

Applicant: _____

GRANT APPLICATION CHECKLIST

This checklist includes requirements for completing a grant application for the **HOME INVESTMENT PARTNERSHIPS GRANT (HOME)** Program. 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	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Application Checklist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOME Application Cover Sheet
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Table of Contents
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Organization Capacity
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Detailed Project Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Project Impact
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Control Information
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance with Governmental Regulations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Requirements
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Properties
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Marketing Plan Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Project Schedule Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sources & Uses Statement (Disk Enclosed)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operating Budget (Disk Enclosed)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Administrative Questionnaire
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Site Photos
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Site Location Map
<input checked="" type="checkbox"/>	<input type="checkbox"/>	List of Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Articles of Incorporation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Organizational Chart
<input checked="" type="checkbox"/>	<input type="checkbox"/>	IRS Determination Letter (Non-profits only)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agency By-Laws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Most Recent Completed Audit Report

Applicant: _____

INTRODUCTION

The City of Jersey City is accepting applications for the FY2009 – 2010 Home Investment Partnerships Grant (HOME) Program. HOME funds are awarded to eligible non-profit and for-profit organizations and / or developers that provide affordable housing for primarily low / moderate income families.

APPLICATION REQUIREMENTS

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

- Application Cover Page
- Table of Contents
- Grant Application Checklist
- Organization Capacity
- Detailed Project Description / Site Information
- Site Control Information
- Compliance with Governmental Regulations
- Other Requirements
- Other Properties
- Marketing Plan
- Project Schedule
- Schedule A: 2009 HOME Budget Form
- Schedule B: Other Sources of Funding Related to this Application Form
- Administrative Questionnaire
- Site Photos
- Site Location Map
- List of Board of Directors
- Articles of Incorporation
- Organizational Chart
- IRS Determination Letter
- By-Laws
- 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 PM either by hand delivery or mail. Only typed applications will be accepted. No handwritten applications will be accepted.

Applicant: _____

DETAILED PROJECT DESCRIPTION

Organization Capacity

- Provide a description of your organization's experience in implementing similar projects. Include information about projects you have completed alone, or in partnership with others. Also, please identify your development and property management teams. At minimum, provide the following information:
 - Identify members of your development team and their roles. Provide a detailed description of the credentials for all members of your development team and attach copies of resumes.
 - Provide contact addresses, phone numbers and/or e-mail addresses for all members of your development team.
 - Describe the experience and track records of your property management team.

Detailed Project Description/Site Information / Project History

- Provide a detailed description of the proposed project. Identify the total gross building square footage. Be sure to segregate residential and commercial square footage. Specify the block, lots and project address. Provide information on the project history for each address included in the proposed project. Include a unit breakdown by number of bedrooms and range of affordability. Also, indicate the size of the units and bedrooms. Specify the total number of handicapped accessible units. (Attach a copy of your relocation plan as applicable.)

PROJECT IMPACT

- Describe the impact of the project on the surrounding neighborhood. Include information about any unique features your project will contain and other benefits to the residents or neighborhood.

SITE CONTROL INFORMATION (Self-Explanatory)

COMPLIANCE WITH GOVERNMENTAL REGULATIONS

- Self-Explanatory
- If you are aware of anything which might delay or preclude project completion, please list here.

OTHER REQUIREMENTS

- Minority and Women Business Enterprise Plan: Provide written plan sponsor will utilize to encourage the use of minority and women owned businesses in all aspects of the development. Be sure to detail your previous history with Minority and Women Business Enterprises (MWBE).
- Community Coordination: Provide a plan of outreach to the community to include their involvement in the development. Provide documentation of existing community support.

OTHER PROPERTIES

- Provide information on all properties owned by the project sponsor/applicant. Please sign the certification and have it notarized.

MARKETING PLAN

- Describe your plan for affirmatively marketing the proposed project. Specify the types of media you intend to use to market your project. Indicate whether brochures or other handouts will be used to advertise. If you intend to use community contacts, indicate what groups you will contact and your method of contact.

Applicant: _____

PROJECT SCHEDULE

- Darken the appropriate box(es) for quarters when different tasks will occur. Identify all activities related to the development of the proposed project. Please feel free to attach additional pages.

SOURCES AND USES STATEMENT

Using the enclosed disk, please complete the following budgets:

- Development Cost – Provide cost estimate of project including all soft and hard costs.
- Operating Budget (if “rental” housing – provide a twenty (20) year projection) Identify all costs to operate the building as affordable housing.
- If “for sale” housing, specify the sale price and provide the formula used for arriving at the sale price.

ADMINISTRATIVE QUESTIONNAIRE (Self-Explanatory)

SITE PHOTOS (Self-Explanatory)

SITE LOCATION MAP (Self-Explanatory)

ADDITIONAL DOCUMENTS

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

- List of Board of Directors
- Articles of Incorporation
- Organizational Chart
- IRS Determination Letter (As Applicable)
- By-Laws
- Most Recent Completed Audit Report

Note: See attached page for income and rent limits

EVALUATION CRITERIA

<u>Category</u>	<u>Rating</u>	<u>Brief Description</u>
Need for Project	30%	Including but not limited to degree to which project is addressing City’s housing needs, range of affordability, number of bedrooms, neighborhood impact, etc.
Capacity of Developer	15%	Ability to develop and manage affordable housing and ability to engage MWBEs.
Project Readiness	10%	Degree to which applicant is prepared to proceed with project.
Financial Viability of Applicant	15%	Degree to which developer has demonstrated financial soundness and commitment.
Financial Feasibility	30%	Project costs consistent with industry standards and similar projects. Scores are weighted based on amount requested per unit.

Applicant: _____

City of Jersey City

HUD HOME PROGRAM INCOME LIMITS – 2008

FAMILY SIZE:		ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT
LIMITS	30%	14,600	16,700	18,750	20,850	22,500	24,200	25,850	27,550
VERY LOW INCOME	50%	24,350	27,800	31,300	34,750	37,550	40,300	43,100	45,850
LIMITS	60%	29,220	33,360	37,560	41,700	45,060	48,360	51,720	55,020.
LOW INCOME	80%	38,900	44,500	50,050	55,600	60,050	64,500	68,950	73,400
MEDIAN INCOME		48,700	55,600	62,600	69,500	75,100	80,600	86,200	91,700

RENT LEVELS - 2008

BEDROOM SIZE:	EFFICIENCY	ONE	TWO	THREE	FOUR	FIVE	SIX
FAIR MARKET RENT	967	1,022	1,192	1,445	1,556	1,789	2,023
LOW RENT LIMIT 50%	608	651	782	903	1,007	1,111	1,216
HIGH RENT LIMIT 65%	771	828	996	1,141	1,254	1,364	1,476

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

HOME INVESTMENT PARTNERSHIPS GRANT 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. Type of Agency: <input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other (Specify) _____		5. Type of Activity: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Condominiums <input type="checkbox"/> Townhouses <input type="checkbox"/> Single Family (Attached) <input type="checkbox"/> Single Family (Detached) <input type="checkbox"/> Two-Family (Attached) <input type="checkbox"/> Two-Family (Detached) <input type="checkbox"/> Multi-Family Rental	
6. Unit Type: <input type="checkbox"/> Homeownership <input type="checkbox"/> Rental	7. Number of Units: <input type="checkbox"/> Homeownership <input type="checkbox"/> Rental	8. Building Information (Check applicable categories): <input type="checkbox"/> Elevator <input type="checkbox"/> Commercial Component <input type="checkbox"/> Refrigerators <input type="checkbox"/> Ranges <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Air Conditioners <input type="checkbox"/> Dishwashers <input type="checkbox"/> Panelized <input type="checkbox"/> Other <input type="checkbox"/> Modular <input type="checkbox"/> Conventional Manufactured Components	
9. Briefly describe the project for which you are seeking funds.			
10. Total Cost of the Project	11. Requested Amount		12. Funds from Other Sources
13. Project Cost:	Total	Per Unit	Per Sq. Ft.
Cost of Land and / or Improvements	_____	_____	_____
Construction Cost	_____	_____	_____
Soft Cost	_____	_____	_____
TOTAL PROJECT COST	_____	_____	_____
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. The applicant further understands and agrees that any loan received as a result of this application shall be subject to the HOME conditions and other policies, regulations, and rules issued by the City and the Fair Housing Act, N.J.S.A. 52:27D-301 et seq. which include provisions described in this application.			
Name and Title of Applicant (Print)	Signature of Applicant		Date of Application

