

HAMBURG COMMUNITY DEVELOPMENT

6100 South Park Avenue * Hamburg * New York * 14075
(716) 648-6216 * www.townofhamburgny.gov/community-development
Director: Christopher Hull * Assistant Director: Timothy J. Regan



Hamburg Town Supervisor: Randall A. Hoak
Council Members: Megan A. Comerford * Shawn P. Connolly * Elizabeth C. Farrell * Karen L. Hoak

HAMBURG COMMUNITY DEVELOPMENT
APPLICATION FOR FUNDING - PROGRAM YEAR 2023
COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS
(Must be returned prior to October 21, 2022 at noon)

Name/Group Name: _____

Name/Group Name: _____

Address: _____

Address: _____

Please check all that apply:

Govt. Entity: _____

Not for Profit: _____

For Profit: _____

CHDO: _____

Religious: _____

Neighborhood: _____

Group: _____

Individual: _____

Is there a "Board of Directors" ? Yes _____ No _____

If yes, please list Board Members and Titles below:

DUNS #: _____

Federal ID #: _____

Tax ID #: _____

Amount of Town of Hamburg CDBG funding requested for PY 2023: _____

Matching/private funds committed: _____ Source: _____

Matching/private funds committed: _____ Source: _____

Total Project Funding Required: _____

Explain Architectural/Engineering assistance required:

PROJECT LOCATION:

Census Tract/Block Group, Address or Area:

Is this area within a HUD target area (See Enclosed Target Map)?: _____ Target #: _____

HUD Activity Name(s): _____

HUD National Objective(s): _____

Is there any environmental issues with the proposed project? _____
(Lead, Noise, Railroad, Hazardous Materials, Wetlands, etc.)

If Yes, Explain:

If Yes, Describe measures to be taken to mitigate the issue(s):

REQUIRED

Describe how the project will comply with the federal Community Development Block Grant regulations pertaining to eligible activities, national objective and all other regulatory requirements of the CDBG program.

* How many people will the project directly benefit? _____

* How many linear feet of infrastructure will be completed with this project? _____

* Other unit(s) of performance measurement/how many unit(s) will the project directly benefit?

What is the HUD target group associated with this project? _____

What National Objective is being covered with this application? _____

Has this project previously applied for and been denied CDBG funding in a previous year?

Yes: _____ No: _____ Year(s) of previous application(s): _____

Has this project previously applied for and been awarded CDBG funding in a previous year?

Yes: _____ No: _____ Year(s) of previous application(s) & amount of previous award(s):

Program Year: _____ Amount Awarded: _____

Program Year: _____ Amount Awarded: _____

Project comments or special remarks by Applicant(s) that warrant the awarding of funds to this project:

I Hereby propose to utilize federal Community Development Block Grant (CDBG) funds as outlined within this Application for Funding through the Town of Hamburg Department of Community Development. With my signature below, I acknowledge the following:

- * I am aware of the regulatory constraints associated with the use of federal Community Development Block Grant Program.
- * I will follow the regulations pertaining to the CDBG program in full, if awarded funding through this application.
- * I understand that the Department of Community Development will administer the funds on behalf of the Town of Hamburg and that no administrative funding is included within this request for funding.
- * I understand that the funding must be utilized wholly within the Township of Hamburg and within its HUD Target Areas.
- * I hereby state that I have legal authority to apply for funds on behalf of the group/organization listed.
- * I certify that no federal funds will be paid by, or on behalf of the applicant, to any person influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in conjunction with the awarding of this application for funding (Hatch Act).
- * All information in this application is true and correct and constitutes material representation of fact upon which the Town of Hamburg may rely in awarding this application for funding.

Signature of Authorized Official(s):

Date: _____

Date: _____

Date: _____

Printed Name(s): _____

Title: _____

Title: _____

Title: _____

Group/Organization: _____

Total 2023 CDBG Funding Requested from Town of Hamburg:

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

On the ___ day of _____, in the year _____, before me, the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

On the ___ day of _____, in the year _____, before me, the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

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HAMBURG COMMUNITY DEVELOPMENT APPLICATION FOR FUNDING - PROGRAM YEAR 2023 COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS FINAL INSTRUCTIONS/CHECKLIST FOR SUBMISSION

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- ★ Please submit three (3) original, signed, and notarized Applications for Funding to Hamburg Community Development.
 - ★ Prior to submitting this Application for Funding to Hamburg Community Development, please ensure that all questions listed within said application have been answered completely. Do NOT leave any question blank! If a question does not pertain to your application for funding, please state: "Not Applicable" Incomplete applications will be returned!
 - ★ Please ensure that your project is located within a Town of Hamburg HUD Target area
 - OR
 - ★ Please ensure that your project is covered under an approved eligible activity/national objective
 - ★ Please ensure that the project contact information is complete and accurate.
 - ★ Please make a copy to keep for your records.
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- * This form cannot be reproduced without the expressed written consent of Hamburg Community Development.
 - * Call (716) 648-6216 for information.