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Community Development Block Grant Program (CDBG)

2013 CDBG Reprogramming Application and Instructions

Division of Housing and Community Development

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The Essex County Division of Housing and Community Development reserves the right to reject any application that is not completed in accordance with the following instructions.

Application Requirements

The application must be filled out in its entirety with all attachments and exhibits completed and submitted by the due date. If the organization fails to submit the application by the due date on the form, the application will not be accepted. Any application form that has been altered will be rejected and returned. Incomplete applications will also be returned and given a one (1) week period to complete the missing portions. The charts in the application must be completed on the application form; any attachments that are not asked for in the application will not be considered in the ranking of your application. **Binders and staples will not be accepted.** The attachments must have a cover page stating the organization's name and attachment number stated on the application form.

A separate application is required for each project or activity. In addition, only typed applications will be accepted. All infrastructure improvement projects must contain separate cost estimates for each area to be completed. For example, a neighborhood project consisting of the reconstruction of 10 streets can be submitted in one application, however each street would be listed with its own qualifying data and cost estimate including engineering costs. This also includes water, sewer and sidewalk projects.

Program Description

In 1974, the federal government enacted the Federal Housing and Community Development Act. Title I of the Act combined several funding programs into a single program called "Community Development Block Grant" (CDBG). Congress designed the CDBG program to enhance and maintain the viability of urban communities. The CDBG program accomplishes these goals by providing decent housing, suitable living environments and expanded economic opportunities; principally for low-and moderate-income persons. The U.S. Department of Housing and Urban Development (HUD) administers the CDBG program through state and local governments.

Communities receiving CDBG block grants are free to develop their own programs and funding priorities based on local community development needs. However, these "entitlement communities" must promote the national CDBG objectives by giving the highest funding priority to activities which benefit low-and moderate-income persons, or which aid in the elimination and prevention of slums and blight. Under certain circumstances, CDBG funds may be used as needed to address an immediate threat to public health and safety. CDBG activities must adhere to federal eligibility requirements to ensure consistency with the national objectives.

Program Guidelines

Federal regulations define the parameters for using CDBG funds according to the national objectives. They also specify eligible program activities. Copies of these regulations are available on HUD's website at: <http://www.hud.gov/offices/cpd/lawsregs/>.

- **Eligible activities** include acquisition of real property for an eligible use, construction and rehabilitation of public facilities, demolition and clearance of deteriorated buildings, community services for low-and moderate-income persons or households, removal of barriers that restrict the mobility of elderly and severely disabled adults, and special economic development activities.
- **Ineligible activities** include construction of religious facilities or government buildings, new housing construction, equipment purchases, maintenance and operation expenses, political or religious proselytizing, and fund raising.

County staff will review all proposals for eligibility and rate the proposals based on their consistency with the national CDBG objectives and the strategies and goals of the adopted Consolidated Plan. Approved proposals and their evaluations will be forwarded to the Board of Chosen Freeholders and County Executive office for funding priority ranking/recommendations.

Program Goals

The County of Essex's CDBG Program Goals are concurrent with those stated in the National Objective and the 2010-2014 5 Year Consolidated Plan. The county funds organizations who exemplify the capacity to promote benefit to low and moderate income persons within the County of Essex, NJ, to eliminate and prevent slums and blight and in times of emergencies urgent needs for the county.

Part I - General

The applicant must type the priority number for the proposed project on the application, the amount of funds you are applying for and the Data Universal Numbering System (DUNS) Number, type the organization's permanent title, physical location. Then type in the telephone number, fax number, physical address and the email address for the contact person.

Type in the project title and the address where the proposed project will be located. Select what site control you currently have on the proposed property for your project and attach the supporting document as **Attachment 1**. Type in what is the square footage for the proposed project. Then check the line, (yes) or (no) if the site is located in a floodplain and type in the census tract, block and lot of the property for your proposed project.

Part II - Project Schedule

Type in the start date for the project (i.e. June 2014) and the scheduled completion date (i.e. May 2015)

Part III - Activity Summary

Section 1 - Check only one line for the national objective which will be met with your proposed project.

Section 2 - Check only one line for the type of activity you are proposing to complete with the application.

Part IV - Certification

Type in the name of the organization and then an authorized responsible person of the organization (i.e. CEO, president, principal, etc.) must handwrite the next part. Sign and date the application.

Part V - Project Details

Section 1 - Type in the number of households and persons to benefit from your project. Then check the line that explains what type of benefit the proposed project will provide. Then check the line that describes the source where your data came from and attach the supporting documentation as **Attachment 2**. Attach a census map of the area to be served as **Attachment 3**.

Section 2 - Check off all required permits and permits which you have obtained and type in the date the permit was given or the expected date of approval. Attach a copy of each permit and/or approval as **Attachment 4**.

Section 3 - **Type in a concise** description of the proposed project, **Do not add attachments, only what is typed in the space will be considered to rank your application.** Attach a cost estimation write up of the proposed project and an itemized budget for the proposed project as **Attachment 5.**

Part VI - Public Services Only

In the space provided be succinct and provide a brief description of the present services offered in relation to the proposed project. One (1) additional page is allowed if needed, add as **Attachment 6.** Check the line stating whether you are proposing to create a new service with the requested funds or increase the current service you are providing. If increasing the service, then state how many new persons will be served with the requested funds, number of eligible persons on the waiting lists and the percentages for the use of the requested funds. In the chart provided, fill in any denials from other funding sources you have applied to and briefly state the reason. **Do not add attachments.**

Part VII - Performance Measurement

Section 1 - Check the line which describes the national objective which your proposed project will fulfill. **List in the space provided** the special population which you will serve. **Type in the space provided** how your proposed project will fit the needs of the1 population you plan to serve (i.e. removal of ADA barriers, case management services for victims of domestic violence). **Type in the space provided** how your proposed project will assess the needs of your target population (i.e. the removal of ADA barriers will create an avenue for disabled citizens to receive services, make the victims of domestic violence more knowledgeable). **Type in the space provided** how you will measure the success of the proposed project (i.e. the organization regularly monitors the status of the population served by performing annual income certifications, financial documentation, etc.). **Type in the space provided** the way that your proposed project satisfies any of the priorities set forth by the County of Essex in the 2013 One (1) Year Action Plan.

Section 2 - Check the line of the national outcome which will be satisfied with the completion of your proposed project.

Part VIII - Federal Requirements

Section 1 - Provide on a separate sheet **as Attachment 7** the proof of insurance obtained if the proposed projects site is located within a flood plain. Check the lines (yes) or (no) for the environmental questions provided and **do not add attachments.**

Section 2 - Provide **as Attachment 8,** a Quadrangle map showing the location and service area for the proposed project.

Section 3 - Provide **as Attachment 9,** six (6) colored photos of the site and/or structure. **No polaroids are accepted.**

One (1) facing down the street - One (1) facing up the street - One (1) facing the front of the property One (1) in front facing away from site.

Section 4 - Check (yes) or (no) if your proposed project is contingent with any other governmental requirements. If yes, then attach supporting documentation as **Attachment 10.**

Part IX - Financial Details

Section 1 - List in the space provided any form of legal issues against your organization.

Section 2 - Type in the required matching funds for the proposed project. Then list the other funding sources which your organization has applied for and/or has already received and **add as Attachment 11** the supporting documents.

Section 3 - Check the lines for the budgeting questions provided and attach the budget for the proposed project stating estimated timelines for milestones. Add as **Attachment 12.**

Part X - Scope of Services

Section 1 - Describe the project, its implementation strategies and quantify (i.e., four new storm drains will be installed, street will be resurfaced with 600 linear feet of asphalt, etc.) the work to be performed for the proposed project with the requested CDBG funds.

Section 2 - Type in the name of the organization and then an authorized responsible person of the organization (i.e. CEO, president, principal, etc.) must handwrite the next part. Sign and date the scope services. **Should the proposed project be funded, this page will become part of the final Grant Agreement (Contract).**

Scoring Criteria

The county will score applications based on a weighted scale of 100 points and the following criteria:

Timeliness

25 Points

- Completed in 1 Year
- Bid Specification / Itemized Budget

5 points

15 points

Type of Activity

25 Points

Service Applications Only

- Consistency with Consolidated Plan
- Service to Limited Clientele

15 Points

10 points

Capital Applications Only

- Public Improvements / Public Facility Improvements

25 Points

Past Performance

20 Points

Service Applications Only

20 Points

- Availability of service to Consortium Citizens (51% or Greater from Consortium)/Proof of Capacity to administer a federally funded grant

Capital Applications Only

20 Points

- Past Performance/Number of extensions required to complete projects

Performance Goals

15 Points

- Ability to meet National Objective

15 Points

Completion of Application

15 Points

- Complete application including scope & budget and all required supporting documents

15 Points

Total

Application

Application begins on the next page.



County of Essex
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
2013 Reprogramming Application

_____ **Priority Number**
 _____ **CDBG Funds**
 _____ **Requested**
 _____ **DUNS #**

Part I

General

Applicant Name: _____

Applicant Address: _____

Tel: _____ Fax: _____

Contact Person: _____ E-mail: _____

Contact Address: _____

Tel: _____ Fax: _____ Title: _____

Project Title: _____

Site Address: _____

Site Control: Owned Option Lease Other (Specify) _____

ATTACH SUPPORTING DOCUMENTATION AS **ATTACHMENT 1**

Size: _____ Sq. Ft. Is the site in a floodplain? Yes No

Census Tract: _____ Block: _____ Lot: _____

Part II

Project Schedule

Beginning Date: _____ Completion Date: _____ Total Implementation Time: _____

Part III

Activity Summary

1. NATIONAL OBJECTIVE – PROJECT ELIGIBILITY-Check only one

Benefit to Low/Mod Income Persons Elimination of slums and blight Urgent Needs

2. TYPE OF ACTIVITY-Check only one

Public Improvement Public Facility Public Service Housing Economic Development

Part IV

Certification

I, _____, hereby certify that all parts of this project application and all required attached documents are accurate to the best of my knowledge.

Please submit one (1) original and one (1) copy of each application to:

Division of Housing and Community Development
 20 Crestmont Road, Verona, New Jersey 07044

* **At the time of submission, all municipal applications must include resolution setting priorities of projects.**

Print Name: _____

Title: _____ Signature: _____

DUE NO LATER THAN WEDNESDAY, July 9, 2014, @ 12:00PM

For Office Use Only:

HUD Matrix Code: _____ Federal Regulation: _____

HUD Project Title: _____ Objective Citation: _____

National Objective: _____ Funds Set Aside: _____

Rank #: _____

Part V

PROJECT DETAILS

1. PERFORMANCE GOALS

Total number of persons and households benefiting from the proposed project: ____ Households ____ Persons

Project Benefit: ____ Area Benefit ____ Direct Benefit

Source of Data: ____ 2010 Census ____ Income Survey ____ Other (Limited Clientele, specify): _____

Check only one and provide supporting documentation, **add as Attachment 2**

List Census Information:

Census Tract	Block Group	Percent

Attach a census map for the area to be served by the proposed project as, **Attachment 3**

2. PLANNING / ZONING APPROVALS

Check required permits and include copies of completed approvals, **as Attachment 4**

	Permit / Variance	Date Approved / Anticipated Approval
	Use / Area Variance	
	Parking Variance	
	Rezoning	
	Site Plan Approval	
	Building Permit	
	Stream Encroachment	
	Special Permit	
	Architectural Drawings	

3. SCOPE OF SERVICES

Give a brief description of the project in the space provided below, **do not add attachments**. Describe the activity to be completed in the proposed project. Attach a cost estimation write up of the proposed project along with an itemized budget detailing the project. **Add as Attachment 5.**