Applicant: _____

ORGANIZATION CAPACITY

Name of Applicant	Proposed Project Title	Date of Application
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ORGANIZATION CAPACITY: Describe your experience in developing affordable housing projects. Be specific about projects completed to date. List project names, locations and funding sources used to develop affordable housing units. Also, identify your development team for the project and attach resumes.

Applicant: _____

DETAILED PROJECT DESCRIPTION / SITE INFORMATION

DETAILED PROJECT DESCRIPTION: Provide a detailed description of your project. Identify the number of units (residential, commercial, community space), unit size and square footage, affordability range. (Specify the number of units targeting Very Low Income (50% or below AMI), # of Low Income (50%-80% AMI), Emerging Market and Market Rate Units. If the project contains a commercial component, please explain your use of commercial space. Attach additional sheets as necessary.

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.

Applicant: _____

PROJECT IMPACT: Project Impact: Describe your project’s impact on the surrounding neighborhood. Explain the need for the project and how the project will positively benefit the neighborhood. Also, specify how the project will address affordable housing priorities identified in the City’s Consolidated Plan.

Applicant: _____

SITE CONTROL INFORMATION / COMPLIANCE WITH GOVERNMENTAL REGULATIONS

SITE CONTROL INFORMATION (Applicant must have site control, contract or developer designation).

- _____ Contract of Sale (Attach Copy)
- _____ Municipal Conveyance of Property
- _____ Deed of Ownership (Attach Copy of Deed) _____
- _____ Other (Specify and Provide Documentation) _____

Are there liens or other encumbrances on the property?

_____ Yes _____ No

If yes, please explain. _____

COMPLIANCE WITH GOVERNMENTAL REGULATIONS

- Identify all governmental approvals required and the status of your application(s):
(Attach copies of resolutions or correspondence granting approvals.)

- Under what zoning ordinance is the project permitted?

- What are the known environmental concerns for the project?

- Indicate impediments and barriers to this project

Applicant: _____

OTHER REQUIREMENTS

MINORITY AND WOMEN BUSINESS ENTERPRISE (MWBE) PLAN: Provide a copy of your policies and/or practices pertaining to engaging MWBE. Also, provide details on your MWBE previous history with former contractors, professionals (Architects, Engineers, Attorneys, etc.) and Suppliers.

COMMUNITY COORDINATION: Provide details regarding meetings or consultations pertaining to this project. Identify community groups and/or representatives in attendance and attach copies of meeting notices.

Applicant: _____

OTHER PROPERTIES

OTHER PROPERTIES: Listing of all properties owned by Sponsor.

ADDRESS	BLOCK/LOT	TAX STATUS

I, _____, certify that as of _____
(Official – Please Print) (Date)

all taxes are current with the City of Jersey City.

(Official Signature)

Notary (Required)

Applicant: _____

MARKETING

1a. Direction of Marketing Activity: (indicate which group(s) in the housing market area are **least likely** to apply for the housing because of its location and other factors without special outreach efforts)

- White (non-Hispanic) Black (non-Hispanic) Hispanic
 American Indian or Alaskan Native Asian or Pacific Islander

1b. Type of Affirmative Marketing Plan: (mark only one)

- Project Plan Minority Area White (non-minority) Area
 Mixed Area (with _____% minority residents)
 Annual Plan (for single-family scattered site units) Note: A separate Annual Plan must be developed for each type of census tract in which the housing is to be built.

1c. Marketing Program: Commercial Media: (Check the type of media to be used to advertise the availability of this housing)

- Newspapers/Publications Radio TV Billboards Other (specify)

Name of Newspaper, Radio or TV Station	Racial/Ethnic Identification of Readers/Audience	Size/Duration of Advertising

1d. Marketing Program: Brochures, Signs, and HUD's Fair Housing Poster:

(1) Will brochures, letters, or handouts be used to advertise? Yes No If "Yes", attach a copy or submit when available.

(2) For project site sign, indicate sign size: _____ x _____; Logotype size: _____ x _____. Attach a photograph of project sign or submit when available.

(3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the:

- Sales/Rental Office Real Estate Office Model Unit Other (specify)

1e. Future Marketing Activities (Rental Units Only) Mark the box(s) that best describe marketing activities to fill vacancies as they occur after the project has been initially occupied.

- Newspapers/Publications Radio TV Brochures/Leaflets/handouts Site Signs
 Community Contacts Other (specify)

Applicant: _____

MARKETING CONTINUED...

COMMUNITY CONTACTS

3. To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area. If more space is needed, attach an additional sheet. Notify the Division of Community Development of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all request information).

Name of Group/Organization	Address & Phone Number	Method of Contact	Person Contact or to be Contacted

Applicant: _____

PROJECT SCHEDULE

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

PROJECT: _____

ADDRESS: _____

OWNER: _____

NO.	ACTIVITY DESCRIPTION	Date											
		From:	To:										
1	Ex. Site Plan Approval												
2													
3													
4													
5													
6													
7													
8													
9													
10													

Applicant: _____

**JERSEY CITY DEPARTMENT OF HOUSING, ECONOMIC
DEVELOPMENT AND COMMERCE**

DIVISION OF COMMUNITY DEVELOPMENT

SECTION VII

ADMINISTRATIVE QUESTIONNAIRE

This information is necessary to process a request for financial assistance, and it will be expressly relied upon. Fill in all blanks, using "NONE" or "NOT APPLICABLE" where necessary. If more space is needed to answer any specific question, use a separate sheet.

Applicant Proposed owner, owner, developer, manager general contractor, subcontractor, supplier, service organization or consultant.

1. Applicant (show official name without abbreviations).

Name _____

Street _____

City _____ County _____ State _____ Zip _____

Code _____

Telephone Number _____ Employer's I.D. No. _____

2. Business Organization: Corporation _____ Partnership _____ LLC _____
Sole Proprietorship _____ Non-Profit _____ Other _____

Is the proposed owner, owner, developer, manager general contractor, subcontractor, supplier, service organization or consultant, a subsidiary or direct or indirect affiliate of any other organization? If so, indicate name of related organization and relationship.

3. Management: List all owners, officers, directors and partners of applicant. Also list stockholders having any interest in applicant (complete all columns for each person.) If the applicant is a publicly held corporation, please provide the latest proxy statement indicating stock ownership. (Please provide this information on Attachment A.)
4. For all individuals named in Item 3, please list all other companies, partnerships, or associations in which such persons have more than 10% interest or in which such person is an officer, director, or partner. {Use a separate page(s) if needed.}

