Print Form

Applicant: _____

GRANT APPLICATION CHECKLIST

This checklist includes requirements for completing a grant application for the **FY2009 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**. This checklist MUST ACCOMPANY your submission. Grantees should indicate those items that have been included in the submission by placing an "X" in the appropriate box. Instructions for completing the application are included at the beginning of the packet.

DCD Use Only	Submitted by Grantee	
☒	☐	Application Cover Sheet (located on Page 5)
☒	☐	Table of Contents
☒	☐	Application Requirements Checklist
☒	☐	Agency Description / Staff Qualifications
☒	☐	Needs and Objectives of Project / Outcomes
☒	☐	Method(s) and Evaluation
☒	☐	Services and Operations Cost Summary
☒	☐	Other Sources of Funding
☒	☐	Schedule A: Personnel Costs
☒	☐	Schedule B: Consultant Services Costs and Justification
☒	☐	Public Service Logic Model
☒	☐	List of Board of Directors
☒	☐	Articles of Incorporation **(new applicants only)**
☒	☐	Organizational Chart
☒	☐	IRS Determination Letter **(new applicants only)**
☒	☐	Agency By-Laws **(new applicants only)**
☒	☐	Most Recent Completed Audit Report

Applicant: _____

INTRODUCTION

The City of Jersey City is accepting applications for the FY2009 – 2010 Community Development Block Grant (CDBG) Program. CDBG public service funds are awarded to eligible non-profit organizations that provide essential services that will benefit primarily low / moderate income individuals and / or families.

APPLICATION REQUIREMENTS

All applications must contain the following documents in order to be complete:

- Application Cover Page
- Table of Contents
- Grant Application Checklist
- Agency Description / Staff Qualifications
- Need(s) and Objectives of Project / Outcomes Form
- Method(s) and Evaluation of Project Form
- Services and Operations Cost Summary Form
- Other Sources of Funding Related to this Application Form
- Schedule A - Personnel Costs Schedule
- Schedule B - Consultant Service Costs and Justification Schedules
- Public Service Logic Model
- List of Board of Directors
- Articles of Incorporation (new applicants only)
- Organizational Chart
- IRS Determination Letter (new applicants only)
- By-Laws (new applicants only)
- Most Recent Completed Audit Report

INSTRUCTIONS

All applicants must submit an original application and two (2) additional copies of the application to:

Darice Toon, Director
Department of Housing, Economic Development and Commerce
Division of Community Development
30 Montgomery Street, Room 404
Jersey City, New Jersey 07302

All applications must be received no later than Thursday, October 23, 2008, at 4:30 p.m. either by hand delivery or mail. Only typed applications will be accepted. No handwritten applications will be accepted.

Applicant: _____

AGENCY DESCRIPTION AND STAFF QUALIFICATIONS

Agency Description

- Concisely describe the purpose of your agency / organization, the proposed program, your target population and what you intend to do and accomplish. Be sure to describe your experience in providing the services for which you are seeking funds.

Staff Qualifications

- List all positions to be paid by the grant. Provide a description of the minimum qualifications for each position.

NEED(S) AND OBJECTIVES OF PROJECT / OUTCOMES

Consolidated Plan Goal

- Discuss how the project will help meet the needs defined in the Consolidate Plan.

Source Documentation

- Discuss the process of collecting and providing source documentation that beneficiaries are primarily low and moderate income (LMI) persons.

Assessment of Need(s)

- Briefly list the need(s) which document the reason for the project.
- Be able to describe:
    - What is the problem?
    - Who has the problem?
    - Where is the problem?
    - What is the magnitude of the problem?

Objective(s) of Project / Outcomes

- An objective is a specific and measurable statement that summarizes expected achievement in meeting the described need.
- Be able to state / describe the **outcome** of the project:
    - The outcome is a positive benefit, behavior, or change in condition, functioning, or problem accruing to individuals, families and communities resulting from a service or activity.

METHOD(S) AND EVAULATION OF PROJECT

Method(s)

- List the method(s) to be used to attain objective(s) / outcome(s).
- Be able to describe the service or intervention provided in response to the problem, need or situation. Indicate the number of people or number of services offered and a timeframe.