Part VI

Public Service Only

1. SERVICES OFFERED

Briefly describe your present services offered in relation to the proposed project in the **space provided below**. Be succinct in your description, limit is one (1) additional page. **Add as Attachment 6**

Type of service to be provided with requested CDBG funds: New Increase in Service

If Increase in service,

- What is the total number of **new** persons to be served by this request? _____ people
- Number of eligible persons on waiting list? _____ people

What percent of the requested funds are for the direct delivery of services? _____ %

- If not 100% then specify the amount to be used for administrative costs. _____ %

Has your organization applied for other funding sources and been denied? Yes No

- If yes, fill out the chart below. **Do not add attachments.**

Source	Reason for Denial

Part VII

Performance Measurement

1. OBJECTIVE

Select one:

Create a suitable living environment Provide decent affordable housing Create economic opportunities

List any special population (i.e., chronically homeless, handicapped, etc.) that the project will target for assistance.

How does the proposed project fit the needs of the population to be served?

How are the target population's needs assessed?

Describe performance measures used to evaluate the success of the proposed project?

Describe how the proposed project adheres with the priorities set forth by the County of Essex in the 2010–2014 Consolidated Plan: **Priority 1: Affordable Housing Needs, Priority 2: Homeless Needs, Priority 3: Infrastructure Needs, Priority 4: Public Service Needs, Priority 5: Public Facility Needs. Choose only one.**

DO NOT ADD ATTACHMENTS TO ANY OF THE ABOVE ENTRIES.

2. OUTCOME

Availability / Accessibility _____ Affordability _____ Sustainability _____

Part VIII

Federal Requirements

1. ENVIRONMENTAL HAZARDS

If the site for the proposed project is located within a flood plain, do you participate in the National Flood Insurance Program or do you have private flood insurance. **Provide supporting document as Attachment 7.**

Will the proposed project have any groundwater impact? _____ Yes _____ No

Will the proposed project impact a historical or archeological structure or site? _____ Yes _____ No

Are there any other known environmental hazards by the proposed project? _____ Yes _____ No

If yes, please explain below. **Do Not Add Attachments**

2. LOCATION

Attach Quad maps showing the location and service area of the proposed project, **as Attachment 8.**

3. PHOTOGRAPHS

Attach four (4) 4" x 6" colored photos (no Polaroids) of the site and/or structure, **as Attachment 9.**

One (1) facing down the street One (1) facing up the street One (1) facing the front of site/structure

One (1) in front **facing away** from site/structure

4. REGULATIONS

Is the project contingent upon other federal, state or local governmental requirements? _____ Yes _____ No

If yes, **Add as Attachment 10** (i.e. approvals, grant matching, etc.)

Part IX

Financial Details

1. LEGAL ISSUES

List any judgement, lien, bankruptcy, litigation, indictment, debarment or criminal conviction below. Listing the items below will not necessarily disqualify you. However, failure to inform the County of Essex of these items will probably cause your application to be rejected. List docket no. or any identification number for item(s). **Do Not Add Attachments.**

2. FUNDING SOURCES

Amount of Matching Funds required:

List the other funding sources below. **Provide supporting Documents as Attachment 11.**

Source	Status	Amount
	Total:	

3. BUDGETING REQUIREMENTS

Is the source of other funds from the municipality? _____ Yes _____ No

If so, are the necessary funds contained in the capital or current budget? _____ Capital Budget _____ Current Budget

If funds are contained in a Capital Budget, when will the municipality introduce a bonding ordinance? _____

Attach supporting documentation along with a budget for the proposed project **as Attachment 12.**

Part X

Scope of Services

1. DESCRIPTION

In the space provided below, explain the service that is to be provided with the requested CDBG funds for the proposed project.

Do not add Attachments

SIGNATURE

I, _____ CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MIS-REPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS

Print Name: _____ Title: _____

Signature: _____ Date: _____