DEPARTMENT OF
Housing, Economic Development & Commerce
Division of Community Development
30 Montgomery Street, 4th Floor, Jersey City, NJ 07302
Phone: (201) 547-5916
Fax: (201) 547-5104

Steven M. Fulop, Mayor
CITY OF JERSEY

September 13, 2013

2014 HUD ENTITLEMENT GRANT APPLICATIONS

Dear Applicant:

This correspondence accompanies application kits for program year 2014 Department of Housing and Urban Development (HUD) Entitlement Grant funding. The following grants are part of this application kit: Community Development Block Grant (CDBG); HOME Investment Partnerships Program (HOME); Emergency Solutions Grant (ESG) and Housing Opportunities for Persons With AIDS (HOPWA). It is important that you follow the instructions provided in the application package, as well as the following requirements:

1. Your application must be 100% complete.

2. You must submit an original and one (1) copy (unless otherwise noted in the application) of each application on or before October 18, 2013. Applications received after this date will **not** be considered for funding.

3. You must submit one copy of your agency's most recent audited financial statements with your application (CDBG, HOPWA and ESG). Should your audit contain questioned costs or material weakness findings, it may disqualify your agency from receiving federal funds. Because fiscal responsibility is so important, any application without an audit **will not be accepted.** If your organization is newly incorporated, the required audit / financial statement may be waived.

4. You must submit all of the items listed on the "Grant Application Checklist". (CDBG, HOPWA, and ESG)

5. You must detail how clients will benefit from your project. This is essential to comply with HUD's performance measurement requirements. Performance measurement is a process of identifying outcomes and measuring whether outcomes were achieved. Specifically, it tells the story about how your project will change existing conditions. This information is to be included in the objectives / outcomes section of your application. (CDBG, HOPWA and ESG)

6. You must identify how the proposed project is addressing priorities identified in the City's Annual Action Plan. Annual Action Plan priorities are noted below.

Projects that address the following priorities identified in the Annual Action Plan will receive priority.

I. SOCIAL SERVICES will be prioritized in the following order:

Youth (up to age 18):
After School Academic Enrichment; Counseling (Conflict Resolution and Substance Abuse); Guidance or Mentoring; Structured Recreation, Educational Workshops and the Arts (Cultural Enrichment).

Immigrants: Information and Referral, Translation and Literacy Services

Senior Citizens: General Social Services; Health Services and Basic Needs (Housing, Health Care and Food).

Disabled Persons: Basic Needs (Housing, Health Care, and Food), Educational Training and Skills Development.

Formerly Incarcerated Persons: Employment Training geared for available jobs; Counseling (Mental Health Care, Substance Abuse); Basic Needs (Housing, Health Care and Food), Parenting Skills and Legal Services. Agencies that have documented success in placing clients will be viewed more favorably. Also, priority will be given to organizations providing services to Young Adults (ages 18 – 24).

Adults (Working Poor/ Low Income): Basic Needs (Housing, Health Care and Food); Skills Training /Literacy; Counseling (substance abuse and conflict resolution) and Child Care Services.

Homeless / Special Needs Population: Services tied to new supportive housing units for homeless and special needs populations.

Veterans: Employment training geared for available jobs and life skills training.

Creation of employment opportunities tied to existing jobs: All employment training requests must contain proof of partnerships/collaborations with other organizations for the purpose of creating jobs. Also, employment training requests must contain documentation of job placement success.

II. <u>PUBLIC FACILITY/ CAPITAL IMPROVEMENTS</u> will be prioritized as follows:

1. Street and Sidewalk Improvements
2. Existing Parks and Recreational Facility Improvements
3. Creation of Parking Facilities
4. Street Light Improvements
5. Water and Sewer Improvements
6. Creation of New Community Center(s)*
7. Creation of New Parks and Recreational Facilities

*An operating plan documenting the strategy for financial sustainability of the center / facility must be submitted along with your CDBG Capital Improvements / Public Facilities application.

<u>Projects will be prioritized based on the following criteria:</u>

- Low / Moderate income areas
- Redevelopment areas
- Urban Enterprise Zones

III. <u>HOUSING</u> will be prioritized as follows:

A. Rental Housing:

- New construction of rental housing in areas most affected by foreclosures
- Substantial rehabilitation of rental housing in areas most affected by foreclosures

Targeting the following populations:

- Large families
- Low Wage Earners (Working Poor)
- Senior Citizens
- Disabled Individuals

Note: Applicants wishing to apply for CDBG funds for multi-family housing rehabilitation must complete the HOME Rental or HOME Ownership application and proforma worksheets.

B. Homeownership:

- New construction of home ownership units in areas most affected by foreclosures
- Substantial and moderate rehabilitation to preserve existing units in areas most affected by foreclosures

  (Green building features and pre-purchase counseling are required components for all affordable housing units).

Projects that have the greatest neighborhood impact will receive priority

Projects that have mixed use elements in commercial corridors in need if continual investment will receive priority.

IV. <u>HOMELESS SERVICES</u> will be prioritized as follows:

- Provide homeless prevention and rapid rehousing assistance to very low income individuals and families
- Maintain community-based treatment facilities
- Provide emergency housing for homeless individuals and families utilizing available resources
- Provide housing-related services designed to prepare clients to become self-sufficient.

V. <u>SPECIAL NEEDS PERSONS</u> services will be prioritized as follows:

- Sustain housing units for senior citizens, disabled persons and persons with HIV/AIDS.
- Provision of rental assistance for special needs populations.

VI. <u>ECONOMIC DEVELOPMENT</u> will be prioritized as follows:

- Services to assist primarily low / moderate income residents to start or expand their own businesses, including incubators and micro-loans.
- Improved employment opportunities for working poor, unemployed and underemployed.
- Neighborhood commercial revitalization.

A technical assistance session will be held on Wednesday, September 25, 2013 at 6:00 P.M. at the Mary McLeod Bethune Life Center, 134-150 Martin Luther King Drive, Jersey City, New Jersey. Also, individual appointments for technical assistance may be made by contacting the Division of Community Development at 201-547-5916. These sessions are being held to assist organizations with the application process. **<u>All applicants are strongly encouraged to attend one session of technical assistance.</u>**

Please be advised that all applications and evaluation criteria are available at http://jerseycitynj.gov/hedc.aspx?id=5332. Best wishes and we look forward to working with you to build a better Jersey City.

Sincerely,

Darice Toon
Director

DT:sah

cc: Anthony Cruz, Director - HEDC

Applicant: _____

GRANT APPLICATION CHECKLIST

This checklist includes requirements for completing a grant application for the **FY2014 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**. 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
☐	☐	Table of Contents
☐	☐	Application Requirements Checklist
☐	☐	Agency Description / Staff Qualifications
☐	☐	Needs and Objectives of Project / Outcomes
☐	☐	Community Needs Assessment & Agency Collaborations
☐	☐	Method(s) and Evaluation
☐	☐	Services and Operations Cost Summary
☐	☐	Other Sources of Funding
☐	☐	Schedule A: Personnel Costs
☐	☐	Schedule B: Consultant Services Costs and Justification
☐	☐	Schedule C: Other Costs Categories
☐	☐	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 if no changes were made)**
☐	☐	Most Recent Completed Audit Report
☐	☐	Agency Collaborations Memorandum of Understanding (if applicable)

INTRODUCTION

The City of Jersey City is accepting applications for the FY2014 – 2015 Housing Opportunities for Persons With AIDS (HOPWA) Program. HOPWA funds are awarded to eligible non-profit organizations that provide emergency shelter, relocation moving expenses, and additional emergency services allowable under HOPWA regulations for low / moderate income individuals with HIV/AIDS.

APPLICATION REQUIREMENTS

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

- Application Cover Page
- Table of Contents
- Standard Cover Sheet
- Grant Application Checklist
- Agency Description / Staff Qualifications
- Need(s) and Objectives of Project / Outcomes Form
- Community Needs Assessment & Agency Collaborations
- Agency Collaborations Memorandum of Understanding
- 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
- Schedule C – Other Cost Categories
- Logic Model
- List of Board of Directors
- Articles of Incorporation (As Applicable)
- Organizational Chart
- IRS Determination Letter
- By-Laws
- Most Recent Completed Audit Report

INSTRUCTIONS

All applicants must submit an electronic application via e-mail to mosleyj@jcnj.org and one (1) original application to:

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

All applications must be received no later than Friday, October 18, 2013 at 4:30 PM either by hand delivery or mail. Only typed applications will be accepted. No handwritten applications will be accepted.

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 Consolidated 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(s) 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.

COMMUNITY NEEDS ASSESSMENT AND AGENCY COLLABORATIONS

Community Needs Assessment

- Describe your agency's most recent community needs assessment. Please be sure to include the following:
    - How information is gathered from the community.
    - How citizens ranked issues, problems and opportunities in order of importance and urgency.
    - How your agency's program is addressing the community's needs.

Agency Collaborations

- Describe any collaborations/partnerships your agency has established for the proposed project. Please be sure to include the agencies involved in the proposed project, types of resources contributed by each partner, role of your agency in the program and role of the partner(s) in the program. A Memorandum of Understanding (MoU) must be attached for each listed agency. Please be sure to include the following:
    - Agencies involved in the proposed project.
    - Types of resources contributed by each partner.
    - Role of your agency in the program.
    - Role of partner(s) in the program.

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 your 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.

- Administrative costs include costs for general management, oversight, coordination, evaluation and reporting. The maximum amount allowed for administrative costs is 7%.

- For project sponsors providing TBRA, STRMU, and/or PHP, a minimum of 80% of funds awarded must be earmarked for direct client financial assistance.

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
- Logic Model

ADDITIONAL DOCUMENTS

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

- List of Board of Directors
- Articles of Incorporation (New Applicants Only)
- Organizational Chart
- IRS Determination Letter (New Applicants Only)
- By-Laws (New Applicants Only or Revised By-Laws)
- Most Recent Completed Audit Report

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

City of Jersey City

2013 HUD LOW AND MODERATE INCOME GUIDELINES								
FAMILY SIZE	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
MAXIMUM INCOME	**$43,200**	**$49,400**	**$55,550**	**$61,700**	**$66,650**	**$71,600**	**$76,550**	**$81,450**

CALENDAR

SEPTEMBER 5, 2013

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

SEPTEMBER 13, 2013

- Applications are available for interested organizations and citizens.

SEPTEMBER 25, 2013

- Technical assistance for all HUD entitlement grants.

SEPTEMBER 26 – OCTOBER 10, 2013

- Individual technical assistance sessions may be made by appointment only. Send appointment request via e-mail mosleyj@jcnj.org.

OCTOBER 18, 2013

- Applications are due on Friday, October 18, 2013 at 4:30 p.m.

JANUARY 2014

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

FEBRUARY 17, 2014

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

APRIL 2014

- Fiscal year begins for all grants.
- Actual contract awards projected to occur by June 2014.

Steven M. Fulop, 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

HOPWA FY2014 Program Year Application

1. Name of Applicant (Organization / Agency)			
2. Street Address			
City	State	Zip Code	Service Area
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	
7. DUNS Number	8. Employer Identification Number (EIN)		
9. Briefly describe the project for which you are seeking funds.			
10. HOPWA Eligible Act (i.e., TBRA, Admin, STRMU, etc.)	11. HOPWA Priority to be Addressed: (Refer to cover letter for HOPWA Priorities)		
12. Total Cost of the Project	13. Requested Amount	14. Funds from Other Sources	
15. Type of Request: _____ New Services _____ Expansion of Existing Services _____ Continuation of Existing Program	16. Project Benefit: (Estimated number of persons and households that will benefit from the proposed project.) _____ Households	_____ Persons	
17. **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 DESCRIPTON AND 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)

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.**

COMMUNITY NEEDS ASSESSMENT AND AGENCY COLLABORATIONS

COMMUNITY NEEDS ASSESSMENT – Please describe the process and results of your agency's most recent community needs assessment. Please limit response to this space.
AGENCY COLLABORATIONS – Please describe any collaborations or partnerships your agency has established for the proposed project. A Memorandum of Understanding (MoU) must be submitted for all listed collaborations. Please limit response to this space.

METHOD(S) AND EVALUATION OF PROJECT

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

SERVICES AND OPERATIONS COST SUMMARY

Name of Applicant	Proposed Grant Title	Date of Application

For Cost Categories A through C, a SCHEDULE SHEET and JUSTIFICATION SHEET must be completed and submitted, if applicable.

Cost Category	Total Funds Needed	HOPWA Funds Requested from DCD	Funds from Other Sources	DCD USE ONLY
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 and Other Capital Expenditures				
Facility Cost				
Sub-Grants				
Total Direct Cost				
Indirect Cost (SEE NOTE BELOW)				
Total Costs				
Less Program Income / Fee				
Net Total Cost	1	2	3	

1-3: Figures in these areas to be entered in corresponding numbered areas on PAGE 1 of application.

NOTE: An indirect cost allowance may be awarded to any applicant provided that state or federal legislation does not prohibit it and that the applicant has an established indirect cost rate. Do you have an established indirect cost rate? ☐ Yes ☐ No

If yes, attach a letter stating approved rate, period of time, base to which rate is applied, and enter above amount of indirect cost requested for proposed grant.

OTHER SOURCES OF FUNDING RELATED TO THIS APPLICATION

Name of Applicant	Proposed Grant Title	Date of 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	CODE
TOTAL FUNDS FROM OTHER SOURCES RELATED TO THIS APPLICATION ONLY	**$**	

SCHEDULE A: PERSONNEL COSTS (1)

Name of Applicant	Proposed Grant Title	Date of Application

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	Incumbent Name, Vacant, or New Position	Annual Salary	Weekly Hours on Project	% of Weekly Work Time On Project	Total Funds Needed	HOPWA Funds Requested From DCD	Funds From Other Sources	DCD USE ONLY
Sub-Totals								
_____ **% Fringe Benefits**								
TOTAL PERSONNEL COSTS								

SCHEDULE A: PERSONNEL COSTS (2)

Name of Applicant	Proposed Grant Title	Date of Application

ATTACH ADDITIONAL SHEETS IF NEEDED

Position Title	Incumbent Name, Vacant, or New Position	Funds From Other Sources Listed on Schedule A	Source	Funds From Source	DCD USE ONLY
Example: John Doe	*Teacher*	*$5,000.00*	*NJ Dept. of Education*	*$5,000.00*	

SCHEDULE A: PERSONNEL JUSTIFICATION

Name of Applicant	Proposed Grant Title	Date of Application

List, justify, and submit a curriculum vitae for each position title, excluding clerical and manual positions, in same order as listed on SCHEDULE A: PERSONNEL COSTS. Briefly describe the agency's personnel policy for salary increases on a separate sheet.

ATTACH ADDITIONAL SHEETS IF NEEDED

Position Title	Minimum Qualifications (education and experience)

SCHEDULE B: CONSULTANT SERVICES COSTS

Name of Applicant	Proposed Grant Title	Date of Application

List services which provide for program or client benefit and are contracted for on a cost per client, percentage or time, or number of hours basis. Examples of consultant services: accounting, medical, psychological, psychiatric, and other professional services. A copy of individual agreements will be required if an award is made.

Do consultant services demonstrate a true employer / non-employee relationship as per IRS regulations? ☐ Yes ☐ No

ATTACH ADDITIONAL SHEETS IF NEEDED

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

SCHEDULE B: CONSULTANT SERVICES JUSTIFICATION

Name of Applicant	Proposed Grant Title	Date of Application

List and justify each consultant service in same order as on SCHEDULE B: CONSULTANT SERVICES COSTS.

ATTACH ADDITIONAL SHEETS IF NEEDED

Nature of Consultant Services	Responsibilities and/or Duties	Minimum Qualifications (education and experience)

SCHEDULE C: OTHER COST CATEGORIES

Name of Applicant	Proposed Grant Title	Date of Application

List other cost categories applicable to grant proposal, such as travel, supplies, equipment, and other direct expenses. A copy of lease agreement, travel regulations, and any other pertinent agreement is to be attached when requesting funds for these budget categories.

ATTACH ADDITIONAL SHEETS IF NEEDED

Other Cost Categories (specify)	Basis for Cost Estimate	Total Funds Needed	HOPWA Funds Requested From DCD	Funds From Other Sources	DCD USE ONLY
TOTAL COSTS					

SCHEDULE C: OTHER COST JUSTIFICATION

Name of Applicant	Proposed Grant Title	Date of Application

Justify below all items or services which are listed in SCHEDULE C: OTHER COSTS. Justify the items or services in the same order as they are listed on the schedule. Attach copy of lease agreement when requesting funds for rent. The cost allocation method should be included in the justification if a cost category is distributed among multiple funding services.

ATTACH ADDITIONAL SHEETS IF NEEDED

SCHEDULE D: OFFICERS AND DIRECTORS LIST

Name of Applicant	Proposed Grant Title	Date of Application

List below the name, title, and residence address of all officers and board members of applicant. Attach additional sheets if needed.

ATTACH ADDITIONAL SHEETS IF NEEDED.

Name	Title		Name	Title	
Residence Address			Residence Address		
City Code	State	Zip	City Code	State	Zip
Represented Sector			Represented Sector		
Name	Title		Name	Title	
Residence Address			Residence Address		
City Code	State	Zip	City Code	State	Zip
Represented Sector			Represented Sector		
Name	Title		Name	Title	
Residence Address			Residence Address		
City Code	State	Zip	City Code	State	Zip
Represented Sector			Represented Sector		
Name	Title		Name	Title	
Residence Address			Residence Address		
City Code	State	Zip	City Code	State	Zip
Represented Sector			Represented Sector		