

City of Elizabeth

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)



Fiscal 2019-2020 (CD 45-PY2019)

Application Instructions & Forms

Application Instructions

\$15,000 Minimum Grant Application for 2019

Mandatory Informational Meeting will be held on **Friday, January 18, 2019 from 1:00 P.M. to 3:00 P.M.** in Elizabeth City Hall, 50 Winfield Scott Plaza – 3rd floor Council Chambers. A representative from every applicant agency must participate in this important meeting. A variety of topics will be covered including, but not limited to: 2019 municipal priorities, CDBG & ESG program parameters, a review of the revised application forms, evaluation criteria, award/denial timetables, etc.

Individual Technical Assistance will be provided by appointment only, **from January 22nd through February 11, 2019**, during the hours of 9:00A.M. – 3:00P.M., to review application forms, program restrictions, and evaluation criteria for each program.

SUBMISSION DEADLINE: All applications ***(One (1) original, four (4) copies of the application package)*** must be received by **12 p.m. on Wednesday, February 13, 2019** at Elizabeth City Hall – Room 114. **Proposals submitted after 12 P.M., by fax, or e-mail will not be processed, NO EXCEPTIONS.**

The application package consists of and should be arranged as follows:

- 1) Agency Information Forms *(All pages to be completed by all applicants)*
- 2) Activity Specific Forms: *(complete one set of forms for each activity)*
 - a. Public Services
 - b. Public Facilities
 - c. Economic Development
- 3) Attachments - in the order indicated on certification form - Attachment Checklist.

Internal Review: All applications will be reviewed for completeness (Threshold Review). Any missing items will be requested from agencies. All missing items must be submitted by **February 20, 2019 (Cure Period)**. Incomplete applications will be returned to the agency and will not be reviewed by the Advisory Committee.

Staff Summaries: All applications will be summarized and the summaries and applications will be provided to the Mayor's Advisory Committee for review and consideration.

Mayor's Advisory Committee Meeting: Will meet on **Wednesday, March 20th, 2019** to review applications and make funding recommendations.

Award/Denial Letters: Will be sent out on **April 11, 2019** (Contingent upon U.S. Dept. of Housing & Urban Development approval and Elizabeth City Council approval).

Public Hearing: Will be held on **May 9, 2019** to receive comments on proposed funding allocations and draft Annual Plan.

For more information, please review the **2019-2020 Resource Materials** and/or call the Community Development Bureau at (908) 820-4030.



City of Elizabeth
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION
Fiscal Year 2019-2020 (CDBG 45-PY2019)

Agency Name: _____

FUNDING REQUEST SUMMARY:

Activity #1 Name: _____

Activity Category: Choose Only One	<input type="checkbox"/> Public Services	<input type="checkbox"/> Public Facilities	<input type="checkbox"/> Economic Development
Total Activity Budget:	\$ _____	\$ _____	\$ _____
Amount of Funds Requested:	\$ _____	\$ _____	\$ _____
(Cannot be 100%) %			

Proposed Activity Scope of Service:

Is Proposed activity new for agency? Yes No If No, How long has agency administered this activity _____

Activity will take place at following address: _____
 which is located in the following target area: Midtown E'Port Keighryhead New Point Road

Proposed # of Unduplicated Clients To Be Served _____

Total Activity Cost Per Client _____ Total Funds Requested Per Client _____

Activity #2 Name: _____

Activity Category: Choose Only One	<input type="checkbox"/> Public Services	<input type="checkbox"/> Public Facilities	<input type="checkbox"/> Economic Development
Total Activity Budget:	\$ _____	\$ _____	\$ _____
Amount of Funds Requested:	\$ _____	\$ _____	\$ _____
(Cannot be 100%) %			

Proposed Activity Scope of Service:

Is Proposed activity new for agency? Yes No If No, How long has agency administered this activity _____

Activity will take place at following address: _____
 which is located in the following target area: Midtown E'Port Keighryhead New Point Road

Proposed # of Unduplicated Clients To Be Served _____

Total Activity Cost Per Client _____ Total Funds Requested Per Client _____

TOTAL AMOUNT OF FUNDS REQUESTED	\$ _____	\$ _____	\$ _____
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AGENCY CONTACT INFORMATION:

Agency Name: _____

Agency Address: _____ Zip _____ + _____

Executive Director: _____ Legal Signatory for Agency Yes No

If No, Name & Title of Legal Signatory for Agency: _____

Name & Title of Legal Signatory for Agency: _____

Primary Contact Person: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Secondary Contact Person: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Website: _____ DUNS # _____

Type of Entity: For Profit Non-Profit Corporation LLC Association Joint Venture

Years in Operation: _____

CONTACT INFORMATION

Person Preparing Drawdowns/Vouchers:

Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Person Preparing Progress/Final Reports:

Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Bookkeeper/Accountant:

Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Construction Manager (If applicable):

Name: _____ Title: _____

Address: _____

Email: _____ Phone: _____ Fax: _____

Architect (If Applicable):

Name: _____ Title: _____

Address: _____

Email: _____ Phone: _____ Fax: _____

FINANCIAL STATEMENT

AS OF _____, 20____

Agency Name _____
 Agency Address _____

I make the following statement of all my assets and liabilities at the close of business on the date indicated above to the City of Elizabeth and give other material information for the purpose of obtaining advances on notes and bills bearing my signature, endorsement, or guaranty, and for obtaining credit generally upon present and future applications.

