I. **Pledge of Allegiance**

II. **Public Safety Statement**

III. **Approval of Minutes**
   a. Approval of Minutes of March 5, 2020
   b. Approval of Minutes of April 2, 2020

IV. **Financial Report**
   a. Financial Report

V. **Community Development Block Grant Program**
   a. CDBG Covid-19 Resources

VI. **Housing Choice Voucher Program**
   a. COVID-19 FUNDING

VII. **Public Authority Items**
   a. Annual Report Deadlines Extended

VIII. **Other Business**

IX. **Public to be heard**

X. **Adjourn**
PATCHOGUE COMMUNITY DEVELOPMENT AGENCY 
MINUTES FOR MEETING OF 
March 5, 2020 
6:00 P.M.

Present: Donald Wachsmuth, Toni Dean, Susan Brinkman, Patrick McHeffey, Ryan McGarry, Javier Kinghorn

Also Present: Marian H. Russo and Teresa Reilly

Call meeting to Order at 6:07 pm

I. Pledge of Allegiance

II. Public Safety Statement

III. Approval of Minutes- recommendation made to amend February 2020 minutes to remove Javier Kinghorn from the attendance list, He was not in attendance. Motion to approve the minutes with the amendment for February 6, 2020 made by Member Susan Brinkman seconded by Member Toni Dean, vote, motion carried.

IV. Financial Report
   a. Approve payment of AVZ invoice in the amount of $1,955.00 discussion of services on invoice. Motion to approve payment made by Patrick McHeffey seconded by Ryan McGarry, vote, motion carried.

V. Community Development Block Grant Program
   a. Rider and Baker Project update – DeAl Concrete will start this project on Monday.
   b. Village Hall ADA Ramp – approval of proposal of DeAl Concrete Corp in the amount of $22,190. Motion to approve proposal of Village Hall ADA ramp motion made by Member Susan Brinkman seconded by Member Ryan McGarry, vote, motion carried.

VI. Housing Choice Voucher Program
   a. Filing of Annual Reports – T Reilly and Michele Yen worked on and filed the REAC report for the close of the 2019 year. T. Reilly was able to do a lot more of the process on her own. Michele Yen assisted with the filing.
   b. M. Russo completed the Section 8 Management Assessment Program. The CDA gets rated based on this report for the Housing Choice Voucher Program. M Russo discussed the different areas of our program and her answers in regards to our rating.

VII. Public Authority

VIII. Other Business
   a. Marian Russo will be on vacation March 21-March 29.

IX. Public to be heard

X. Motion to adjourn by Member Susan Brinkman seconded by Member Donald Wachsmuth Meeting adjourned at Next Meeting April 2, 2020
Call meeting to Order at 6:10 pm

I. Pledge of Allegiance

II. Public Safety Statement

III. Approval of Minutes – Approval of minutes of March 5, 2020 postponed until May meeting.


V. Community Development Block Grant Program
   a. Rider and Baker Project update. Motion to approve payment of invoice of DeAl Contracting in the sum of $43,560.24 by member Susan Brinkman and Member Ryan McGarry. Motion carried. There was a savings on the project in the amount of $6,000.00.

VI. Housing Choice Voucher Program
   a. Association of Long Island Housing Agency having weekly calls HUD regional director was on the call as well as the HCV director is on the call each week. The information from HUD increasing Housing Assistance Payment. There will also be an increase in Administrative fees. Patchogue CDA has not had increased administrative costs. Waiting for statutory waivers.

VII. Public Authority

VIII. Other Business
   a. Census – comic book completed and shared
   b. Greater Patchogue Community Organization Active Disaster is activated with the assistance of all CDA board meetings. Patrick McHeffey set up the Patchogue.recovers.org. Ryan McGarry is managing Volunteer and Donations Management. Toni Dean is managing membership and sending out emails. Susan Brinkman is on the communications committee. Don Wachsmuth will be included.
   c. Staff was off last week. Carmen and Teresa are alternating days in light of COVID-19 reduction in staff requirements.

