City of Perth Amboy Funding Application

Community Development Block Grant
CDBG

Program Year 2022
(June 1, 2022 – May 31, 2023)

Organization Name: _____

Program Name: _____

> **CDBG funding proposals must be submitted to the City of Perth Amboy no later than 5:00 P.M. on <u>Tuesday - January 18, 2022</u>.**

This Request for Proposal will be available electronically beginning **December 16, 2021** on the City's website www.ci.perthamboy.nj.us and in the Office of Economic and Community Development at City Hall, 260 High Street, Perth Amboy, NJ 08861.

NOTE: The signed/dated original application, the check list including all attachments may be **electronically** submitted or mailed NO later than 5:00 P.M. on the deadline date.

Mailed submissions should be directed to:

City of Perth Amboy Office of Economic and Community Development
City Hall
260 High Street
Perth Amboy, N.J. 08861
ATTN: Maritza C. Rodriguez, Economic Development Representative

During a nationwide emergency and a time of social distancing to prevent the spread of the Coronavirus, we WILL be accepting electronic submissions of the application. Electronic submissions should be emailed to:

mcrodriguez@perthamboynj.org

Applications that are delivered/emailed after 5:00 P.M. on the due date will <u>NOT</u> be accepted.

Applications that are incomplete will <u>NOT</u> be considered for funding.

Applications should be prepared utilizing 12 point font with 1 inch margins. The application narrative should not exceed 8 pages, not including all required cover forms and attachments.

If a City department is submitting multiple funding requests, they should prepare a signed original for each project proposal and one set of the attachments.

Applications will be scored utilizing the evaluation criteria enclosed.

Except where the City specifically requests additional information, no new information will be accepted by the administration that was not included in the original application. An applicant may be required to revise their proposed project budget based on a recommendation to provide a lesser grant than that which was requested.

Approval by City Council of the use of these funds does not constitute specific authorization for work to begin on a particular project. Before work or payment can be authorized, a second City Council resolution authorizing the City to contract with the organization must be adopted, and a contract executed between the City and the organization.

All questions must be answered in full in the application. Failure to do so will result in the application not being reviewed.

For any questions, please feel free to contact the Office of Economic and Community Development (732) 826 - 0290 Xt. 4860 or 4863 for more information.

Application Checklist

Organization Name_____

Program Name_____

_____   Signed/Dated Application Cover Page

_____   Program Profile*

_____   Application Narrative*

_____   IRS 501 (c) 3 Tax Determination Letter*

_____   Board List*

_____   Most Recent Audit *

_____   IRS 990 *

_____   Organizational Chart*

_____   Resumes of key project personnel

_____   Tax Map

___

If an organization is submitting multiple proposals, you need only submit one copy of each of these documents. Please indicate with a check mark on this checklist if it's attached with the original application.

Application Cover Page (CDBG)

APPLICANT: _____

PROGRAM NAME: _____

FEDERAL TAX ID NUMBER: _____ DUNS #: _____

CONTACT PERSON: _____TITLE: _____

PHONE: _____ FAX: _____

DEPARTMENT ADRESS: _____

EMAIL ADDRESS: _____

BRIEF PROGRAM DESCRIPTION: _____

_____

_____

_____

_____

NUMBER OF PEOPLE TO BE SERVED: _____

CDBG FUNDS REQUESTED: _____TOTAL PROGRAM COST: _____

OTHER FUNDING SOURCES: _____

IF AMOUNT AWARDED IS LESS THAN REQUEST, WILL YOUR DEPARTMENT STILL UNDERTAKE THE PROGRAM/PROJECT? : _____ YES _____ NO

APPLICATION MUST BE SIGNED AND DATED BY DEPARTMENT DIRECTOR OR EQUIVALENT OFFICER:

_____ _____ _____
      NAME & TITLE   SIGNATURE   DATE

Program Profile

Department Name _____

Program Name _____

APPLICATION WILL NOT BE REVIEWED IF EVERY QUESTION IS NOT ANSWERED.

The goal of this program is to (<u>MUST</u> check one):

       □ Benefit to low- and moderate- income (LMI) persons
       □ Aid in the prevention or elimination of slums or blight
       □ Meet a need having a particular urgency

The program is targeting low-moderate income (LMI) clientele by using the following method (<u>MUST</u> check one):

□ Require documentation on family size and income in order to show at least 51% of the clienteles are LMI

□ Have income eligibility requirements limiting the activity to low income persons only

□ Be of such a nature and in such a location that it can reasonably be concluded that clients are LMI.

□ Benefit a clientele that is generally presumed to be principally LMI and fit into one of the eligible categories below (Check all that apply):

            □ Elderly persons   □ Homeless persons   □ Severely disabled
            □ Persons living with AIDS □ Migrant farm workers   □ Illiterate persons
            □ Abused children   □ Battered spouse

Which of the following BEST describes the nature of your activities? (<u>MUST</u> check one)

□ **Availability /Accessibility –** activities that make services, infrastructure, housing, or shelter available and accessible to low and moderate income people, including people with disabilities.

□ **Affordability –** activities that provide affordability in a variety of ways in the lives of low and moderate income people. It can include the creation or maintenance of affordable housing, or services such as transportation or day care.

□ **Sustainability: Promoting livable or viable communities –** activities aimed at improving communities or neighborhoods, helping to make them livable by providing benefits to low or moderate income people or by removing slums or bight, through multiple activities or services that sustain communities or neighborhoods.

□ **Creating Economic Opportunities –** activities related to economic development, commercial revitalization or job creation.

□ **Objective 5:** To provide assistance for projects that address the cultural and historic assets in the city.

Local Objectives Non-Public Service - Public Facilities and Infrastructure Improvements (<u>MUST</u> check one)

□ **Objective 1**: To provide homeowners with assistance in order to make their homes safer (code violations), make their homes healthier, and/or make their homes more affordable through energy efficiency measures.

□ **Objective 2:** To provide emergency home repair assistance to senior citizens.

□ **Objective 3:** To provide improvements to parks and recreation homeless facilities, sidewalks/streets, senior centers.

□ **Other:**
_____
_____

OR Local Objectives Public Service (<u>MUST</u> check one)

□ **PS Objective 1:** To provide affordable day care services for youth.

□ **PS Objective 2:** To provide affordable day care services for senior citizens.

□ **PS Objective 3:** To provide job readiness services and/or work subsidies for youth and young adults.

□ **PS Objective 4:** To provide shelter for homeless individuals and families.

□ **PS Objective 5:** To provide treatment services to individuals with alcohol and substance abuse issues.

□ **PS Objective 6:** To provide support for neighborhood centers in low income communities.

□ **PS Objective 7:** To provide housing counseling and financial planning.

□ **PS Objective 8:** To provide services to abused or neglected children.

□ **PS Objective 9:** Addressing an urgent need to alleviate emergency conditions.

□ **Other:**
_____
_____

Application Narrative (CDBG Funding)

I.   **NEED:** Describe the community problem or need this program/project is designed to address. What plans, studies, or reports support the need? What are the causes and possible solutions to this problem?

II.   **PROJECT GOALS AND OBJECTIVES:** State the goals and objectives of your program clearly. The goal and objectives should be related to the need you described above.

III.   **PROJECT TIMELINE:** Please include a timetable for your project, indicating your date of completion.

IV.   **PROJECT DESCRIPTION:** Provide a detailed description of your program activities for which you are requesting funding. Make clear what tasks are to be done, by whom, and where and how they will be carried out. Is this program/project on-going, an expansion of an existing program, or a start-up? Cover the full range of activities you provide in this program or project.

