DEPARTMENT OF
Housing, Economic Development & Commerce
Division of Community Development
30 Montgomery Street, 4th Floor, Jersey City, NJ 07302
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Steven M. Fulop, Mayor
CITY OF JERSEY CITY

CDBG (Rehabilitation) FY2014 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:	Type of Entity: ____ Non-Profit 501C3 ____ For-Profit Corporation ____ City Dept. / Division ____ Autonomous Organization	
7. DUNS Number	8. Employer Identification Number (EIN)		
9. Briefly describe the project for which you are seeking funds.			
10. Consolidated Plan (Public Facility / Capital Improvements) Priority to be Addressed (i.e., Streets, Sidewalks, Parks, etc.) – See cover letter for priority populations			
11. Total Cost of the Project	12. Requested Amount	13. Funds from Other Sources	
14. Type of Request: ____ Infrastructure Improvements ____ Park Improvements ____ Public Facility Improvements ____ Other (Specify) _____	15. Public Facility / Capital Improvements Priority to be Addressed: (Refer to cover letter for Priorities)		
16. **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	

AGENCY DESCRIPTION / SCOPE OF WORK / SITE INFORMATION / PROJECT HISTORY

Name of Applicant	Proposed Project Title	Date of Application

AGENCY DESCRIPTION: Describe your agency's capacity for implementing the proposed project.

SITE INFORMATION / PROPERTY HISTORY (Specify Whether Property is Vacant or Occupied): Check appropriate boxes and provide additional information as applicable.

- Site Location:

Street Address(es)	Block(s) No.	Lot(s) No.	Property vacant less than 12 mos.	Property vacant more than 12 mos.	Property Occupied

Please provide the following information for all occupied properties that have been vacant for less than 12 months (Attach additional sheets).

- Rent and Occupancy data detailing the number of residents, businesses, churches and non-profit organizations that have moved from the site(s) within the past 12 months or in current occupancy.

Note: A copy of your detailed relocation plan must be attached for all properties vacant less than twelve (12) months or occupied properties that will require relocation.

DETAILED PROJECT DESCRIPTION- Note: If the proposed activity involves the rehabilitation of housing units. You must complete the HOME Rental / HOME Ownership application and performa worksheets.

DETAILED PROJECT DESCRIPTION: Provide a detailed description of your project. Be sure to specify boundaries of your service area, blocks and lots and other information that will make the project location easily identifiable. Attach a map identifying the block and lot. Also, include photos of the project site. Be sure to include interior and exterior photos for buildings and photos of all proposed work areas.

Does the activity contain a commercial component? ☐ **Yes** ☐ **No**

If yes, please describe the nature of use:

SCOPE OF WORK: Provide a detailed description of the proposed scope of work. (See Schedule B: Page 10 – Cost Estimate Schedule)

CDBG Eligibility Requirements

Is this a Low / Moderate Area benefit activity? ☐ Yes ☐ No

If yes, explain how this was determined and provide boundaries for the area: (See Instructions: Page 3)

_____

_____

_____

SCOPE OF WORK

Is this activity located in a designated redevelopment area (slum / blighted area)? ☐ Yes ☐ No

If yes, specify the redevelopment area, attach a copy of the Redevelopment Plan and state the specific conditions of blight to be addressed:

_____

_____

_____

_____

_____

_____

_____

_____

NEED(S) AND OBJECTIVES OF PROJECT / OUTCOMES AND OPERATING PLAN

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 benefit from the proposed activity.

OBJECTIVE(S) OF PROJECT / OUTCOMES – Objectives should be specific, measurable, and time oriented. Outcomes are the changes that will occur as a result of the proposed project / activity. For example, 300 households will benefit from improved access to public facilities / services.

Is this a new public facility?

☐ Yes ☐ No

If yes, attach a copy of your organization's operating plan for the facility. The operating plan must detail your strategy for covering operating cost for the project.