IX. Public to be heard

X. Motion to adjourn by Member Susan Brinkman and Member Ryan McGarry. Meeting adjourned at: 6:26 pm.
Next Meeting May 7, 2020

Respectfully submitted,

Marian H. Russo
CDBG Covid-19 Resources

Background
The Town of Brookhaven has issued a request for proposal for an additional allocation of COVID-19 funding under the CARES act.

Additional Information

ATTACHMENTS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Upload Date</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOB Covid-19 CDBG funding Notice</td>
<td>5/7/2020</td>
<td>Cover Memo</td>
</tr>
<tr>
<td>CDBG-CV Funding application</td>
<td>5/7/2020</td>
<td>Cover Memo</td>
</tr>
<tr>
<td>CDBG-CV FAQ</td>
<td>5/7/2020</td>
<td>Cover Memo</td>
</tr>
</tbody>
</table>
NOTICE OF FUNDING AVAILABILITY FOR
TOWN OF BROOKHAVEN
COMMUNITY DEVELOPMENT PROGRAMS

In response to the Coronavirus Pandemic (COVID-19) the U.S. Department of Housing and Urban Development (HUD) has notified the Town of Brookhaven that it will receive supplemental and special grant allocations to be used to prevent, prepare for, and respond to the Coronavirus (COVID-19).

The Town of Brookhaven, Department of Housing and Human Services is announcing the availability of funds to assist eligible organizations and small businesses with expenses that have been incurred or are likely to be incurred to prevent, prepare for and respond to the Coronavirus Pandemic Crisis, (COVID-19).

Availability of funds are for the following HUD grants:
- Community Development Block Grant (CDBG-CV) $1,309,498
- Emergency Solutions Grant (ESG-CV) $ 672,466
- Housing Opportunities for Persons with AIDS (HOPWA-CV) $ 316,249

Applications are available on the Town’s website at www.brookhavenny.gov. If you wish to apply for these grants, applications will be accepted until Wednesday, May 20, 2020 at 4:30pm.

If you have any questions, please contact Alison Karppi, Commissioner of Housing and Human Services at akarppi@brookhavenny.gov

Supervisor Edward P. Romaine
Valerie M. Cartright, District 1
Jane Bonner, District 2
Kevin Lavalle, District 3
Donna Lent, Town Clerk

Michael Loguercio, District 4
Neil Foley, District 5
Daniel J. Panico, District 6
Lou Marcoccia, Receiver of Taxes

Jane Bonner, District 2
Kevin Lavalle, District 3
Donna Lent, Town Clerk

Neil Foley, District 5
Daniel J. Panico, District 6
Lou Marcoccia, Receiver of Taxes

Kevin Lavalle, District 3
Donna Lent, Town Clerk

Daniel J. Panico, District 6
Lou Marcoccia, Receiver of Taxes

Dan Losquadro, Superintendent of Highways
In response to the Coronavirus Pandemic (COVID-19) the U.S. Department of Housing and Urban Development Community (HUD) has notified the Town of Brookhaven that it will receive special supplemental allocations to be used to prevent, prepare for, and respond to the coronavirus (COVID-19). This allocation was authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116-136, which was signed into law on March 27, 2020, to respond to the growing effects of this historic public health crisis.

The Town of Brookhaven is pleased to announce the availability of funds to assist your organization with expenses that you have incurred or are likely to incur to prevent, prepare for and respond to limit the exposure and spread of the coronavirus COVID-19.

The following are eligible activities that prevent, prepare for and respond to the spread of COVID-19:

- Supplies – masks, gloves and gowns
- Cleaning equipment or cleaning services
- Rent and/or utilities
- Payroll for additional staff directly related to the COVID-19 crisis

Supporting documentation will be required when submitting a reimbursement claim:

1. Reimbursement of eligible purchase made (paid invoices/receipt of cancelled checks)
2. Reimbursement of payroll expenses. Documentation providing employee’s time, salary, benefits and expenses related to the program (timesheets or payroll register).
3. A monitoring form with spreadsheet summarizing the income eligibility, demographic information and accomplishments.

Please keep in mind that the funds must benefit low- and moderate-income individuals and/or families.

