

# City of Elizabeth

EMERGENCY SOLUTIONS GRANT (ESG)



**Fiscal Year 2019-2020 (CD45-PY2019)**

*Application Instructions & Forms*

# Application Instructions

**Mandatory Informational Meeting** will be held on **Monday, January 18, 2019 at 1:00 pm**, Elizabeth City Hall – 3<sup>rd</sup> 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**, weekdays **January 22nd through February 11, 2019**, during the hours of 9:00 a.m. – 3:00 p.m. to review application forms, program restrictions, and evaluation criteria for each program.

**SUBMISSION DEADLINE:** All applications (***One (1) original, four (4) Copies***) must be received by Community Development Bureau, located in Elizabeth City Hall – Room 114, no later than **Wednesday, February 13, 2019 at 12 noon**. **Proposals submitted after 12:00 noon, 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*)
- 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 **11:00 a.m., Wednesday, 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 20, 2019** to review applications and make funding recommendations.

**Award/Denial Letters:** Will be sent out on **Wednesday, April 10, 2019** (Contingent upon U.S. Dept. of Housing & Urban Development approval and Elizabeth City Council approval).

**Public Hearing:** Will be held on **May 8, 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**  
**EMERGENCY SOLUTIONS GRANT (ESG) APPLICATION**  
**Fiscal Year 2019-2020 (CD45-PY 2019)**

**Agency Name:** \_\_\_\_\_

**FUNDING REQUEST SUMMARY:**

**Activity #1 Name:** \_\_\_\_\_

Activity Category:	Emergency Solutions
Total Activity Budget:	\$ _____
Amount of Funds Requested:	\$ _____
(Cannot be 100%) %	_____ %

**Activity Description:**

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:	Emergency Solutions
Total Activity Budget:	\$ _____
Amount of Funds Requested:	\$ _____
(Cannot be 100%) %	_____ %

**Activity Description:**

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** \$ \_\_\_\_\_

## 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: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### **Person Preparing Progress/Final Reports:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### **Bookkeeper/Accountant:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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 _____
_____	_____
<b>TOTAL ASSETS</b> _____	<b>TOTAL LIABILITIES &amp; NET WORTH</b> _____

**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**

**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

Money Handling Cert

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:

- Bilingual staff                       Interpretation Services                       Written Translations  
 Use of "I Speak" Cards                       Other: \_\_\_\_\_                       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 or 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: \_\_\_\_\_

**ESG Applications ONLY**

**ESG Matching Funds** -The Emergency Solutions Grant (ESG) requires a 100% match – an amount equal to the amount of ESG funds being requested in this proposal.

- Matching contributions may be obtained from any source, including any federal source other than the ESG program, as well as state, local, and private sources;
- If the match will be from federal sources, please ensure that the laws governing those funds do not prohibit those funds from being used to match ESG funds;
- If ESG funds are used to satisfy the match requirements of another federal program, then funding from that program may not be used to satisfy the matching requirements of the City of Elizabeth’s ESG grant;
- If matching funds will be in the form of in-kind contributions, please explain how the value was determined/calculated.

Source	Amount	In-Kind	How Calculated
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TOTAL MATCH AMOUNT</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Written Standards**- The Emergency Solutions Grant (ESG) requires that agencies have Written Standards addressing the following:

1. Standards explain how individuals/families are evaluated to determine eligibility for assistance?  
 Yes  No If No, Please explain \_\_\_\_\_
2. Standards explain how agency coordinates with other service providers (*i.e. emergency shelters, homeless prevention provides, rapid-re-housing providers, mainstream housing providers*)?  Yes  No  
If No, Please explain \_\_\_\_\_
3. Standards explain which services an eligible individual/family receives (*i.e. homeless prevention or rapid-re-housing*)?  
 Yes  No If No, Please explain \_\_\_\_\_
4. Standards explain what length of time assistance is provided & if amount is ever adjusted (*i.e. minimum, maximum, # months, # times assistance is provided, etc.*)?  Yes  No  
If No, Please explain \_\_\_\_\_
5. Standards explain how unit habitability is determined?  Yes  No  
If No, Please explain \_\_\_\_\_
6. Standards explain how HMIS data input is handled?  Yes  No  
If No, Please explain \_\_\_\_\_

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\*.

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

**For Office Use Only**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |