

Public Service Pre-Application Workshop

Wednesday, December 3, 2025 at 1PM

-or-

Friday, December 5, 2025 at 11AM

City of White Plains / *Community Development Program*



City of White Plains



Community Development

FY 2026-27
Expected
Resources

\$850,000*

Anticipated CDBG Grant Award

\$215,000

Estimated Public Service Allocation

**Official Grant Award TBD*

CDBG National Objectives

1. Benefit to low- and moderate-income persons
2. Aid in the prevention or elimination of slums or blight
3. Meet a need having a particular urgency

How to Apply For CDBG Funding

Applications due **January 16, 2026 by 4PM**

Funding Period: July 1, 2026 – June 30, 2027

All applications must be completed and submitted online through the City's Form Center.

Go to the City's website and sign in:
www.cityofwhiteplains.com

Log in to an Existing Account using last year's credentials

-OR-

Create a new Account

The screenshot shows the City of White Plains website. At the top right, a red circle highlights the "Website Sign In" link in the navigation bar, with a red arrow pointing to it. Below the navigation bar is a search bar and a "Select Language" dropdown. The main banner features a photograph of a city building with the text "WELCOME TO WHITE PLAINS" and "The Birthplace of the State of New York". Below the banner, the "My Account" section is visible, containing a "Website Sign In" button and the text "For a more interactive experience please sign in." To the right, the "Sign In" section includes the text "When using an existing account, you will be redirected to the CivicPlus sign in page." Below this text are two buttons: "EXISTING ACCOUNT" (highlighted with a red circle and a red arrow) and "CREATE AN ACCOUNT". To the right of these buttons is a "FACEBOOK" login button.



Search White Plains...



Select Language

Once you are logged in, your user name will appear at the top of the screen.

WELCOME TO WHITE PLAINS

The Birthplace of the State of New York



Online Payments



Applications & Permits



Agendas & Minutes



White Plains Multimedia



Stay Notified

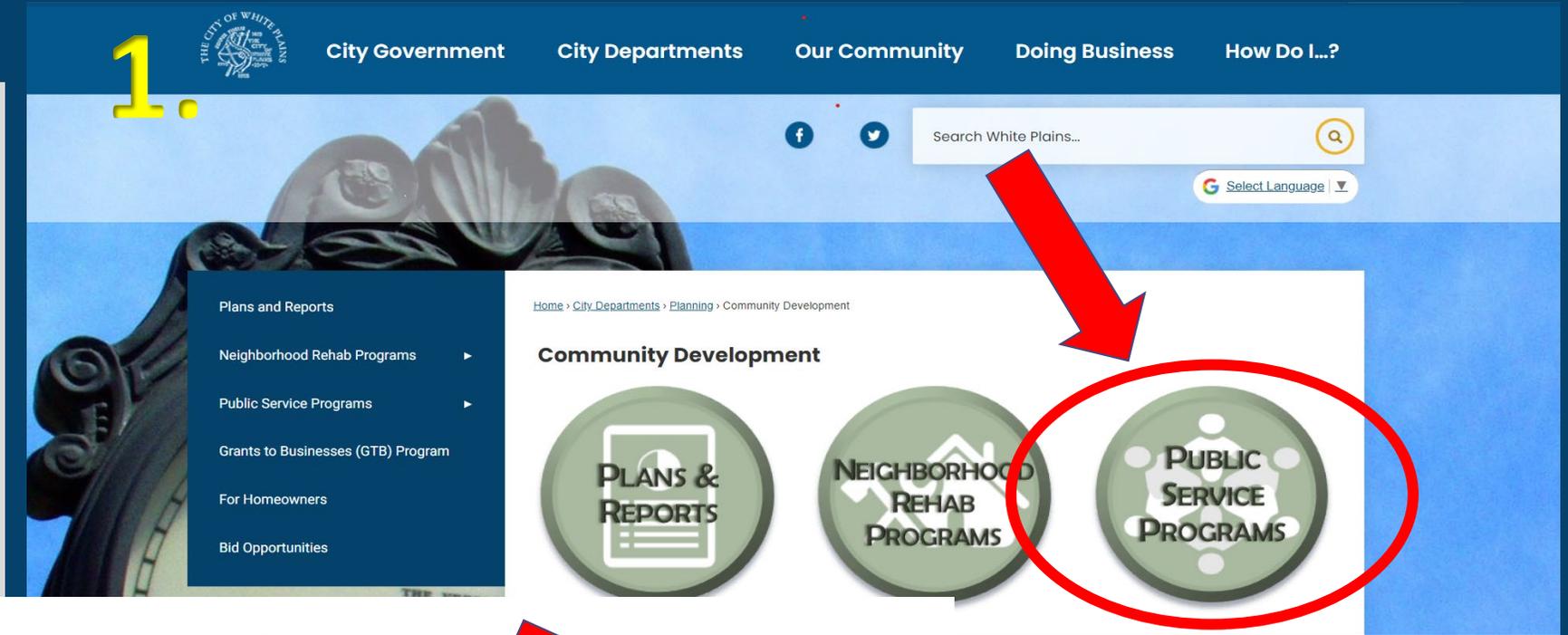


Contact Us



To access the Application, go to the Community Development page:

Cityofwhiteplains.com/communitydevelopment



Application Instructions

Home > Form Center

Form Center

My Forms

Search Forms:

Word or Phrase Select a Category

Public Service Grant Application

Application Instructions

[Application Instructions](#)

Begin the application by downloading and reading the application instructions, above.

Save Progress

Save your progress at any time!

Please Read the application instructions carefully, as they are updated each year.

Note: if you save your progress, any documents that you have uploaded will not be saved. You must re-upload them before hitting submit.

Organization Information

Organization Information

Organization Name*

Address* **Address (2)**
City* **State*** **Zip***
Executive Director* **Email Address*** **Phone***
Mission Statement of Organization*
Which of the following describes the organization?*

- Nonprofit Corporation (501(c)3 or 501(c)4 only)
- Faith-based Organization
- City of White Plains Government Entity/Department

Unique Entity Identifier (UEI)*

The federal government used to require a DUNS number and now they require a Unique Entity Identifier (UEI).

You can request a UEI through the website SAM.Gov

There is no cost to receive a UEI.

Program Description

Program Description

1. Program Name*

2. Provide a brief summary of the program you are requesting funding for.*

3. Does the program take place at one specific address?*

- Yes
 No

3a. Provide the address.*

4. Identify the program's target population.*

e.g. low-income persons, frail elderly, at-risk youth, etc.

5. How many people will these CDBG funds serve?*

Unduplicated count

6. Does this program charge clients fees?*

- Yes
 No

6a. If yes, indicate what the fees are for and how the fees are justified.*

7. Will this program require an increase in staffing?*

- Yes
 No

7a. If yes, indicate the number of staff required and describe the experience and qualifications required for the position(s).*

8. Why are CDBG funds necessary?*

9. Provide a brief timeline for program implementation.*

9a. Program Start Date*

mm/dd/yyyy

9b. Program End Date*

mm/dd/yyyy

Funding Request & Budget

Funding Request and Budget

[Budget Worksheet](#)

Download the budget worksheet, complete and upload with the other documents below.

Funding request*

Min: \$8,000 Max: \$20,000

Minimum: \$8,000 Maximum: \$20,000

Please note: This funding does not become available until July 1, 2026 or later

Budget Worksheet

Program Revenue

Budget Worksheet (1) - Program Revenue

Individually list each source of funding or in-kind contribution. If you are leveraging other grants, replace "Other Grants" with the name of the funding source.

Project Revenue			
Source	Committed	Pending	Total
Government	\$ -	\$ -	\$ -
CDBG do not complete under Committed	\$ -	\$ \$8,000	\$ \$8,000
Foundations			
Corporation			
United Way			
Individual Contribution	\$ \$1,500	\$ -	\$ \$1,500
Board Contributions	\$ -	\$ -	\$ -
Fundraising Events	\$ -	\$ -	\$ -
Membership Income	\$ -	\$ -	\$ -
Endowment Income	\$ -	\$ -	\$ -
Other Grant name grant	\$ \$3,000	\$ -	\$ \$3,000
Other Grant name grant	\$ -	\$ -	\$ -
Other Grant name grant	\$ -	\$ -	\$ -
Other Grant name grant	\$ -	\$ -	\$ -
Total Committed	\$4,500		
Total Pending		\$8,000	
Total			\$12,500

List all revenue funding sources incl. CDBG Request

List name and amount of other grants, if applicable

Total Committed	\$4,500 -
Total Pending	\$8,000 -
Total	\$12,500 -

Totals will calculate automatically

Budget Program Expenses

Tell us how you plan to spend CDBG funding

Select "yes" or "no" from dropdown menu

Discuss/justify the item... Provide a brief explanation of each line item, including how you arrived at the cost and how that expense is... Please note: Executive Directors may only charge time spent on direct program benefits, such as Case Management, Class Instruction, etc.

Budget Worksheet (2) - Program Expenses

Project Expenses						
	Personnel	Item Description/Job Title	CDBG Request	Other Funding	Total	Explanation and Expense Justification
Item 1	Yes	Program Coordinator	\$4,000	\$ -	\$4,000	Manages inventory
Item 2	No	Food Distribution	\$4,000	\$ -	\$4,000	Food supplies
Item 3		List your Expense Items	\$ -	\$ -	\$ -	Explain your Expense Items
Item 4			\$ -	\$ -	\$ -	
Item 5			\$ -	\$ -	\$ -	
Item 6			\$ -	\$ -	\$ -	
Item 7			\$ -	\$ -	\$ -	
Item 8			\$ -	\$ -	\$ -	
Item 9			\$ -	\$ -	\$ -	
Item 10			\$ -	\$ -	\$ -	
Benefits & payroll taxes			\$ -	\$ -	\$ -	
			Subtotal: Personnel	\$4,000	\$ -	\$4,000
			Subtotal: Other	\$4,000	\$ -	\$4,000
			TOTAL	\$8,000	\$ -	\$8,000

Once the Budget Worksheet has been completed, save the document as a PDF and upload the completed document with the other required documents



Totals will calculate automatically

Make sure to save the document as a PDF before exiting.

Upload the completed Budget Worksheet with the other documents at the end of the application.

Supporting Documentation

- List of owners, officers and board members, including home address, phone number and principal occupation
- Evidence of non-profit status
- Audit: A-133, Audited Financial Statement, Annual Certified Financial
- Articles of Incorporation
- W-9
- Current Insurance Certificate
- Proof of Workers Compensation Insurance
- Proof of Disability Insurance
- Completed Budget Worksheet (PDF)

Supporting Documentation: Insurance Certificate

- Current Insurance Certificate
- Follow templates provided
- Incomplete insurance certification will disqualify your application for funding



CERTIFICATE OF INSURANCE COVERAGE
NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only)
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
3a. Name of Insurance Carrier
3b. Policy Number of Entity Listed in Box "1a"
3c. Policy effective period

4. Policy provides the following benefits:
5. Policy covers:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed By Telephone Number Name and Title

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law(Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed By Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



File Upload Instructions

File Upload Instructions

To upload documents: select "Choose File", navigate to the file's location and select upload. Note: uploaded files will not be saved, do not upload any files until you are ready to submit the application.

List of owners, officers and board members*

No file chosen

Evidence of your nonprofit status*

No file chosen

Audit: A-133; Audited Financial Statement; Annual Certified Financial*

No file chosen

Articles of Incorporation*

No file chosen

W-9*

No file chosen

Current Insurance Certificate*

No file chosen

Budget Worksheet*

No file chosen

Navigate to the correlating file and select "open" to complete the upload

Note: Do not upload files until you have FINISHED completing your application and are ready to submit it. Uploaded files will not be saved.

Optional Documents

- HUD Certification (*Housing Counseling Agencies only*)
- Letters from other organizations or agencies supporting your project
- Evidence of demand for your project

Provide your Contact Information

Contact and Certification

Primary Contact*

Email Address*

Phone*

Secondary contact should be the person responsible for grant administration, billing, or invoicing. The secondary contact cannot be the same as primary contact.

Secondary Contact*

Email Address*

Phone*

- Primary Contact should be the person who intends to attend the January 29, 2026 - Public Hearing
- Secondary Contact should be the person responsible for grant administration, billing, or invoicing
 - Secondary Contact cannot be the same as primary

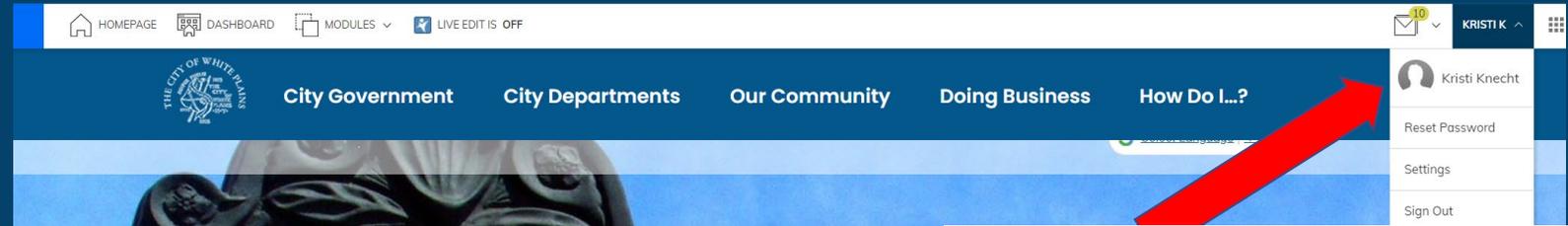
Certification

Certification*

- By checking this box I understand that my attendance and participation at the January 29, 2026 Public Hearing is a requirement of this application.

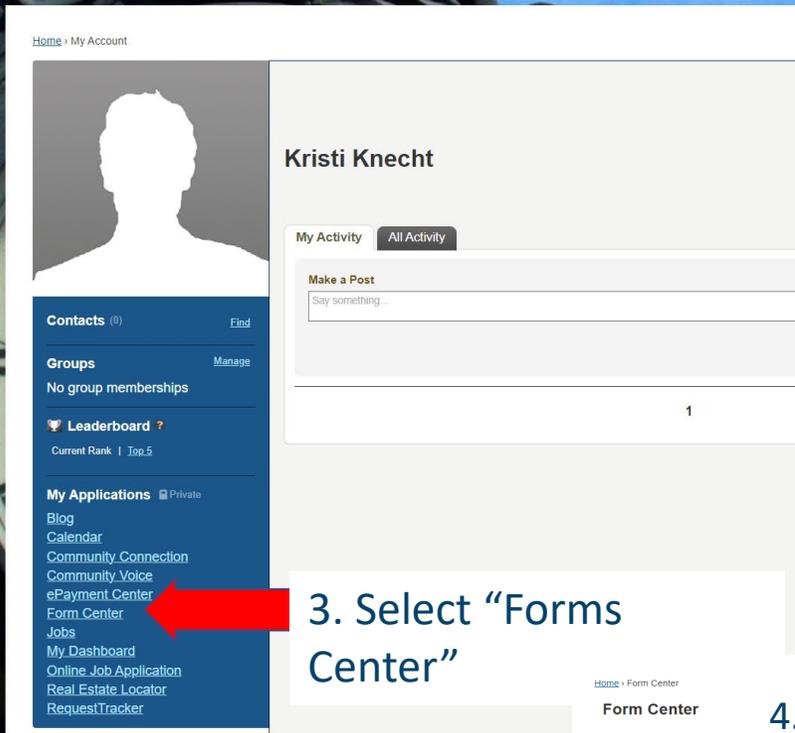
- Applicants must certify that they will *attend* the January 29, 2026 CDCAC Public Hearing to be considered for funding.
- Participation will take the form of a 3-minute presentation consisting of:
 - Organization and Program Name
 - Funding Request
 - Target Population to be Served
 - Number of Persons to be Served
 - Primary Goal and Objectives

1. Login to your account

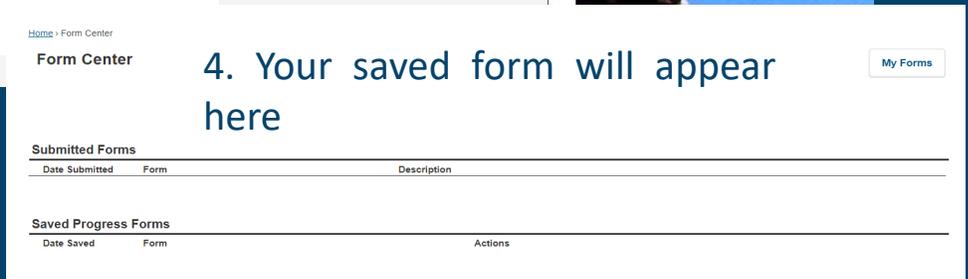


2. Select "your name", from the drop down menu located in the top right hand corner

How to Access a Saved Application



3. Select "Forms Center"



4. Your saved form will appear here

Technical Assistance

If you need technical assistance please reach out to the Community Development Program staff at:

communitydevelopment@whiteplainsny.gov

or call us at 914-422-1300 and ask for Community Development.

Application Evaluation

Evaluation Process

Completeness

- Applications will be reviewed for completeness beginning January 19, 2026.
- You will be notified if supplemental information is required.

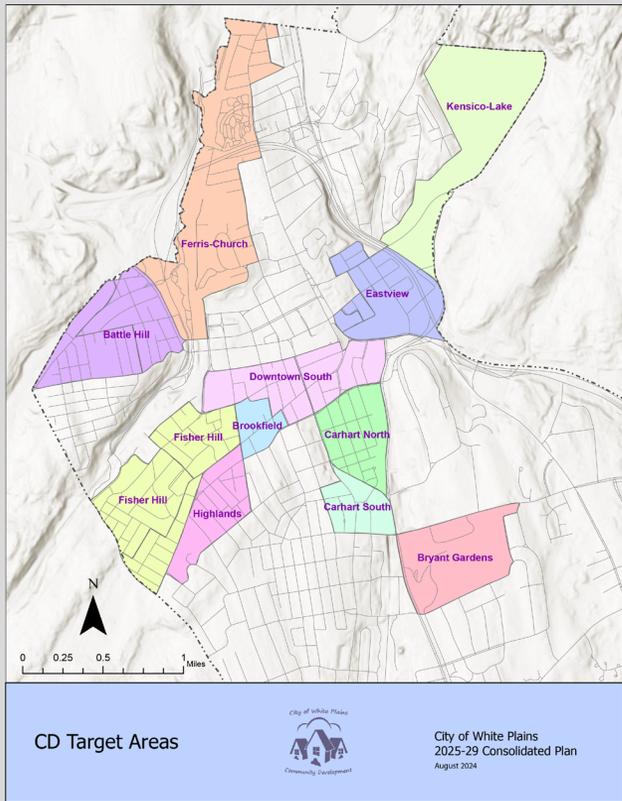
Compliance

- Applications will be reviewed for their compliance with CDBG Eligible Activities, and HUD National Objectives.

Public Hearing Participation

- Mandatory attendance and participation at the January 29, 2026 Public Hearing.

Evaluation Criteria



- Overall benefit to vulnerable populations (low-income citywide, elderly, unhoused individuals, etc.)
- Availability of similar programs in White Plains.
- Program need and justification.
- Cost reasonableness and effectiveness.
- Benefit to residents of designated Target Areas.

