



# TOWN OF EAST HAMPTON

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Town Supervisor

Department of Human Services  
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## **2021 GRANT APPLICATION**

### **THIS IS YOUR CHECKLIST**

**Submission deadline is 4 pm on Friday, July 24<sup>th</sup>**  
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 **2020** 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 **2021** 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 24<sup>th</sup>**  
**Return one completed copy.**  
**Electronic applications cannot be accepted.**

**COVER SHEET –Page 2**

**Application deadline: 4:00 PM. FRIDAY, July 24, 2019**

**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 2019: \_\_\_\_\_  
Number of people served in 2020 to date: \_\_\_\_\_  
Proposed Number of people served on 2021: \_\_\_\_\_

**PROGRAM BUDGET – Page 4**

**I. Personnel costs for proposed project:**

<b>POSITION</b>	<b>DUTIES</b>	<b>ANNUAL RATE</b>	<b>PROJECT SALARY</b>

Salary Totals \$ \_\_\_\_\_

**II. Employee Benefits**

<b><u>ITEM</u></b>	<b><u>PROPOSED EXPENDITURE</u></b>
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.