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Community Development Block Grant Program (CDBG)

2018 CDBG 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. 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 urgent need 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 currently approved 2015-2019 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. In order to be eligible for receipt of federal funds from the County you must be registered under the System of Awards Management (SAM). Visit www.sam.gov for more information. **Provide the supporting document proving registration.**

Part II - Project Schedule

Type in the start date for the project (i.e. June 2018) and the scheduled completion date (i.e. May 2019)

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. Type in the number of households and persons benefitting from the project. Type in the census tract and block group number in the chart provided. 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.

Part VI - Public Services Only

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 the 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 in the 2015-2019 Five Year Consolidated 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 5** 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 6**, a Quadrangle map showing the location and service area for the proposed project.

Section 3 - Provide **as Attachment 7**, 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.

Part IX - Financial Details

Section 1 - List in the space provided any form of legal issues against your organization. Add as **Attachment 8.**

Section 2 - Provide most recent Single Year Financial Audit as **Attachment 9.** 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 10** 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 11.**

For Capital Improvement projects improving Non-Profit Agency Public Facilities we require a recent building appraisal and title search for the proposed project property. If the Agency cannot provide these documents we require a board resolution or other legal document that shows the Non-Profit's ability to provide a personal guarantee or other type of credit enhancement in lieu of entering into a mortgage with Essex County for the CDBG improvement funds.

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). Please do not put an itemized budget in this section. Use attachment 5.**

Other Forms

You **MUST** fill out and submit the following forms,

- Fair Housing Certification
- Certification of Application
- Certification of Title 2 CFR Part 200. **MUST be signed and completed by the agencies Chief Financial Officer. The agencies Treasurer or Executive Director must sign if no CFO exists.**
- Requirements for Non-Profits
- Political Contributions
- Application Checklist

Scoring Criteria

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

Capital Applications will be scored as follows:

Timeliness

20 Points

- Demonstrate ability to Complete in 1 Year 10 points
- Architectural Plans/ Timeline 5 points
- Itemized Budget Completed 5 points

Environmental Assessment

20 Points

- Proof of no identified Environmental Issues/ Concerns

Performance Goals

20 Points

- Number of Low/Mod Individuals benefitting from project
Less than 100 Individuals -5 pts
100-499 - 10pts
500+ - 20pts
***Evidence provided to support level of benefit estimated will determine score**

Past Performance (Based on past 5 years)

20 Points

- Number of extensions required to complete projects 10 points*
- * Past individual extensions will reduce your scoring by 1 point
- Most recent Single Year Audit completed within 90 days of fiscal year completion provided. 10 points
- *Each Open Audit finding will reduce your scoring by 5 points
- *For New Agencies,** provide past grant funded capital projects. Provide previous funder certification letter of good standing. This replaces the **10 points*** received for past extension scoring.

Completion of Application

20 Points

- Complete application including all required supporting documents
- Signed activity specific Scope of Service is required for application to be scored
- * **Each missing item will reduce your scoring by 2 pts**
- * **County Office of Inspector General Findings could result in application disqualification**

Service Applications will be scored as follows:

Timeliness

20 Points

- Completed in 1 Year
- Itemized Budget Completed

5 points

15 points

Type of Activity

10 Points

- Consistency with Consolidated Plan
- Service to Limited Clientele

5 points

5 points

Performance Goals

30 Points

- Number of Low/Mod Individuals benefitting from service
 - 1-50 Low/Mod Individuals - 5 points
 - 51-499 Low/ Mod Individuals - 10 points
 - 500+ Individuals - 15 points

***Evidence provided to support level of benefit estimated will determine score**

10 points

* Availability of Service to Consortium Citizens (51% or Greater from Consortium)

- Proof of project success / outcomes confirming number of individuals benefitting from service
- Ability to meet National Objectives

10 points

10 points

Past Performance

20 Points

- Each Open Audit finding will reduce your scoring by 5 points
- Application projection consistency with CAPER reporting
 - **For New Agencies** provide past grant funding documentation : provide previous funder certification letter of good standing

Completion of Application

20 Points

- Complete application including all required supporting documents
- Signed activity specific Scope of Service is required for application to be scored

* **Each missing item will reduce your scoring by 2 pts**

* **County Office of Inspector General Findings could result in application disqualification**



County of Essex
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
2018 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:
Are you registered under the System for Award Management (SAM)? Yes No Attach proof of registration.

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 THURSDAY, DECEMBER 21, 2017 @ 4:00PM

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: ____ ACS Data ____ Other (Limited Clientele, specify): _____

* If you select Area Benefit, you must complete the ACS data information chart.

* If you select Direct Benefit, you must provide source documentation.