Vouchers & Intakes

- Requests for payments are accepted monthly, quarterly, or annually depending on the nature of your program
- Payment requests may take up to 30 days to process (plan accordingly)
- Expenditures incurred between July 1st 2026 and June 30th 2027 are eligible for reimbursement
- End-of-year reporting is required of all applicants
 - Reporting includes description of program activities and photos

FOR CURRENT SUB-GRANTEES:

- *At least 50% of the grant award must be vouchered by January 15, 2026*
- If this is not possible you must provide written documentation explaining your inability to timely voucher and a valid reason for failure to comply prior to December 31, 2025
- Failure to comply makes you **ineligible** for funding in FY 2026-27
- Review your contract for full details

Monitoring

- HUD requires annual monitoring.
- Monitoring involves reviewing sub-recipient performance and identifying actions necessary to improve performance. Program monitoring includes two distinct activities
 - Administrative Review: Review sub-recipient records to ensure proper record keeping - including provision of services, client eligibility and compliance with contract requirements
 - Observational Review: Site visit to see the program in action, meet the staff, and develop greater understanding of the agency's mission

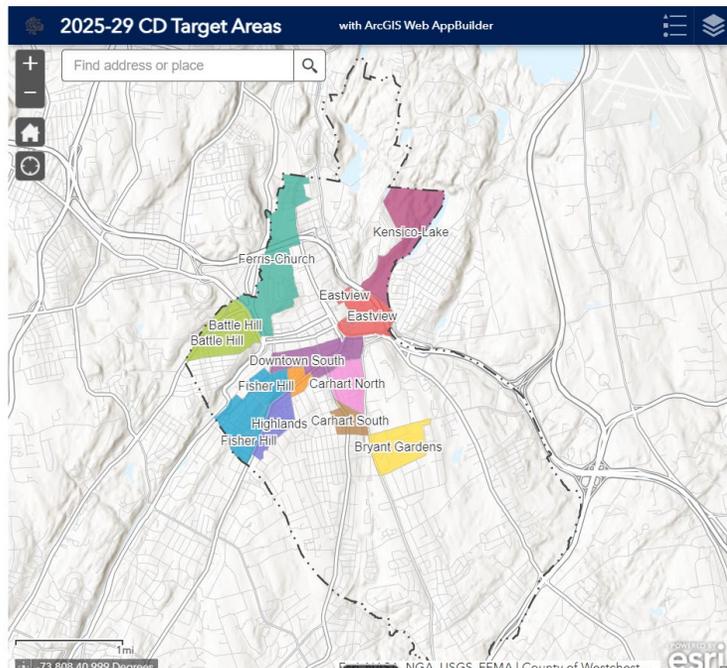
Important Dates

December 1, 2025	2026-2027 Public Service Application Opens
December 3/5, 2025	<u>VIRTUAL</u> : Pre-Application Workshops
January 16, 2026 (4:00 PM)	Public Service Application Closes
January 29, 2026 (6:30 PM)	Public Hearing 1: <u>Mandatory</u> applicant attendance & participation **IN PERSON**
March 30 – May 1, 2026	DRAFT 2026-27 Annual Action Plan released for 30-Day Public Comment Period
April 13, 2026	Public Hearing 2: 2026-27 Annual Action Plan

Things to Remember

Resource Library

- [2024-2025 Application Overview and General Instructions](#)
- [2 CFR Part 200](#)
- [Handbook for CDBG Subrecipients on Admin Systems](#)



- Applications are due on January 16, 2026 at 4 pm.
- Federal funds can only be used for White Plains residents
- CDBG funds cannot be used for any religious or political purposes
- Funds are released on a reimbursement basis only
- Do not assume repeat funding or funding at previous levels
- Materials to assist you with your application are located in the [Public Service Resource Library](#)

**LATE APPLICATIONS WILL
NOT BE ACCEPTED!**

Thank You!

Any Questions?



City of White Plains Planning Department & Office of
Community Development

www.cityofwhiteplains.com/communitydevelopment



(914) 422-1300



communitydevelopment@whiteplainsny.gov



@cd_whiteplains



City of White Plains



Community Development