If you have an existing program, CDBG funds cannot be used in place of other funds unless those funds are no longer available. Also, if existing programs are funded by other sources, CDBG funds may be used only if the intent is to increase the number of persons assisted.

If you wish to apply for CDBG COVID-19 funds, proposals will be accepted until Wednesday, May 20, 2020 until 4:30pm. Project proposals may be extended until all available funds have been encumbered.

If you have any questions, please do not hesitate to contact Dave Bell at 451-6593 or email dbell@brookhavenny.gov or Christine Rignola at 451-6602 or email crignola@brookhavenny.gov
Town of Brookhaven
Community Development Block Grant
Application Instructions and Sub-Recipient Requirements

Deadline for submission is Wednesday, May 20, 2020 by 4:30 pm

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

CDBG Eligibility Requirements:
The Town of Brookhaven has set certain criteria for any not-for-profit organization to assure that the agency has the support and financial capacity to carry out the services to be provided with the granted funds. Please check that you have included all the required documents. In order to assure a proper review of your request for Community Development Block Grant (CDBG-CV) Program. The Town of Brookhaven will review applications for funding on a merit-based system. Pursuant to federal regulations, all agencies applying for an award of CDBG-CV funds must comply with the following list of requirements before funding is considered.

The criteria are as follows:

1) □ A complete application (instructions below); (with project estimates, if applicable.)
2) □ Submit board minutes containing the approval of the request for CDBG funding;
3) □ Provide DUNS# and a copy of your IRS 501(C)3 not-for-profit determination letter
4) □ Submit proof of liability insurance
5) □ A copy of most current audited financials, which indicate liquid assets of at least $25,000 and an operating account of at least $10,000.

We will determine if you demonstrate the capacity and ability to provide services rendered through documented successes and/or follow up of a viable program. You must maintain records in compliance with all applicable federal guidelines, including Title VI and ADA for agency follow-up compliance audits by the Town;

Please be aware that non-compliance may result in retraction of the award.

Mail the application to:
Town of Brookhaven – Town Hall
One Independence Hill
Housing & Human Services – 3rd Floor
Farmingville, New York 11738
**Description of Project:** Please give a brief description of your project/program. You may provide additional information on spaced sheets, please double space.

**Define Community Associated with the Activity:** Give a brief description of the type of population to be assisted by either the capital project or the public service program. You may add additional information on double spaced sheets, but please keep it brief.

**Anticipated Accomplishments:** Please outline what you hope to accomplish by the project and/or program in this application, such as a sidewalk/curbing installation project would give a certain community better access to a specific area (for a capital project application) or counseling youth would help that population by lowering the failure rate for them in their school (for a public service program application). Public service applicants should include the type/method of measurement used to determine their accomplishments. You may add additional information on double spaced sheets.

**Choosing a Category:** Please enter the anticipated number of persons that will be assisted by this project and/or program.

**Eligibility Criteria:** Please check one of the three options for this category and attach supporting documentation on double spaced sheet, if needed. If you require help with this question, please contact our office at 631-451-6600 and we will help you determine your needs.

**Cost Estimate:** Please fill out the budget information needed as it pertains to your application.

Please remember to sign and date your application. You will need to submit an original to this office no later than 4:30 p.m. on Wednesday, May 20, 2020.

If you have any questions, please do not hesitate to contact Dave Bell at 451-6593 or email dbell@brookhavenny.gov or Christine Rignola at 451-6602 or email crignola@brookhavenny.gov.
In order to assure the proper review of agencies requesting funding through the Community Development Block Grant (CDBG-CV) Program, the Town of Brookhaven will review applications for funding on a merit-based system. Pursuant to federal regulations, all agencies applying for an award of CDBG-CV funds must comply with the following list of requirements before funding is considered:

**CDBG-CV Eligibility Requirements:**
The Town of Brookhaven has set certain criteria that would be acceptable for any not-for-profit organization to assure that the agency has the support services and financial capacity to carry out the services to be provided with the granted funds. The criteria are as follows:

1) A completed application for funding;

2) A 501(c)3 with a fully functioning board and submission of board minutes containing the approval for request of CDBG funding;

3) Provide DUNS# and most current IRS Form 990;

4) Demonstrate capacity and ability to provide services rendered through documented successes and/or follow up of a viable program;

5) Maintain records in compliance with all applicable federal guidelines, including Title VI and ADA;

6) Submit liability insurance and most current audited financials, which indicate liquid assets of at least $25,000 and an operating account of at least $10,000.

Please be aware that non-compliance may result in retraction of the award.
TOWN OF BROOKHAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT
COVID FUND APPLICATION

This application will be considered for funding in response to COVID-19. Please answer every question in full with as much detail as possible.

NAME OF ORGANIZATION: _____________________________________________________________

ADDRESS: _____________________________________________________________________________

CONTACT PERSON: ________________________ PHONE NUMBER: _______________________

EMAIL: ___________________________________ 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? ___________________________________________

Physical Address of Project: ________________________________________________________________

_______________________________________________________________________________________

Description of Project:
For public service organizations, specifically describe what the funds will be spent for, including:
  1) WHAT products or services are to be performed (ie: youth counseling);
  2) WHERE services are to be provided (physical address);
  3) WHOM the services are to be provided for (population type, ie: low income youth) and;
  4) HOW they are to be provided. (attach additional information if neeed)

Anticipated Accomplishments (attach additional information if needed): ______________________________

________________________________________________________________________________________

FOR TOWN USE ONLY
Date ______________________________
Application No. _____________________
Staff Initials ________________________

Approved □ Denied □

Amount Awarded_________________________________
Choose one (1) category and provide the anticipated number to be assisted:

- Youth to be assisted
- Elderly to be assisted
- Jobs to be created
- Veterans to be assisted
- Homeless to be assisted
- Victims of Domestic Violence to be assisted
- Victims of Child Abuse to be assisted
- Disabled (physically or mentally) to be assisted
- People (general) to be assisted
- Businesses to be assisted
- Other (describe) ______________________________________________________

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 those with disabilities? ____Yes    ____ No

Please indicate which Performance Objective this activity will address. Note that there are no wrong answers:

- Suitable living environments
- Decent affordable housing
- Creating economic opportunities

Please indicate which Performance Outcome this activity will address. Not that there are no wrong answers:

- Availability/Accessibility
- Affordability
- Sustainability: Providing livable or viable communities

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

What type of services do you provide? (24 CFR)
Check all that apply:
- Senior Services (05A)
- Youth Services (05D)
- Transportation Services (05E)
- Child Care Services (05L)
- Tenant/Landlord Housing (05K)
- Food Banks (05W)
- Employment Training (05H)
- Fair Housing Activities (05J)
- Other (describe) ______________________________________________________
Program Eligibility – National Objective (choose one). General Guidelines: Low/Mod Limited Clientele (LMC) Activities – at least 51% of program participants must be low/mod (80% of AMI or below-current income limits are attached in the “library” of this application). Low/Mod Area (LMA) Activities – An activity can be considered LMA if the service area, meaning the radius of where you will be drawing program participants from, is predominantly low/mod (attach map of service area). Presumed Benefit – An activity can be considered Presumed Benefit if the program benefits abused children/spouses, elderly, severely disabled adults, homeless, illiterate, AIDS, or migrant farm workers. Nature/Location- An activity can be considered eligible under this category if the activities are of such a nature and in such a location to conclude low/mod clientele serviced (ie: funding a daycare in a Public Housing Complex – the location of the activity implies eligibility).

_____Low/Mod Limited Clientele (LMC) 570.208 (a) (2)
_____Low/Mod Area Benefit (LMA) 570.208 (a) (1)
_____Low/Mod Limited Clientele Presumed Benefit 570.208 (a)(2)(A)
_____Low/Mod Limited Clientele Nature or Location Benefit 570.208 (a)(2)(D)

If you checked “Presumed Benefit” or “Nature or Location,” please explain.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Eligibility Criteria:

All projects must meet one of the three criteria (check criteria 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

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

__Urgent Need (contact the Town of Brookhaven before using this category)
   Describe the serious and immediate threat to health and safety
   Attach description and supporting documentation
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe how your organization will document the income status of the targeted beneficiaries (ie: tax return documentation):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
In order to utilize CDBG funds under the public service category, the service must be either a new service or a quantifiable increase in the level of an existing service. Please describe how your service will qualify.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe the experience your organization has in implementing the activities you have proposed in this application.