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

List ACS Data 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	

Part VI

Public Service Only

1. SERVICES OFFERED

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 2015–2019 Consolidated Plan: **Priority 1: Affordable Housing Needs, Priority 2: Homeless Prevention Needs, Priority 3: Chronic Homelessness Needs, Priority 4: Public Improvement 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 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: _____



APPLICATION CHECKLIST

ATTACHMENT	DESCRIPTION
1	Evidence of owning / leasing the property & insurance certificate
2	Provide evidence of beneficiaries / Direct benefit provide breakdown of number served in each municipality in the County
3	Area benefit must include census map
4	Planning Approvals
5	Flood Insurance
6	Quad Maps
7	Color Photos
8	Legal Issues
9	Financial Audit
10	Other Funding Sources
11	Budget
12	Scope of services
13	Fair Housing Certification
14	General Certification
15	Title 2 CFR Part 200 Certification
16	Political contributions
17	Requirements for non-profits
18	Proof of publication for two (2) Public Hearings (Required by all Municipalities)

SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____



Fair Housing Certification Initials: _____

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the municipality certifies that:

Affirmatively Further Fair Housing — The municipality will affirmatively further fair housing, which means it will utilize the County's analysis of impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard. The municipality shall notify the County of any Fair Housing violations. Documented violations will result in the withholding of Federal funds.

Equity and Social Justice Initials: _____

Essex County, through the Five Year Consolidated Plan, and U.S. Department of Housing and Urban Development (HUD), strive to reach and serve citizens in a fair and equitable manner. "Equity" in this instance means all people have full and equal access to opportunities that enable them to attain their full potential. "Community" shall mean a group of people who share some or all of the following: geographic boundaries, sense of membership, culture, language, common norms and interest. Access to services, programs, facilities and housing is necessary to have equity for all people regardless of race, class, gender or language spoken. Inequities are created when barriers exist that prevent individuals and communities from accessing these conditions and reaching their full potential.

What policies/ordinances does your municipality have in place that addresses equity and social justice?

What methods or tools does your agency use to ensure that your service delivery is equitable?

What steps could you take going forward to address barriers that could be identified that cause inequity in your service delivery?



APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES AND REGULATIONS OF ESSEX COUNTY AND THE U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT IF FUNDING IS AWARDED. IT IS FURTHER UNDERSTOOD THAT INFORMATION PRESENTED IN THIS APPLICATION WILL BECOME A PART OF ANY SUBSEQUENT FUNDING AGREEMENT.

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO APPLY FOR FINANCIAL ASSISTANCE ON BEHALF OF THE ENTITY DESCRIBED HEREIN, AND THAT THE INFORMATION CONTAINED HEREIN AND ATTACHED IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

ATTEST: _____

Putting Essex County First



APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES AND REGULATIONS OF ESSEX COUNTY AND THE U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT IF FUNDING IS AWARDED.

THIS STATEMENT IS TO ACKNOWLEDGE THAT I HAVE READ, REVIEWED, AND ADHERED TO REQUIREMENTS APPLICABLE TO OUR ORGANIZATION OF TITLE 2 CFR PART 200 OF THE FEDERAL CODE.

SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

*** MUST be signed and completed by the agencies Chief Financial Officer. The agencies Treasurer or Executive Director must sign if no CFO exists.**

ATTEST: _____

Putting Essex County First

**STATEMENT OF CERTAIN
POLITICAL CONTRIBUTIONS MADE AFTER JULY 11, 1986
-NEGOTIATED CONTRACTS-**

(This statement is part of the proposal packet)

Ordinance Number 0-86-0007, as amended by Ordinance Number 0-95-0003, adopted by the Board of Chosen Freeholders of the County of Essex, requires that all proposals for negotiated contracts submitted by individuals and/or business entities seeking to provide goods or to perform services for the County of Essex shall contain a statement setting forth each political contribution by them of \$500.00 or more made within five years next preceding the date of said contract, either directly or indirectly, to any County elected political official, County political party and/or County official, political organization, or any State political party.

Set forth name of County elected official, County political party and/or County official, political organization, or State political party to whom a political contribution of \$500.00 or more was made by proposers within five (5) years of the date hereof. If none, write "none".

Name

Amount

Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Proposer _____

By _____
(Signature)

Print or Type

Name of Signatory _____

REQUIREMENTS FOR NON-PROFIT ORGANIZATIONS

1. Name of Fiscal Officer _____
Telephone Number _____
2. Federal ID Number _____
3. Corporation Type:
Profit _____ Non-Profit _____ Other (Specify) _____
4. Is agency exempt under Section 501(c)(3) of the U.S. IRS Code?
Yes _____ No _____
5. Is Agency a registered charity?
Yes _____ No _____
If yes, please attach a copy of Charities Registration Form.
6. Please attach a copy of Certificate of Incorporation.
7. Please attach a copy of current list of Board of Directors.
8. Please attach a copy of IRS Letter granting tax exempt status under 501(c)(3).
9. Please attach a copy of your Organization Chart.

BACKGROUND INFORMATION:

A. MISSION OF THE AGENCY:

B. HISTORY OF AGENCY: