

**COMMUNITY SERVICES BLOCK GRANT (CSBG)  
SUMMER YOUTH PROGRAM  
REQUEST FOR PROPOSALS (RFP)**



**CITY OF JERSEY CITY  
DEPARTMENT OF HOUSING, ECONOMIC DEVELOPMENT  
AND COMMERCE  
DIVISION OF COMMUNITY DEVELOPMENT  
30 MONTGOMERY STREET – SUITE 404  
JERSEY CITY, NEW JERSEY 07302**

## **PROGRAM OVERVIEW**

The Community Services Block Grant (CSBG) provides States, the District of Columbia, the Commonwealth of Puerto Rico, U.S. Territories, and Federal and State-recognized Indian Tribes and tribal organizations, Community Action Agencies, migrant and seasonal farm workers or other organizations designated by the States, funds to alleviate the causes and conditions of poverty in communities. The purpose of this Request For Proposals (RFPs) is to obtain proposals from non-profit entities interested in participating in the City's CSBG Program to provide eligible activities to Jersey City youth during the Summer.

## **CSBG PROGRAM ELIGIBILITY AND PROGRAM FOCUS**

The funds will be distributed to eligible entities as defined in section 673(1) of the CSBG Act.

The primary focus of the Community Services Block Grant is:

- Reduction of poverty
- Revitalization of low income communities
- Empowerment of low-income families & individuals to become self sufficient

## **CSBG SUMMER YOUTH PROGRAM FOCUS**

- Summer Employment Opportunities
  - Summer employment opportunities for low-income youth. Services must provide youth with work experience and on-the-job training
- Summer Youth Recreation/Arts programs
  - Projects that involve low-income youth in summer recreational activities (i.e., soccer, basketball, dance and music programs...). Recreation activities are for programs not currently funded by the City.
- Youth Development Programs
  - Projects that provide academic enrichment, financial literacy and programs designed to prevent or reduce youth crime.

## **PROGRAM REQUIREMENTS**

- Program must be carried out through the summer months (July 1, 2010 – August 31, 2010)
- All awarded funds must be drawn down no later than September 3, 2010.

## REQUEST FOR PROPOSALS

The City of Jersey City is requesting proposals from qualified and capable agencies for the use of CSBG funds to address the eligible activities listed above, in the most effective and efficient ways possible. The City of Jersey City encourages each applicant to develop a project that will meet the CSBG summer youth program focus and program requirements. This Request for Proposals (RFP) process is competitive and the City anticipates funding no more than six (6) agencies. Successful proposals will thoroughly and concisely address and document the following topics that will serve as criteria for evaluating proposals:

- ✚ Capacity of the applicant to implement eligible activities project (35 points)
- ✚ Readiness to proceed (30 points)
- ✚ Ability to complete the project within the specified time frame (25 points)
- ✚ Ability to leverage additional resources (10 points)

### ELIGIBLE APPLICANTS

Eligible applicants are Not-for-Profit entities with a current 501(c)3 status from the Internal Revenue Service.

### ACTIVITIES ELIGIBLE FOR FUNDING

The purpose of the Community Services Block Grant (CSBG) is to reduce poverty, revitalize low income communities and empower low income families and individuals to become self sufficient. Many of the eligible CSBG recovery funds activities are allowable activities under the CSBG program. The City of Jersey City will utilize CSBG Recovery Funds for the following activities:

Eligible Activity	City's Proposed Use
Summer Employment Opportunities	Summer employment opportunities for low-income youth. Services must provide youth with work experience and on-the-job training
Summer Youth Recreation/Arts	Projects that involve low-income youth in summer recreational activities (i.e., soccer, basketball, dance and music programs...). Recreation activities are for programs not currently funded by the City.
Youth Development Program	Projects that provide academic enrichment, financial literacy and programs designed to prevent or reduce youth crime.

### 2009 POVERTY GUIDELINES

Family Size	1	2	3	4	5	6	7	8	Each additional Member
<b>Maximum Amount</b>	21,660	29,140	36,620	44,100	51,580	59,060	66,540	74,020	7,480

**FUNDS AVAILABLE: APPROXIMATELY \$90,000**

## SUBMISSION REQUIREMENTS

Your Application Must Consist of the Following Items:

- A. Cover Letter. Please submit a cover letter signed by the chairperson or president of the Board of Directors. The letter must state the amount of the funds being requested and indicate that the Board has authorized the submission of the application.
- B. Application Forms. Complete the application forms included with this package. Please send all questions in writing to Erin Ross at [rosse@icnj.org](mailto:rosse@icnj.org). Please identify CSBG Summer Youth Program - RFP Question in the subject line.
- C. Attachments. Please submit all applicable attachments in accordance with the application (see Additional Documents page 8)

## SUBMISSION INSTRUCTIONS

Please submit one (1) original and two (2) copies of the application. Only one (1) copy of the attachments is required. An original copy of all information must be provided in a folder / binder. The agency's information should be organized, with a table of contents serving as the first page based on the order of the application. The required supplemental information must be tabbed and identified in the application table of contents. Please retain a copy of the information requested for your records. **Applications must be received by 3:30 P.M. on June 4, 2010.** Responses received after 4:30 P.M., regardless of post mark will not be accepted. Applications should be addressed to:

**CITY OF JERSEY CITY**  
**Department of Housing, Economic Development & Commerce**  
**Division of Community Development**  
**Attn: Darice Toon, Director**  
**30 Montgomery Street, Suite 404**  
**Jersey City, NJ 07302**

## **GRANT APPLICATION CHECKLIST**

This checklist includes requirements for completing a grant application for the Community Services Block Grant (CSBG) Stimulus Funds. 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.

DCD Requirement	Submitted by Grantee	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Cover Sheet
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Table of Contents
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Standard Cover Sheet
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Requirements Checklist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Description of Target Population/ Needs Assessment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Objectives, Method(s), Expected Outcomes, and Evaluation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cost Summary
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Sources of Funding
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schedule A Personnel Costs and Justification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schedule B Consultant Services Costs and Justification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schedule C – Other Cost Categories and Justification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schedule D – Officers and Directors List
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schedule E – Certification Regarding Debarment and Suspension
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schedule E – Certification Regarding Lobbying
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Articles of Incorporation (Submit if FY09-10 DCD funds were not received)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Organizational Chart
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agency Annual Report
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agency By-Laws (Submit if FY09-10 DCD funds were not received)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Most Recent Completed Audit Report
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DCA ROMA Logic Model

# **GRANT APPLICATION PACKAGE**

1. Instructions for Completion of “Application for Grant Funds.”
2. Standard Cover Sheet
3. Agency Description/Description of Target Population
4. Needs and Objectives of Project/Program
5. Method(s) and Evaluation of Project/Program
6. Services and Operations Cost Summary
7. Other Sources related to the Application
8. Schedule A – Personnel Cost
9. Schedule A – Personnel Justification
10. Schedule B – Consultant Services Costs
11. Schedule B – Consultant Services Justification
12. Schedule C – Other Cost Categories
13. Schedule C – Other Cost Justification
14. Schedule D – Officers and Directors List
15. Schedule E– Certification Regarding Debarment and Suspension
16. Schedule F – Certification Regarding Lobbying

## **APPLICATION REQUIREMENTS**

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

- Application Cover Page
- Table of Contents
- Standard Cover Sheet
- Application Requirements Checklist
- Agency Description and Description of Target Population Form
- Need(s) and Objectives of Project Form
- 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 and Justification
- Schedule B – Consultant Service Costs and Justification
- Schedule C – Other Cost Categories and Justification
- Schedule D – Officers and Directors List
- Schedule E – Certification Regarding Debarment and Suspension
- Schedule F – Certification Regarding Lobbying
- Articles of Incorporation
- Organizational Chart
- Agency's Annual Report
- By-Laws
- Most Recent Completed Audit Report
- Charities Registration Number, Vendor I.D. Number
- ROMA Logic Model Checklist

**PLEASE LIMIT YOUR RESPONSES TO NO MORE THAN ONE HALF (1/2) PAGE PER NARRATIVE SECTION.**

## **AGENCY DESCRIPTION AND DESCRIPTION OF TARGET POPULATION**

### **Agency Description**

- Concisely describe the purpose of your agency/organization, the proposed program, who it will serve, and what it intends to do and accomplish.

## **METHOD(S) AND EVALUATION OF PROJECT**

### **Method(s)**

- List the method(s) to be used to attain objective(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 you project will accomplish in the upcoming year.

## **ROMA LOGIC MODEL CHECKLISTS**

Please complete the logic that corresponds with the eligible activity in which you are seeking funding:

<b>PROGRAM FOCUS</b>	<b>CORRESPONDING LOGIC MODEL</b>	<b>PAGE</b>
Summer Employment Opportunities	Employment Readiness	12
Summer Youth Recreation/Arts	Youth Summer Programs	13
Youth Development Programs	Youth Summer Programs and/or Youth At-Risk	14

## **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.

## **OTHER SOURCES OF FUNDING RELATED TO THIS APPLICATION**

- Indicate all other sources and amounts of funding committed to this project.

## **SCHEDULES A – F**

Please follow the instructions indicated on each form:

- Schedule A – Personnel Costs and Justification
- Schedule B – Consultant Service Costs and Justification
- Schedule C – Other Cost Categories and Justification
- Schedule D – Officers and Directors List
- Schedule E – Certification Regarding Debarment and Suspension
- Schedule F – Certification Regarding Lobbying

## **ADDITIONAL DOCUMENTS**

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

- Articles of Incorporation
- Organizational Chart
- Annual Report
- By-Laws
- Most Recent Completed Audit Report

**1. DCD PROGRAM TO WHICH APPLICANT IS APPLYING: Community Services Block Grant (CSBG) – Summer Youth Program**

2. Name of Applicant Agency

3. Street Address

City	State	Zip Code	County
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4. Official Contact Person (i.e., Executive Director, Mayor, Freeholder Director, etc.)	Title	Phone number
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5. Program Contact Person (i.e., Program Manager, Director, Department Head, etc.)	Title	Phone Number
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6. Proposed Project/Grant Title	7. Project Location (if Different from Applicant Agency)
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5a. Official Contact Person Email Address	6a. Program Contact Person Email Address
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8. Vendor Number	9. Charity Registration Number	10. Tax Exempt ID
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11. Identify which program focus you are seeking funds for:

Summer Youth Jobs
  Summer Youth Recreation
  Youth Development Program

12. Briefly describe the project for which you are seeking funds.

13. Fiscal Contact Person	Title	Phone Number
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14. Total Cost of the Project	15. Requested Amount	16. Funds from Other Sources
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17. Sources of Other Funds:

19. **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 the New Jersey Department of Community Affairs which include provisions described in grant applications instructions.

Name and Title of Applicant (Print)	Signature of Applicant	Date of Application
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## AGENCY DESCRIPTION AND DESCRIPTION OF TARGET POPULATION

Name of Applicant	Proposed Grant Title	Date of Application
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**AGENCY DESCRIPTION:** Briefly describe your agency and qualifications for implementing the proposed program/project.

## METHOD(S) AND EVALUATION OF PROJECT

Name of Applicant	Proposed Grant Title	Date of Application
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**METHOD(S)** – Describe in detail the methodology to obtain objectives.

**EVALUATION** – Describe in detail how the project is to be evaluated to display the effectiveness of the program.

## ROMA LOGIC MODEL CHECKLIST EMPLOYMENT READINESS

**NEED:** Low-income families are unemployed or under employed. Low-income families need to acquire “living wage” employment. They need to receive health insurance benefits and need steady employment to provide for their family.

**Service/Activity (please select all that apply):**

\_\_\_\_\_ Provide youth with employment related case management services, e.g. career exploration, resume writing, job search strategies, job referral or employment placement assistance, employment counseling and/or interviewing skills.

\_\_\_\_\_ Conduct group discussions and classes to help clients explore ways to increase their earning potential and implement tools to increase their job search skills.

**Benchmarks or Milestones (please complete all that apply):**

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% participated in career exploration and career counseling services, including individual meetings and group discussions and classes.

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% acquired a resume.

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% acquired job search skills.

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% acquired interviewing skills.

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% received federal training grants.

**Outcomes (please complete all that apply):**

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% of unemployed individuals obtained employment of over 20 hours but less than 30 hours per week.

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% of unemployed individuals obtained employment of 30 hours or more per week.

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% obtained a job of their choice.

**Evaluation (please select all that apply):**

\_\_\_\_\_ Case files

\_\_\_\_\_ Counselor/Case Manager

\_\_\_\_\_ Resume

\_\_\_\_\_ Workshop attendance log

\_\_\_\_\_ Quarterly reports

\_\_\_\_\_ Pay stubs

\_\_\_\_\_ Medical insurance card

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

## ROMA LOGIC MODEL CHECKLIST SUMMER YOUTH RECREATION

**Need:** Low-income youth fall behind academically as they advance throughout grammar school. They have problems coping with the social pressures they encounter. They lack adult influence and supervision during the hours immediately after school is dismissed and throughout the summer when their caretaker is working. They are unable to maintain their academic skills while school is not in session. When there is too much free and unsupervised time they get into trouble. They lack structured summer programs to keep them focused on positive behavior. They lack academic skills to help them succeed in the classroom. There is a need for activities for youth where they learn how to entertain themselves during their free time in a healthy way so that they become responsible teenagers and young adults.

**Service/Activity (please select all that apply):**

Provide a summer social program for low-income youth that emphasizes individual development, encourages team spirit to build self-confidence and character and provides kids with positive tools and skills that will last a lifetime.

**Benchmarks or Milestones (please complete all that apply):**

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% youth attend the summer program.

**Outcomes (please complete all that apply):**

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% youth increase academic, athletic or social skills for school success.

\_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% youth remain out of trouble as a result of participating in an after-school and/or summer program.

**Evaluation (please select all that apply):**

Program attendance log

Youth case file

Other (please specify): \_\_\_\_\_

## ROMA LOGIC MODEL CHECKLIST YOUTH AT-RISK

**Need:** At-Risk low-income, disadvantaged Youth ages 10-17 are committing non-violent acts and there is no system in place besides the Criminal Justice System. There is a need for a program that will: divert youth from being entered into the criminal justice system, avoid a court record, avoid identification as a delinquent, and deter youth from future criminality.

**Service/Activity (please select all that apply):**

- Provide counseling services to youth to help them understand what causes their at-risk behaviors.
- Assist these youth in developing pro-social skills and attitudes including school, and family relationships.
- Educate and counsel parents/guardians on the Justice system and how to keep your youth from becoming a delinquent.
- Provide interactive activities for youth to work directly with law enforcement personnel/agencies.

**Benchmarks or Milestones (please complete all that apply):**

- \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% youth have an increase awareness of the effects of their actions and recognize the consequences for their risky behavior.
- \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% youth strengthen relationships through social bonds through increased positive perceptions of justice.
- \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% parents/guardians are active in this Youth At-Risk program.
- \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% youth show an interest in the community.
- \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% parents/guardians are aware of what caused youth actions and learn the Justice system.
- \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% of youth develop positive peer relationships.
- \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% youth improve their grades within six months of services.

**Outcomes (please complete all that apply):**

- \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_% Youth do not commit criminal offenses for 180 days upon completion of the program.
- Recidivism rates of program participants are reduced.

**Evaluation (please select all that apply):**

- Youth respondent surveys are completed by each participant at intake and program completion
- Parents/Guardians complete parent surveys at beginning and end of program
- Face-to-face interviews and intake notes
- Case manager/project manager/law enforcement case notes
- Youth case files
- Youth weekly reports
- Youth School report cards
- Other (please specify): \_\_\_\_\_

## SERVICES AND OPERATIONS COST SUMMARY

Name of Applicant	Proposed Grant Title <b>Community Services Block Grant Summer Youth Program</b>	Date of Application
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For Cost Categories A through C, a SCHEDULE SHEET and JUSTIFICATION SHEET must be completed and submitted, if applicable.

Cost Category	Total Funds Needed	Grant Funds Requested from DCD	Funds from Other Sources	DCD USE ONLY
<b>A. PERSONNEL COST</b>				
Salaries / Wages				
Fringe Benefits				
<b>B. CONSULTANT / PROFESSIONAL SERVICES COST</b>				
<b>C. OTHER COST CATEGORIES</b>				
Office Expense and Related Cost				
Program Expense and Related 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				
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.

FS-40  
DEC 04

**OTHER SOURCES OF FUNDING RELATED TO THIS APPLICATION**

Name of Applicant	Proposed Grant Title <b>Community Services Block Grant Summer Youth Program</b>	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		
<b>SOURCE</b>	<b>AMOUNT</b>	<b>CODE</b>
<b>TOTAL FUNDS FROM OTHER SOURCES RELATED TO THIS APPLICATION ONLY</b>	<b>\$</b>	

# SCHEDULE A: PERSONNEL COSTS

Name of Applicant	Proposed Grant Title <b>Community Services Block Grant Summer Youth Program</b>	Date of Application
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List all full and part-time paid staff, including fringe benefits. Justify fringe benefit costs on a separate sheet.	Standard Weekly Work Hours./Employee
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**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	Grant Funds Requested From DCD	Funds From Other Sources	DCD USE ONLY
<b>Sub-Totals</b>								
_____ % Fringe Benefits								
<b>TOTAL PERSONNEL COSTS</b>								

# SCHEDULE A: PERSONNEL JUSTIFICATION

Name of Applicant	Proposed Grant Title <b>Community Services Block Grant Summer Youth Program</b>	Date of Application
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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 <b>Community Services Block Grant Summer Youth Program</b>	Date of Application
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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	Grant Funds Requested From DCD	Funds From Other Sources	DCD USE ONLY
<b>TOTAL CONSULTANT SERVICES COSTS</b>					

## SCHEDULE B: CONSULTANT SERVICES JUSTIFICATION

Name of Applicant	Proposed Grant Title <b>Community Services Block Grant Summer Youth Program</b>	Date of Application
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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 <b>Community Services Block Grant Summer Youth Program</b>	Date of Application
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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	Grant Funds Requested From DCD	Funds From Other Sources	DCD USE ONLY
A.					
B.					
C.					
D.					
E.					
<b>TOTAL COSTS</b>					

## SCHEDULE C: OTHER COST JUSTIFICATION

Name of Applicant	Proposed Grant Title <b>Community Services Block Grant Summer Youth Program</b>	Date of Application
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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 <b>Community Services Block Grant Summer Youth Program</b>	Date of Application
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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	State	Zip Code	City
State		Zip Code	State
Zip Code		Zip Code	
Represented Tripartite Sector		Represented Tripartite Sector	
Name	Title	Name	Title
Residence Address		Residence Address	
City	State	Zip Code	City
State		Zip Code	State
Zip Code		Zip Code	
Represented Tripartite Sector		Represented Tripartite Sector	
Name	Title	Name	Title
Residence Address		Residence Address	
City	State	Zip Code	City
State		Zip Code	State
Zip Code		Zip Code	
Represented Tripartite Sector		Represented Tripartite Sector	
Name	Title	Name	Title
Residence Address		Residence Address	
City	State	Zip Code	City
State		Zip Code	State
Zip Code		Zip Code	
Represented Tripartite Sector		Represented Tripartite Sector	

**Division of Community Development  
APPLICATION FOR GRANT FUNDS**

**CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

In accordance to Federal Executive Order 12549, "Debarment and Suspension," the undersigned certifies, to the best of his or her knowledge that as an applicant, this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey;
- b. have not within a 3-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transportation; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- c. are not presently indicted or for otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- d. have not within 3-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default.

The applicant agrees that by submitting this application, it will obtain from all its subgrantees a certification that includes without modification paragraphs (a), (b), (c), (d), of this certification in accordance with Federal Executive Order 12549.

NAME OF AGENCY	
NAME AND TITLE OF OFFICIAL SIGNING FOR AGENCY	
SIGNATURE OF ABOVE OFFICIAL	DATE SIGNED
<p>NOTE: The following document related to Debarment and Suspension as required by Federal regulations will be used as the basis for completion of this certification:</p> <p style="padding-left: 40px;">List of <i>parties excluded</i> from Federal Procurement or Non-Procurement Programs. This document is distributed by U.S. General Services Administration, U.S. Printing Office, Washington, D.C. This document can be acquired from the Superintendent of Documents by calling (202) 783-3238.</p>	

**Division of Community Development  
APPLICATION FOR GRANT FUNDS  
CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge that:

- a. No grant funds awarded from State and/or Federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any grant, the making of any loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any grant, loan, or cooperative agreement.
  
- b. If any funds other than State and/or Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. This form can be found at the following website address: <http://www.hhs.gov/oagam/oam/opportunities/rfp0202/sf111.pdf>.
  
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

NAME OF AGENCY	
NAME AND TITLE OF OFFICIAL SIGNING FOR AGENCY	
SIGNATURE OF ABOVE OFFICIAL	DATE SIGNED