

NARRATIVE - Page 3

Please address the following questions. Be clear and concise as to why your organization should be funded through this Town program. Use additional paper if needed.

1. What problem does this project address?
2. What are the project's specific objectives?
3. What methods will be used to achieve these objectives?
4. What is the target population this project will serve?
5. How will the project results be evaluated?
6. If project budget exceeds the amount requested, explain how you will make up that difference?
7. How will you establish that recipients of your proposed services are East Hampton Town residents?
8. Describe your agency's service record.
9. Describe your agency's fee structure.
10. This grant is not automatically renewable. What provisions will be made if this funding is not available in future years?
11. Do you currently have a waiting list for your agency's services?
12. Are you in compliance with the Americans with Disabilities Act?
13. Are you in compliance with Title VI of the Civil Rights Act of 1964... prohibiting discrimination in hiring or employment opportunities?
14. Persons Served:
Number of people served in 2017: _____
Number of people served in 2018 to date: _____
Proposed Number of people served on 2019: _____

PROGRAM BUDGET – Page 4

I. Personnel costs for proposed project:

POSITION	DUTIES	ANNUAL RATE	PROJECT SALARY

Salary Totals \$ _____

II. Employee Benefits

<u>ITEM</u>	<u>PROPOSED EXPENDITURE</u>
Social Security	_____
Health Insurance	_____
Workers Compensation Insurance	_____
Unemployment Insurance	_____
Other (Identify)	_____
Other (Identify)	_____
Benefits Totals \$ _____	

III. NON-PERSONNEL COSTS EXPEDITURES

Non-Personnel Totals \$ _____

GRAND TOTAL \$ _____

FINANCIAL DATA – Page 5

I. List all sources of funding received over the past three years:

DATE	FUNDING SOURCE	AMOUNT	ACTIVITY

II. Provide the latest statement of financial soundness prepared by an independent auditor. Audit should not be more than 2 years old.