SITE CONTROL INFORMATION / COMPLIANCE WITH GOVERNMENTAL REGULATIONS

1. **SITE CONTROL INFORMATION [Applicant must have site control, contract or authority to execute a long term (15-year) leasehold mortgage for any facility improvements exceeding $50,000.]**

_____ Contract of Sale (Attach Copy)

_____ Municipal Conveyance of Property

_____ Deed of Ownership (Attach Copy of Deed) _____

_____ Other (Specify and Provide Documentation) _____

Are there liens (mortgages) or other encumbrances (Deed Restrictions, etc.) on the property?

☐ Yes ☐ No

If yes, please explain. (Be sure to specify the mortgage company, amount owed and terms. Provide details regarding all encumbrances.)

_____

_____

_____

_____

2. What, if any, federal, state and local governmental requirements, i.e., permits, approvals, licenses, matching grants, etc., are required?

SITE CONTROL INFORMATION / CONFORMANCE WITH GOVERNMENTAL REGULATIONS

3. Are there any potential impediments to this project?
_____ Yes _____ No
If yes, please explain:

4. Please describe any contingency, including environmental contamination, which might delay or preclude project completion. Environmental reviews are required for all rehabilitation and construction activities. The level of review varies from project or project.

Note: All projects must comply with applicable laws, codes and regulations, including but not limited to lead based paint, historic preservation, environmental remediation, etc.

PROJECT SCHEDULE

(Darken appropriate boxes for quarter(s) when task / activity will occur)

PROJECT: _____

ADDRESS: _____

OWNER: _____

NO.	ACTIVITY DESCRIPTION	April – June 2013		July – September 2013		October – December 2013		January – April 2014		April – June 2014		July – September 2014		October – December 2014	
1	SITE PLAN APPROVAL														
2															
3															
4															
5															
6															
7															
8															
9															
10															

SCHEDULE A: BUDGET FOR REHABILITATION / HOUSING / ECONOMIC DEVELOPMENT PROJECTS

2014 CDBG BUDGET

		CDBG FUNDS	OTHER SOURCES	TOTAL
1.	Acquisition	_____	_____	_____
2.	Clearance & Demolition	_____	_____	_____
3.	Environmental Remediation	_____	_____	_____
4.	Relocation	_____	_____	_____
5.	Architectural / Engineering Fees	_____	_____	_____
6.	Permit Fees	_____	_____	_____
7.	Professional Services:			
	a. Appraisal	_____	_____	_____
	b. Audit	_____	_____	_____
	c. Legal	_____	_____	_____
	d. Consultants (specify type) _____	_____	_____	_____
8.	Rehabilitation	_____	_____	_____
9.	New Construction	_____	_____	_____
10.	Site Improvement:			
	• Sewer	_____	_____	_____
	• Water	_____	_____	_____
	• Curbs	_____	_____	_____
	• Sidewalk	_____	_____	_____
	_____ (Specify) (Other)	_____	_____	_____
11.	Total Cost for each Source	_____	_____	_____

- **Please be advised that any rehabilitation or new construction projects must be publicly bid. In addition, under most circumstances, federal wage rates (Davis - Bacon) are applicable.**

SCHEDULE B: COST ESTIMATE

Description of Work	Unit Measure	Unit Price	Total

Cost Estimator

_____

Signature

Estimator's Name & Company

_____

_____

Note: This form must be completed for all rehabilitation or new construction projects. Failure to complete this form will automatically disqualify your application.

SCHEDULE C: 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 Payer or (PI) Program Income.

ATTACH ADDITIONAL SHEETS IF NEEDED

SOURCE	AMOUNT	COMMITTED (Yes or No)	CODE
TOTAL FUNDS FROM OTHER SOURCES RELATED TO THIS APPLICATION ONLY	**$**		

SITE PHOTOS: (Attach photos of site)

SITE LOCATION MAP: (Attach copy of map)