Evaluation

- Briefly describe how the project is to be self-evaluated.
- Be able to state what you project will accomplish in the upcoming year.

SERVICES AND OPERATIONS COST SUMMARY

- This page is to be completed in order to reflect the funding that the grantee is requesting for services and/or operations for the anticipated program.

Applicant: _____

OTHER SOURCES OF FUNDING RELATED TO THIS APPLICATION

- Indicate all other sources and amounts of funding committed to this project.

Please follow the instructions indicated on each form identified below:

- Schedule A – Personnel Costs
- Schedule B – Consultant Service Costs and Justification

ADDITIONAL DOCUMENTS

Please provide the following documents in order to have a complete application:

- **Public Service Logic Model**
    - Logic models can be accessed at http://jerseycitynj.gov/hedc.aspx?id=1176
- List of Board of Directors
- Articles of Incorporation (new applicants only)
- Organizational Chart
- IRS Determination Letter (new applicants only)
- By-Laws (new applicants only)
- Most Recent Completed Audit Report

Note: See attached page for income limits for participation in CDBG funded programs and the proposed calendar for application review and recommendations.

Applicant: _____

City of Jersey City

2008 HUD LOW AND MODERATE INCOME GUIDELINES								
FAMILY SIZE	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
MAXIMUM INCOME	**$38,900**	**$44,500**	**$50,050**	**$55,600**	**$60,050**	**$64,500**	**$68,950**	**$73,400**

CALENDAR

SEPTEMBER 4, 2008

- Public Hearing to obtain citizen views on housing and community development needs and to inform the public about the availability of funds.

SEPTEMBER 10, 2008

- Applications are available for interested organizations and citizens.

SEPTEMBER 17, 2008

- Technical assistance for all HUD entitlement grants.

SEPTEMBER 22 – OCTOBER 17, 2008

- Individual technical assistance sessions may be scheduled on Tuesdays and Thursdays.

OCTOBER 23, 2008

- Applications are due on Thursday, October 23, 2008 at 4:30 p.m.

JANUARY 2009

- Public hearing to receive comments on proposed projects and application.
- Recommendations are submitted to City Council for authorization.

FEBRUARY 15, 2009

- Application is submitted to the U.S. Department of Housing and Urban Development (HUD) for review.

APRIL 2009

- Fiscal year begins for all grants.
- Actual contract awards projected to occur by June 2009.

Applicant: _____

Jerramiah T. Healy, Mayor
CITY OF JERSEY CITY

DEPARTMENT OF
Housing, Economic Development & Commerce
Division of Community Development
30 Montgomery Street, 4th Floor, Jersey City, NJ 07302
Phone: (201) 547-6910
Fax: (201) 547-5104

CDBG (Public Service) FY2009 Program Year Application

1. Name of Applicant (Organization / Agency)			
2. Street Address			
City	State	Zip Code	Ward
3. Official Contact Person (i.e., Executive Director, Director, CEO, etc.)		Title	Phone Number
E-mail Address			Fax Number
4. Proposed Project Title	5. Project Location (if Different from Applicant Address)		
6. Operating Schedule Beginning Date: _____ Completion Date: _____	Hours of Operation: Days of Operation:	Is there a fee for service: ____Yes ____No If yes, please specify:	
7. Briefly describe the project for which you are seeking funds.			
8. Consolidated Plan (Public Service) Priority to be Addressed (i.e., Youth, Senior Citizens, Working Poor, etc.) – See cover letter for priority populations			
9. Total Cost of the Project	10. Requested Amount	11. Funds from Other Sources	
12. Type of Request: _____ New Services _____ Expansion of Existing Services _____ Continuation of Existing Program	13. Social Services Priority to be Addressed: (Refer to cover letter for Social Services Priorities)		
14. **Certification:** The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct. The document has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulation, and rules issued by U.S. Department of Housing & Urban Development (HUD) which include provisions described in grant applications instructions.			
Name and Title of Applicant (Print)	Signature of Applicant	Date of Application	

Applicant: _____

AGENCY DESCRIPTION / STAFF QUALIFICATIONS

Name of Applicant	Proposed Project Title	Date of Application

AGENCY DESCRIPTION: Briefly describe your agency and staff qualifications for implementing the proposed program / project. **Please limit response to this space.**