V.   **COMMUNITY BENEFIT/PROGRAM BENEFICIARIES**: Describe how this program will benefit low and moderate income persons residing in Perth Amboy, or how it will prevent or eliminate slums and blight in the community. Discuss the number of people to be served and the characteristics of the program's target group(s) who are anticipated to benefit directly from this program. Indicate how many or what percentage of beneficiaries are anticipated to be low-income. <u>If this program is on-going or an expansion of an existing program, please describe past year's program accomplishments and those of the current year thus far, including, but not limited to, how many people or households are currently benefiting from your services.</u> If this is a start-up project, please project your anticipated level of service and a description of your target population. If your project will serve more than Perth Amboy Residents, explain what percent and how you will ensure these funds go to Perth Amboy residents.

VI.   **DESCRIBE THE ANTICIPATED OUTCOMES OF YOUR PROJECT:** Please describe how your agency will measure your outcomes and what tools will be used to measure your program's effectiveness.

VII.   **RELATIONSHIP TO OTHER PROGRAMS:** Describe what relationship (if any) this project is proposed to have with the City of Perth Amboy. Are you collaborating with any other agency or participating in any city initiatives?

VIII. APPLICANT BACKGROUND: On separate sheets where necessary, please provide the following information about your agency or department.

    A.   **AGENCY STAFFING**: List all project personnel, indicating whether full time, part- time or volunteer. Attach resumes of key program staff. Attach organizational chart.

    B.   **FISCAL ACCOUNTABILITY:** Identify personnel responsible for financial accountability, recordkeeping, etc., including accountant and auditor, where applicable. Attach your agency's most recently filed 990 and most recent audit.

    C.   **FUNDING:** List all funding currently being received/anticipated for this program/project and amount of each. List substantial in-kind funding sources.

IX. BUDGET: Please provide a total project budget below. <u>For each line item requested, provide a brief narrative.</u> If you have been funded for the same project multiple years, please tell us about your sustainability efforts.

	CDBG Request	All Other Sources	Total Project Cost
Salaries			
Fringe Benefits			
Materials/Supplies			
Transportation			
Equipment			
Professional Services			
Direct Services			
Other			
TOTAL			

FOR APPLICANT INFORMATION PURPOSES ONLY

Applicant: _____ Program Title: _____

Reviewer: _____ Total Score: _____

Evaluation Criteria (CDBG & PFA)	Score (out of 10)
1. HUD Requirements and Departmental Priorities: Does the project meet HUD requirements (National Objective, eligible beneficiaries, and eligible activity)? Complete proposal?	
2. Need: How well does the applicant establish a need for their services or programs? Did they demonstrate knowledge of the City's needs? Will your project be meeting a local priority? Do they understand the need of those beneficiaries they serve? Are the needs supported with demographic information or agency data collection?	
3. Goals and Objectives: Has the applicant clearly and concisely established goals and objectives for their project? Are the goals and objectives related to the need demonstrated in Section I of the application? Is it logical to think that these objectives will specifically address this need? Are they specific, measurable, and achievable?	
4. Project Description: How well did the applicant describe the project? Are the activities thoroughly described? Have they included a timetable and described project staffing? Are these activities likely to reach the stated objectives? Is the project based on an evaluated model or best practice? Is the project innovative?	
5. Community Benefit/Program Beneficiary: How well did the applicant articulate the beneficiaries of this project? Is the projected level of service reasonable and realistic? Is the project likely to make an impact on the most needy and vulnerable residents of the city?	

6. Project Outcomes: Does the applicant demonstrate a clear understanding of the anticipated project outcomes? Will the agency be measuring a change in knowledge, behavior or status to their beneficiates? Are the outcomes meaningful and measurable?	
7. Collaboration: Has the applicant adequately described efforts to collaborate with other departments and city services?	

8. Staffing: Is the project adequately staffed? Does the staff appear to have appropriate credentials? Are they culturally competent to deliver the proposed services?	
9. Fiscal Accountability: Does the project have diversified sources of funding? Is the CDBG contribution to the project reasonable? Has the agency become less dependent on CDBG funding for this project over time?	
10. Budget: Is the overall request for funding reasonable? Does the applicant propose using the funds to support costs related to the project description? Is the cost per beneficiary reasonable? Is the budget balanced and are all costs allowable? Does the applicant leverage other cash or in-kind funding?	
Other Comments:	**Total Score** (out of 10)