__________________________________________________________________________________________
__________________________________________________________________________________________

Describe the outreach efforts your organization undertakes with regard to soliciting participation in the subject program. Please make note of any agencies/organizations that will assist in this regard (ie: school district, village)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you own the facility? If not, attach a copy of your rental lease agreement with your landlord.

_____ Yes  _____ No

Is the building for public use (ie: community center, school)?

_____ Yes  _____ No

Does any other organization/group use the facility? If yes, provide details on which days of the week, which rooms, and for what purpose.

__________________________________________________________________________________________

Please provide the following documentation with your application:

- Project Description
- Summary of Accomplishments
- Financial Statement
- Audits/Accounting - OMB Circular A-133 form/ or statement
  Conformity to 2CFR, Subtitle A, Chapter II, Part 200 statement
- 990 and CHAR 500
- IRS Federal Tax Exempt
- NYS form ST-119, exempt Org Cert
- Articles of Incorporation with NYS Seal
- Current Insurance Certificates for Worker’s Compensation, Liability, Disability
- Management Letter
- Board of Directors Members List
- Board Minutes approving application
- Organization Chart
**Cost Estimate:**

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CDBG- COVID Funds Requested <strong>in this application:</strong></td>
<td>$_____________</td>
</tr>
<tr>
<td>2. Prior Year CDBG Funds Received</td>
<td>$_____________</td>
</tr>
<tr>
<td>3. Other Federal Funds Requested (if any)</td>
<td>$_____________</td>
</tr>
<tr>
<td>4. NYS Funds Requested (if any)</td>
<td>$_____________</td>
</tr>
<tr>
<td>5. County Funds Requested (if any)</td>
<td>$_____________</td>
</tr>
<tr>
<td>6. Private Funds Requested (if any)</td>
<td>$_____________</td>
</tr>
<tr>
<td>7. Other Funds Requested (if any)</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

**Please note: duplication of funds is not permissible.**

If applicant is a public service group, please show how the CDBG-COVID funds will be used for the period of six months:

| 1. Salaries and Benefits                                                        | $_____________|
| 2. Rental Space                                                                  | $_____________|
| 3. Utilities                                                                      | $_____________|
| 4. Supplies                                                                       | $_____________|
| 5. Program/Service Costs (Specify)                                              | $_____________|
| a.                                                                                | $_____________|
| b.                                                                                | $_____________|
| c.                                                                                | $_____________|
| d.                                                                                | $_____________|

**TOTAL CDBG-COVID BUDGET**  $_____________

**CERTIFICATON**
I certify that, to the best of my knowledge, the information provided in this application is correct. I understand that this is neither an offer of funding, nor does it obligate the applicant or the Town of Brookhaven Department of Housing and Human Services in any way. I have read the instructions and Town of Brookhaven Community Development Block Grant Subrecipient Requirements and those specific to COVID.

Applicant Signature  Date
Number 1: CDBG COVID-19 Question and Answer
Using CDBG Funds for Staff Costs and Unused and Partially Utilized Space

March 25, 2020

Staff Costs

Q. Are staff costs of CDBG program administration and eligible activities allowable if the staff person is on leave due to the closure of the grantee or subrecipient’s offices in response to COVID-19?

A. Yes. If staff costs meet the program administration requirements of 24 CFR 570.206 or are related to carrying out activities eligible under § 570.201 through § 570.204, the cost of fringe benefits, as provided at 2 CFR 200.431(b), in the form of regular compensation paid to employees during periods of authorized absences from the job, such as for annual leave, family-related leave, sick leave, holidays, court leave, military leave, administrative leave, and other similar benefits, are allowable if all of the following criteria are met:

1. They are provided under established written leave policies;
2. The costs are equitably allocated to all related activities, including Federal awards; and,
3. The accounting basis (cash or accrual) selected for costing each type of leave is consistently followed by the grantee/subrecipient or specified grouping of employees.

Please note, however, such charges are subject to regulatory or statutory limits on certain categories of costs (e.g., the 20% limit on CDBG planning and administrative costs).

Unused and Partially Utilized Space Costs

Q. What about the costs of unused and partially utilized space, when space used by grantees/subrecipients in carrying out activities with CDBG funds is no longer used or is no longer used fully in response to COVID-19, are costs such as maintenance, repair, rent, and other related costs, e.g., insurance, interest, and depreciation allowable?

A. Yes, subject to program restrictions and the regulations at 2 CFR 200.446 Idle facilities and idle capacity. While costs for unused space (idle facilities) are usually unallowable, §200.446(b)(2) permits exceptions when the space (facilities) are idle for causes which could not have been reasonably foreseen. Clearly, the COVID-19 situation falls within that exception. Under this exception, “…costs of idle facilities are allowable for a reasonable period of time, ordinarily not to exceed one year, depending on the initiative taken to use, lease, or dispose of such facilities.”

Grantees and subrecipients should note, however, that program regulations may prohibit certain costs referenced in the question. For example, 24 CFR 570.207(b)(2)(i) prohibits use of CDBG funds for maintenance and repair of publicly owned facilities and improvements.

As to partially utilized space (idle capacity), §200.446(c) provides that:

“The costs of idle capacity are normal costs of doing business and are a factor in the normal fluctuations of usage or indirect cost rates from period to period. Such costs are allowable, provided that the capacity is reasonably anticipated to be necessary to carry out the purpose of the Federal award or was originally reasonable and is not subject to reduction or elimination by
use on other Federal awards, subletting, renting, or sale, in accordance with sound business, economic, or security practices....”

Accordingly, costs of idle capacity are allowable, subject to the provisos in §200.446(c) and to any program regulatory restrictions noted above.

Resources

The Department has technical assistance providers that may be available to assist grantees in their implementation of CDBG Funds for activities to prevent or respond to the spread of infectious disease. Please contact your local CPD Field Office Director to request technical assistance from HUD staff or a TA provider.

- Submit your questions to: CPDQuestionsAnswered@hud.gov
- COVID-19 (“Coronavirus”) Information and Resources: https://www.hud.gov/coronavirus
- CPD Program Guidance and Training: https://www.hudexchange.info/program-support/
COVID-19 FUNDING

Background
The CDA is receiving additional administrative costs for the response to COVID-19.

Additional Information

ATTACHMENTS:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Section 8 CARES info</td>
<td>5/7/2020</td>
<td>Cover Memo</td>
</tr>
</tbody>
</table>
May 4, 2020

NY128  
VILLAGE OF PATCHOGUE CDA  
14 BAKER STREET P.O. BOX 719  
PATCHOGUE, NY 11772

Dear Executive Director:

SUBJECT: Section 8 Housing Choice Voucher Program - Award of Additional Funding

This letter is to notify you that HUD will be providing your agency additional Housing Voucher program funds. The amount of funds being obligated and the purpose of such funds are reflected in the table below.

<table>
<thead>
<tr>
<th>Program Funding</th>
<th>Budget Authority Assigned</th>
<th>Purpose of Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>AF</td>
<td>$35,452</td>
<td>CARES Act Rnd 1 AF</td>
</tr>
</tbody>
</table>

Your executed copy of the notice to amend the Consolidated Annual Contributions Contract (CACC) with revised funding exhibits reflecting the changes described above will be transmitted under separate cover. That letter will contain all information related to this funding including increment number, effective/expiration dates and units, if applicable.

If you have any questions, please contact your Financial Analyst.

Sincerely,

Jennifer D. Horn
Division Director

Memo Reference: 20-086
May 5, 2020

NY128
VILLAGE OF PATCHOGUE CDA
14 BAKER STREET P.O. BOX 719
PATCHOGUE, NY 11772

Dear Executive Director:

SUBJECT: Renewal of Housing Choice Voucher Program Increments
             Expiring September 30, 2020

This letter is to notify you that funds have been obligated to renew expiring Housing Choice Voucher (HCV) Program Housing Assistance Payments (HAP) and Administrative Fee increment(s).

October 2020 HAP Funding

The HAP funding is provided to renew increment(s) expiring September 30, 2020. The letter that accompanied your Calendar Year 2020 Renewal Funding Allocation dated March 27, 2020, provides the detail on the calculations for the October HAP funding eligibility.

The monthly HAP is disbursed in accordance with PIH Notices 2011-67 and 2017-06, utilizing cash management procedures and will continue being reconciled periodically to ensure compliance with Treasury Financial Manual at Vol. 1, Part 6, Section 2025.

VASH Renewals

If your agency is administering HUD Veterans Affairs Supportive Housing (VASH) vouchers, the renewal of these vouchers is included in the overall renewal calculations. These vouchers are not renewed separately. PHAs must comply with the statutory requirement that VASH vouchers may only be used to assist VASH-eligible participants, both initially and upon turnover.

Separate tracking of the VASH units from the regular voucher units is required for SEMAP purposes, since VASH units are not included, and will also allow for the utilization monitoring of these special purpose vouchers. A new increment will be established for the VASH renewal units and assigned one dollar ($1.00) of budget authority. These units will continue to be renewed separately upon expiration.

Dear Executive Director

Subject: Initial Administrative Fee Allocation from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

The Office of Housing Voucher Programs (OHVP) has allocated the initial administrative fee funding per the CARES Act (Public Law 116-136) to public housing agencies (PHAs) administering the Housing Choice Voucher (HCV) Program and/or the Mainstream Program. PHAs must use these funds to prevent, prepare for, and respond to coronavirus (COVID-19), per guidance provided in PIH Notice 2020-08: CARES Act – HCV Program Administrative Fees. https://www.hud.gov/program_offices/public_indian_housing/publications/notices

This initial administrative fee award provided to each agency through the CARES Act is described in the attached Enclosure A. The calculation determined the monthly average administrative fees based on the PHAs reconciled calendar year (CY) 2018 and 2019 eligibilities, divided by 12 months, then multiplied by 2. HUD will provide separate guidance on the allocation of the remaining CARES Act administrative fee funds. Additionally, it is anticipated that a notice describing the allocation criteria and methodology for the Housing Assistance Payments (HAP) portion of the CARES Act will be posted in June 2020.

Finally, the OHVP guidance regarding the tracking and reporting of the CARES Act funding is forthcoming. In the meantime, PHAs must follow the preliminary guidance provided in section 7. Reporting Requirements, of PIH Notice 2020-08.

Please direct any questions concerning this allocation to contact your Financial Analyst at the Financial Management Center.

Thank you for your continued participation in the HCV and/or Mainstream Programs to serve the needs of your community during this critical time.

Sincerely,

Miguel A. Fontánez
Director
Housing Voucher Financial Management Division

Enclosure
Rental Assistance Demonstration (RAD) Renewals

If your agency is administering Rental Assistance Demonstration (RAD) vouchers, the renewal of these vouchers is included in the overall renewal calculations. These vouchers are not renewed separately.

Separate tracking of the RAD units from the regular voucher units is required by the Department. A new increment will be established for the RAD renewal units and assigned one dollar ($1.00) of budget authority. These units will continue to be renewed separately upon expiration.

RAD leasing and expenses are to be reported in the VMS in the appropriate RAD field (RAD 1 or RAD 2). In addition, RAD units should also be reported in the VMS as Project-Based Vouchers (PBV). Please refer to the VMS User’s Manual for specific guidance on RAD and PBV reporting.

October 2020 Administrative Fee Funding

The administrative fees provided for October 2020 are an estimated amount based on the leasing data reported in the Voucher Management System (VMS) for Calendar Year 2019. The amount was capped to the number of available units; prorated to 81% of eligibility; and calculated using the 2019 administrative fee rate.

The Department will continue to use the VMS to calculate administrative fees based on first of the month leasing, and to reconcile the estimated fees advanced with the actual earnings for each month. MTW Agencies administrative fee funding will be based on their MTW agreement.

MTW Agencies administrative fee funding will be based on their MTW agreement.

Specific information concerning the renewal(s) for your public housing agency (PHA) is identified in the enclosed table.

Enclosed is your Notice to Amend the Consolidated Annual Contributions Contract (CACC) with revised funding exhibits reflecting the change(s) described above. The amendment notice and revised funding exhibits should be filed with your most recent CACC. No execution by HUD or yourPHA is required.

Public housing agencies receiving an increment in excess of $100,000 in Budget Authority (BA) are required to submit Form HUD-50071, Certification of Payments to Influence Federal Transactions, and if applicable, Form SF-LLL, Disclosure of Lobbying Activities. If this letter notifies you of a renewal in excess of $100,000, and your PHA has not submitted the Form(s) HUD-50071 (and SF-LLL where applicable) for your current fiscal year; the documents must be submitted to your local field office and Financial Analyst at the Financial Management Center (FMC) within 30 days of the date of this letter. These forms are located on the Internet at the following addresses:

Form HUD-50071
https://www.hud.gov/sites/documents/50071.PDF
<p>| | | |</p>
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<thead>
<tr>
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<tr>
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<td>3</td>
<td>CY 2018 Administrative Fee Total Eligibility</td>
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<tr>
<td>4</td>
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<td>6</td>
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<td><strong>Mainstream Voucher Program</strong></td>
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<td>8</td>
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<td><strong>Mainstream Voucher Program Total Award</strong> (Line 12 multiplied by 2)</td>
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Form SF-LLL
https://www.hudexchange.info/resources/documents/HUD-Form-Sflll.pdf

Please contact your Financial Analyst at the FMC if you have any questions.

Sincerely

Jennifer D. Horn
Division Director

Enclosure(s)
Memo Reference: 20-091
### Increment Number Table

**Housing Choice Voucher Program**

**Section 8**

May 5, 2020

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<th>Expanding HAP Funding Increment Number</th>
<th>Replacement HAP Funding Increment Number</th>
<th>Units</th>
<th>HAP Budget Authority</th>
<th>Admin Fee Funding Increment Number</th>
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*(NOTE: The expiring funding increment number(s) listed above with blank fields across are renewed by the first listed replacement funding increment number that follows.)*
HUD NOTICE TO HOUSING AGENCY AMENDING
CONSOLIDATED ANNUAL CONTRIBUTIONS CONTRACT

Housing Agency: NY128
VILLAGE OF PATCHOGUE CDA

In accordance with Paragraph 2.c. of the Consolidated Annual Contributions Contract between HUD and the HA, you are notified that the funding exhibits of the Consolidated Annual Contributions Contract is hereby revised to add a new funding increment as provided in the attached revised funding exhibit. (This notice adds one or more funding increments listed on the attached funding exhibit.)

The revised funding exhibit is attached to this HUD notice. This revised funding exhibit replaces and revises the prior funding exhibit.

In accordance with Paragraph 2.d. of the Consolidated Annual Contributions Contract, this HUD notice and the attached funding exhibit constitutes an amendment to the Consolidated Annual Contributions Contract.

United States of America  Secretary of Housing and Urban Development
Authorized Representative

Robert H. Boepple, Director
Financial Management Center

Date of Document: 5/5/2020

Form HUD-52520A (12/97)
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<th>BUDGET AUTHORITY</th>
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NY128
VILLAGE OF PATCHOGUE CDA
14 BAKER STREET P.O. BOX 719
PATCHOGUE, NY 11772

Dear Executive Director:

Subject: Notification of Monthly Disbursement Schedule for Housing Assistance Payments and Administrative Fees

This email serves as HUD's notification that funding will be disbursed for your agency's Housing Choice Voucher (HCV) program. Attached you will find the current disbursement schedule reflecting the monthly HAP and/or Administrative Fee amounts. A separate notification will be provided to your agency for new units and funding received or program specific reductions.

If you have any questions regarding how the monthly disbursement amounts were derived, please contact your Financial Analyst at the FMC.

Sincerely,

Jennifer D. Horn
Division Director

Enclosure
Memo Reference: 20-082
## Housing Choice Voucher Program

### Disbursement Schedule

- **FO Code:** 2APH
- **HA Name:** VILLAGE OF PATCHOGUE CDA
- **HA Number:** NY128
- **FYE:** 12/31

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