ASSETS	LIABILITIES AND NET WORTH
Cash on Hand \$ _____	Notes payable to Banks – Unsecured Direct borrowing only \$ _____
Cash in Banks _____	Notes payable to Banks – Secured Direct borrowing only _____
Notes Receivable _____	Notes payable to others –Unsecured _____
Accounts Receivable _____	Notes payable to others – Secured _____
Loans Receivable _____	Accounts Payable _____
Life Insurance – Cash Surrender Value (do not deduct loans) _____	Loans against Life Insurance _____
Securities-Readily Marketable (U.S. Govt. & listed on exchanges) _____	Real Estate Mortgages Payable _____
Securities-Not Readily Marketable (Unlisted Stocks and Bonds) _____	Real Estate Taxes & Assessments Payable _____
Mortgages Owned _____	Federal and State Income Taxes _____
Real Estate _____	Other Taxes _____
Automobile(s) (Registered in Own name) _____	Interest Payable (on loans, mortgages, etc.) _____
Other Assets (Itemize) _____	Brokers Margin Accounts _____
_____	Other Liabilities (Itemize) _____
_____	_____
_____	Net Worth _____
_____	_____
TOTAL ASSETS _____	TOTAL LIABILITIES & NET WORTH _____

CERTIFICATION – This is to certify that all the statements contained herein and in any supporting schedules are true and give a correct showing of my financial condition as of the date indicated. I further certify that I had no liabilities, direct or contingent, business or accommodation, except as set forth in this statement, and that the title to all assets therein set forth is in my name solely, except as may be otherwise noted. **IN THE EVENT OF ANY MATERIAL ADVERSE CHANGE IN MY FINANCIAL CONDITION, I AGREE TO NOTIFY THE CITY OF ELIZABETH DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT IMMEDIATELY IN WRITING.**

Name: _____ Title: _____

Signature _____

Signed this _____ day of _____ 20 _____

**CERTIFICATION OF PERSONS
INVOLVED IN
HANDLING, MANAGEMENT, OR EXPENDITURE OF MONIES**

I hereby certify that I, _____, as
(Name)
_____ of _____ will be
(Title) (Agency)
handling, managing and expending funds allocated by the City of
Elizabeth under the CD-45 Program for the agency's
_____ program.
(Activity Name)

Signature
Name

Date

Notary

Date

Agency Name: _____

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, state, and City law prohibits employees and public officials of the City of Elizabeth from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant agency for Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) funding. The purpose of this questionnaire is to determine if the applicant agency, its staff, or any of their Board of Directors would be in conflict of interest.

1. Are any members of the applicant agency's staff or any member of the applicant agency's Board of Directors/Trustees, or governing body who currently have or have been within one year of the date of this application, a City employee, consultant, or a member of the City Council?

Yes No

If Yes, Please list names:

2. Will the CDBG and/or ESG funds requested by the applicant agency be used to award a subcontract to any individual or business affiliate who currently is or has been within one year of the date of this application, a City employee, consultant, or a member of the City Council?

Yes No

If Yes, Please list names:

3. Are any members of the applicant agency's staff or members of the applicant agency's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or a member of the City Council?

Yes No

If Yes, Please list names:

If you have answered "YES" to any of the above, the CDBG Office will review to determine whether a real or apparent conflict of interest exists.

Name of Agency Legal Signatory: _____

Title of Agency Legal Signatory: _____

Signature of Agency Legal Signatory: _____ Date: _____

Agency Name: _____

4 FACTOR ANALYSIS

1. Number of LIMITED ENGLISH PROFICIENCY (LEP) persons served or encountered annually: _____;
2. Frequency with which LEP persons come in contact with program, activity, or service: _____;
3. Nature & importance of program, activity or service:
The services we provide are important because they relate to a client's need for, or continued provision of:
_____.
4. Resources available & costs involved:

_____.

LANGUAGE ASSISTANCE PLAN (LAP)

LAPS are needed for the following languages spoken: _____;

1. In our organization the following people/titles are most likely to interact or encounter LEP persons for the following purposes (*i.e. Secretary/ Reception Area*):

<u>Name or Title</u>	<u>Activity or Purpose</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. LEP Assistance will be provided as follows:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bilingual staff | <input type="checkbox"/> Interpretation Services | <input type="checkbox"/> Written Translations |
| <input type="checkbox"/> Use of "I Speak" Cards | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

3. The following documents will be/are translated:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

4. The following HUD translated documents will be utilized:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Name/Title of Agency Legal Signatory: _____ / _____

Signature: _____ Date: _____

AFFIDAVIT

STATE OF NEW JERSEY)

) SS.

COUNTY OF UNION)

being duly sworn upon his oath deposes and says:

I am owner/partner/secretary of _____ ownership/partnership/corporation/business having principal offices at _____

In conformity with the requirements of the Code of the City of Elizabeth, Ordinance #336 and all amendments and supplements thereto of the City of Elizabeth, New Jersey, this affidavit is submitted as a requirement in connection with contracts with the City of Elizabeth.

(a) Number of persons employed by affiant: _____ .

(b) The names, addresses, ages and business backgrounds of the owners/partners/officers/directors of this ownership/partnership/business/corporation are as follows:

<u>Office</u>	<u>Name/Address</u>	<u>Age</u>	<u>No. Years Experience</u>
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The principal stockholders are as follows (to total 100%):

(If owned by a corporation or partnership, list owners of 10% or more of corporation or interest in partnership as case may be.)

<u>Name</u>	<u>Address</u>	<u>% of Stock</u>
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(c) None of the aforementioned owners, officers, partners, directors, or stockholders have any police record of violation or infraction of any federal or State stock regulations.

(d) None of the aforementioned owners, partners, directors, or stockholders has ever had any involvement with bankruptcy proceedings under federal or State bankruptcy acts; or had any assignments for the benefit of creditors during the last fifteen (15) years prior to the date of this affidavit.

- (e) Attached hereto is a copy of a certified financial statement of the owner, partnership, business, or corporation covering one (1) year preceding the date of execution of this affidavit.
- (f) None of the aforementioned officers and directors has derived his income from the activities of this corporation.
- (g) No officer, employee or agent of the within corporation has entered into any agreement with any other bidder relating to the price named in the proposal, nor any agreement or arrangement under which any person, firm or corporation is to refrain from bidding, and the said bidder is not disqualified by law from contracting with the City of Elizabeth.

Secretary/Owner/Partner

Subscribed and Sworn before me

This ____ day of _____, 20__

Notary Public of New Jersey

(This form must only be completed by agencies receiving \$50,000 or more in Federal funds)

Agency Name: _____

AGENCY CERTIFICATION

I _____ hereby certify that:
(Name & Title)

The information contained in this proposal is, to the best of my knowledge, true and correct. Should any information change from that originally submitted, I agree to promptly advise the City of Elizabeth, Department of Planning & Community Development. I understand that erroneous, misleading or false information, as well as, any willful misstatement of material fact, may be grounds for disqualification.

I certify that for activities that involve construction/rehabilitation **no physical changes shall be made to the existing structure or site while the application is under review or until an agreement for funds has been executed.** Should a physical change occur during the review period, the City of Elizabeth, Department of Planning & Community Development must be notified immediately.

I also certify that **no other governmental or other program assistance, other than that which has been described in the application, will be provided to the proposed project.** Should other governmental or other program assistance be sought or obtained after the date of submission of this application, the City of Elizabeth, Department of Planning & Community Development must be notified immediately.

I understand that the **City of Elizabeth has no obligation to make a grant** to an applicant agency. I am aware that **incomplete or late applications will not be accepted or considered** for federal funding. I understand that applications will be evaluated against established criteria and **awards will be made on a competitive basis.** The City of Elizabeth may award an amount less than requested.

I also understand that **agencies should not incur any costs, perform any work, purchase any goods or services nor make any commitments or sign any contracts with any person, organization or company related to the activity for which CDBG or ESG funds are being requested,** until funds have been appropriated by the Elizabeth City Council, the Environmental Review Process has been completed, and a subgrantee or subrecipient agreement has been executed by the City of Elizabeth.

Name/Title of Agency Legal Signatory: _____ / _____

Signature

Date

Attachment Checklist:

- 1. Current Board of Directors/Trustees List;
- 2. Board Resolution Authorizing Submission;
- 3. Organizational Chart (*please show to activity level*);
- 4. IRS Form 990 (**cover page only**);
- 5. Latest Audit;
- 6. Letter from property owner granting access to facility if service site not owned by agency;
- 7. Articles of Incorporation*;
- 8 By-Laws*;
- 9. IRS Determination Letter*.

For Office Use Only

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

* (**submit if not already on file and no amendments occurred**)