Applicant: _____

5. Have any of the above parties, within the last five years, been a party defendant in litigation involving laws governing hours of labor, minimum wage standards, discrimination in wages, or child labor?
 Yes No If yes, furnish details in a separate attachment.
6. Have any of the persons listed in Item 3 or 4 ever been charged with, or convicted of any criminal offenses other than a minor motor vehicle violation?
 Yes No If yes, furnish details in a separate attachment.
7. Is applicant or management of applicant or any of the persons listed in Item 3 or 4 now a plaintiff or defendant in any civil or criminal litigation?
 Yes No If yes, furnish details in a separate attachment.
8. Have any of the persons listed in Item 3 or 4 been subject to any disciplinary action, past or pending, by any administrative, governmental, or regulatory body?
 Yes No If yes, furnish details in a separate attachment.
9. Have any of the persons listed in Item 3 or 4 been or are they now subject to any order resulting from any criminal, civil or administrative proceedings brought against them by any administrative, governmental, or regulatory agency?
 Yes No If yes, furnish details in a separate attachment.
10. Have any of the persons listed in Item 3 or 4 been denied any license by any administrative, governmental or regulatory agency on the grounds of moral turpitude?
 Yes No If yes, furnish details in a separate attachment.
11. Has the applicant or management of applicant or any of the persons listed in Item 3 or 4 been informed of any current or ongoing investigation of the applicant or management of the applicant for possible violation of State or Federal laws, or has the applicant or management of the applicant been subpoenaed by any grand jury or investigative body?
 Yes No If yes, furnish details in a separate attachment.
12. Has the applicant or any of the persons listed in Item 3 or 4 above ever been in receivership or adjudicated a bankruptcy?
 Yes No If yes, furnish details in a separate attachment.
13. Has the applicant or person listed in Item 3 or 4 above been denied a business-related license or had it suspended or revoked by an administrative, governmental or regulatory agency?
 Yes No If yes, furnish details in a separate attachment.

Applicant: _____

14. Has the applicant or person listed in Item 3 or 4 above been debarred, suspended, or disqualified from contracting with any federal, state or municipal agency?

_____ Yes _____ No If yes, furnish details in a separate attachment.

15. a. Name and address and telephone number of counsel to Organization:

- b. Name and address of principal bank (s) of loan officer and telephone number:

- c. Name and address and telephone number of accountant to Company:

16. Is the applicant a subsidiary of or affiliated with any other corporation or corporations or any other firm or firms?

_____ Yes _____ No

If yes, list each such corporation or firm by name and address. Specify relationship to the applicant and identify the officers and directors or trustees common to the applicant.

17. a. The financial condition of the applicant as of _____, 20__, is as reflected in the attached financial statement. (**NOTE:** Attach to this statement a certified financial statement showing the assets and the liabilities, including contingent liabilities, fully itemized in accordance with accepted accounting standards and based on a proper audit. If the date of the certified financial statement precedes the date of this submission by more than six months, also attach an interim balance sheet not more than 60 days old.)

- b. Name and address of auditor or public accountant who performed the audit on which said financial statement is based:

Applicant: _____

18. Names and addresses of bank references:

19. Identify other federal or state funded projects in which the applicant or any of the principals of the applicant is or has been a stockholder, officer, director or trustee, or partner of such an applicant:

20. Does any member of the governing body of the locality in which the Urban Renewal Area is situated or any other public official of the locality, who exercises any functions or responsibilities in the review or approval of the carrying out of the project under which the land covered by the applicant proposal is being made available, have any direct or indirect personal interest in the applicant or proposed development?

_____ Yes _____ No If yes, explain.

21. Statements and other evidence of the applicant qualifications and financial responsibility (other than the financial statement referred to in Item 17a) are attached hereto and hereby made a part hereof as follows.

Applicant: _____

Administrative Questionnaire

ATTACHMENT A

Name (First and Last)

Home Address _____

Place of Office (inc. Zip Code) _____

Birth Date

Birth

S.S.#

Held

Ownership

Applicant: _____

CERTIFICATION

Administrative Questionnaire

I hereby represent and certify that the foregoing information to the best of my knowledge is true and complete, and if not true and complete, I recognize that I am subject to criminal prosecution under N.J.S.A. 2c:28-2.

The undersigned authorizes the **CITY OF JERSEY CITY** to verify any answer(s) contained herein through a search of its records, or records to which it has access and to release the results of said search.

SIGNATURE

NAME (Print)

TITLE

DATE

Sworn and Subscribed before me
this day of , 2008

NOTARY PUBLIC

Questionnaire format sources: N.J. Housing Finance Agency and HUD disclosure statement

Applicant: _____

SITE PHOTOS: (Attach photos of site)

Applicant: _____

SITE LOCATION MAP: (Attach copy of map)