STAFF QUALIFICATIONS
(List, justify and provide a description for all titles to be paid by the grant)

POSITION / TITLE	MINIMUM QUALIFICATONS (Education and Experience)

Applicant: _____

NEED(S) AND OBJECTIVES OF PROJECT / OUTCOMES

CONSOLIDATED PLAN GOAL – Please discuss how the proposed project will meet the needs defined in the Consolidated Plan. **Please limit response to this space.**

SOURCE DOCUMENTATION – Describe the process of collecting and providing documentation that the beneficiaries are low and moderate income persons. **Please limit response to this space.**

Please provide the following information on benefit to low and moderate (LMI) persons:

Total estimated number of beneficiaries _____

Total estimated number of LMI persons _____

Percent of LMI beneficiaries to total _____

CDBG $ per LMI beneficiary _____

Applicant: _____

NEED(S) AND OBJECTIVES OF PROJECT / OUTCOMES CONTINUED

ASSESSMENT OF NEED(S) – List the need(s) which illustrate the reason for the project. Describe specifically the number of low and moderate income persons to be served. **Please limit response to this space.**
OBJECTIVE(S) OF PROJECT / OUTCOMES – Objectives should be specific, measurable, and time oriented. Outcomes are the changes that will exist as a result of services provided. Be sure to estimate the number of people who will achieve the desired outcome(s). **Please limit response to this space.**

Applicant: _____

METHOD(S) AND EVALUATION OF PROJECT

METHOD(S) – List the method(s) to be used to attain objectives described above and estimated completion date. **Please limit response to this space.**
EVALUATION – Describe how the project is to be evaluated. **Please limit response to this space.**

Applicant: _____

SERVICES AND OPERATIONS COST SUMMARY

Cost Category	Total Funds Needed	Grant Funds Requested from CDBG	Funds from Other Sources
A. PERSONNEL COST			
Salaries / Wages			
Fringe Benefits			
B. CONSULTANT / PROFESSIONAL SERVICES COST			
C. OTHER COST CATEGORIES			
Office Expense and Related Cost			
Program Expense and Related Cost			
Staff Training and Education Cost			
Travel, Conferences and Meetings			
Equipment			
Space Cost			
Other (specify)_____			
Other (specify)_____			
Other (specify)_____			
Other (specify)_____			
Other (specify)_____			
Other (specify)_____			
Total Costs			

Applicant: _____

OTHER SOURCES OF FUNDING RELATED TO THIS APPLICATION

Code all listed fund sources as either (F) Federal Government, (S) State Government, (L) Local City/County Government, (LP) Local Private/Charity Agency, (TP) Third Party Payor or (PI) Program Income.			
ATTACH ADDITIONAL SHEETS IF NEEDED			
SOURCE	**AMOUNT**	**COMMITTED** (Yes / No)	**CODE**
TOTAL FUNDS FROM OTHER SOURCES RELATED TO THIS APPLICATION ONLY	**$**		

Applicant: _____

SCHEDULE A: PERSONNEL COSTS

List all full and part-time paid staff, including fringe benefits. Justify fringe benefit costs on a separate sheet.				Standard Weekly Work Hours / Employee
ATTACH ADDITIONAL SHEETS IF NEEDED				
Position Title	**Employee Name, Vacant, or New Position**	**Total Annual Salary**	**Grant Funds Requested From CDBG**	**Funds From Other Sources**
Sub-Totals				
_____ % Fringe Benefits				
TOTAL PERSONNEL COSTS				

Applicant: _____

SCHEDULE B: CONSULTANT SERVICES COSTS

Nature of Consultant Service	Basis for Cost Estimate (Rate X Time)	Total Funds Needed	Grant Funds Requested From CDBG	Funds From Other Sources
TOTAL CONSULTANT SERVICES COSTS				

Applicant: _____

SCHEDULE B: CONSULTANT SERVICES JUSTIFICATION

List and justify each consultant service in same order as on CONSULTANT SERVICES COSTS breakdown.		
ATTACH ADDITIONAL SHEETS IF NEEDED		
Nature of Consultant Services	**Responsibilities and/or Duties**	**Minimum Qualifications (Education and Experience)**