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

August 28, 2009

FY2009 – 2010 COMMUNITY SERVICES BLOCK GRANT (CSBG) APPLICATION

Dear Applicant:

I am pleased to inform you that the City of Jersey City is prepared to accept applications for the FY2009 – 2010 Community Services Block Grant (CSBG) Program. Approximately, $900,000 will be available to fund projects aimed at ameliorating poverty related conditions.

The following are the City's social service priorities for FY2009-2010. When completing your applications be sure to specify how you are addressing the following priorities:

- Educational Support Services
- Child Care Services
- Health Services
- Violence/Crime Prevention Services
- Job Training and Job Readiness Services
- Basic Needs
- Housing Services
- Substance Abuse Services

Enclosed is an application for the aforementioned grant. The application is available at the Community Development web page at http://jerseycitynj.gov/hedc.aspx?id=1176. It is important that you follow the instructions provided in this package. **Be advised that all applications are due no later than Monday, September 28, 2009 at 3:30 p.m. All applications must be delivered to the Division of Community Development either by regular mail or hand delivery. Applications cannot be submitted electronically. All applications must be typed.**

If you require technical assistance or have any questions, feel free to contact Erin Ross at (201) 547-4550.

Sincerely,

Darice Toon
Director – Division of Community Development

Enclosures

GRANT APPLICATION CHECKLIST

This checklist includes requirements for completing a grant application for the Community Services Block Grant (CSBG), a program of the New Jersey Department of Community Affairs. 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 Requirement	Submitted by Grantee	
☒	☐	Application Cover Sheet
☒	☐	Table of Contents
☒	☐	Standard Cover Sheet
☒	☐	Application Requirements Checklist
☒	☐	Description of Target Population/ Needs Assessment
☒	☐	Objectives, Method(s), Expected Outcomes, and Evaluation
☒	☐	Cost Summary
☒	☐	Other Sources of Funding
☒	☐	Schedule A Personnel Costs and Justification
☒	☐	Schedule B Consultant Services 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 **(NEW APPLICANTS ONLY)**
☒	☐	Organizational Chart
☒	☐	Agency Annual Report
☒	☐	Agency By-Laws **(NEW APPLICANTS ONLY)**
☒	☐	Most Recent Completed Audit Report
☒	☐	DCD 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
17. NJ Community Action Association 2009 Poverty Guidelines

INTRODUCTION

The City of Jersey City is accepting applications for the FY2009 – 20010 Community Services Block Grant (CSBG) Program. CSBG funds are awarded to eligible non-profit organizations that provide essential human services that have an impact on the primary needs of low-income individuals and have an impact on the causes of poverty.

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
- Division of Community Development (DCD) ROMA Logic Model

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

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 Monday, September 28, 2009, at 3:30 p.m. either by hand delivery or mail.

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.

Description of Target Population

- Describe the population to be served by this program/project. Please complete the table provided and include a narrative of the population as appropriate.

NEED(S) AND OBJECTIVES OF PROJECT

Assessment of Need(s)

- Briefly list the need(s) which document the reason for the project.
- Be able to describe:
    - What is the problem?
    - Who has the problem?
    - Where is the problem?
    - What is the magnitude of the problem?

Objective(s) of Project

- Briefly list what will be done to alleviate the need(s) described in the assessment of need(s). An objective is a specific and measurable statement that summarizes expected achievement in meeting the described need.
- Be able to state/describe the **outcome** of the project:
    - The outcome is a positive benefit, behavior, or change in condition, functioning, or problem accruing to individuals, families and communities resulting from a service or activity.

METHOD(S) AND EVAULATION 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.

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 – D AND F – G

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 – Tripartite Board Requirements and Officers and Directors List
- Schedule F – Certification Regarding Debarment and Suspension
- Schedule G – Certification Regarding Lobbying

DIVISION OF COMMUNITY DEVELOPMENT (DCD) ROMA LOGIC MODEL

Please go to the following website to complete a logic model for the proposed funded project - http://jerseycitynj.gov/hedc.aspx?id=1176. Logic models will be listed under "2009 – 2010 Community Services Block Grant (CSBG) Application" link.

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

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1. DCD PROGRAM TO WHICH APPLICANT IS APPLYING: Community Services Block Grant			
2. Name of Applicant Agency			
3. Street Address			
City	State	Zip Code	County
4. Official Contact Person (i.e., Executive Director, Mayor, Freeholder Director, etc.)		Title	Phone number
5. Program Contact Person (i.e., Program Manager, Director, Department Head, etc.)		Title	Phone Number
6. Proposed Project/Grant Title	7. Project Location (if Different from Applicant Agency)		
5a. Official Contact Person Email Address		6a. Program Contact Person Email Address	
8. Vendor Number	9. Charity Registration Number	10. Tax Exempt ID	
11. Briefly describe the project for which you are seeking funds.			
12. Fiscal Contact Person	Title	Phone Number	
13. Total Cost of the Project	14. Requested Amount	15. Funds from Other Sources	
18. 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	

AGENCY DESCRIPTION AND DESCRIPTION OF TARGET POPULATION

Name of Applicant	Proposed Grant Title	Date of Application

AGENCY DESCRIPTION: Briefly describe your agency and qualifications for implementing the proposed program/project.

DESCRIPTION OF TARGET POPULATION—Describe the population to be served by **this specific program/project.**

% of persons to be served who are earning:				
Below **100%** of the area **median** income	Below **125%** of the area **median** income	Below **150%** of the area **median** income	Below **175%** of the **federal poverty level**	Below **200%** of the **federal poverty level**
TOTAL PERSONS TO BE SERVED:				

NEED(S) AND OBJECTIVES OF PROJECT

Name of Applicant	Proposed Grant Title	Date of Application

ASSESSMENT OF NEED(S) – List the need(s) which illustrate the reason for the project. Describe specifically the number of low and moderate income persons to be served.

OBJECTIVE(S) OF PROJECT – List what will be done to alleviate need(s) described above. Objectives should be specific, measurable, and time oriented.

METHOD(S) AND EVALUATION OF PROJECT

Name of Applicant	Proposed Grant Title	Date of Application

METHOD(S) – List the method(s) to be used to attain objectives described above and estimated completion date.

EVALUATION – Describe how the project is to be evaluated.

SERVICES AND OPERATIONS COST SUMMARY

Name of Applicant	Proposed Grant Title **FY10 Community Services Block Grant (CSBG)**	Date of Application

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

Cost Category	Total Funds Needed	Grant Funds Requested from DCD	Funds from Other Sources	DCD USE ONLY
A. PERSONNEL COST				
Salaries / Wages				
Fringe Benefits				
B. CONSULTANT / PROFESSIONAL SERVICES COST				
C. OTHER COST CATEGORIES				
Office Expense and Related Cost				
Program Expense and Related Cost				
Staff Training and Education Cost				
Travel, Conferences and Meetings				
Equipment and Other Capital Expenditures				
Facility Cost				
Sub-Grants				
Total Direct Cost				
Indirect Cost (SEE NOTE BELOW)				
Total Costs				
Less Program Income				
Net Total Cost	1	2	3	

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

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

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

OTHER SOURCES OF FUNDING RELATED TO THIS APPLICATION

Name of Applicant	Proposed Grant Title **FY10 Community Services Block Grant (CSBG)**	Date of Application

Code all listed fund sources as either (F) Federal Government, (S) State Government, (L) Local City/County Government, (LP) Local Private/Charity Agency, (TP) Third Party Payor or (PI) Program Income.

ATTACH ADDITIONAL SHEETS IF NEEDED

SOURCE	AMOUNT	CODE
TOTAL FUNDS FROM OTHER SOURCES RELATED TO THIS APPLICATION ONLY	**$**	

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SCHEDULE A: PERSONNEL COSTS

Name of Applicant	Proposed Grant Title **FY10 Community Services Block Grant (CSBG)**	Date of Application
List all full and part-time paid staff, including fringe benefits. Justify fringe benefit costs on a separate sheet.	Standard Weekly Work Hours./Employee	

ATTACH ADDITIONAL SHEETS IF NEEDED

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

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SCHEDULE A: PERSONNEL JUSTIFICATION

Name of Applicant	Proposed Grant Title **FY10 Community Services Block Grant (CSBG)**	Date of Application

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

ATTACH ADDITIONAL SHEETS IF NEEDED

Position Title	**Minimum Qualifications (education and experience)**

SCHEDULE B: CONSULTANT SERVICES COSTS

Name of Applicant	Proposed Grant Title **FY10 Community Services Block Grant (CSBG)**	Date of Application

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

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

ATTACH ADDITIONAL SHEETS IF NEEDED

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

SCHEDULE B: CONSULTANT SERVICES JUSTIFICATION

Name of Applicant	Proposed Grant Title **FY10 Community Services Block Grant (CSBG)**	Date of Application

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

ATTACH ADDITIONAL SHEETS IF NEEDED

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

SCHEDULE C: OTHER COST CATEGORIES

Name of Applicant	Proposed Grant Title **FY10 Community Services Block Grant (CSBG)**	Date of Application

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

ATTACH ADDITIONAL SHEETS IF NEEDED

Other Cost Categories (specify)	Basis for Cost Estimate	Total Funds Needed	Grant Funds Requested From DCD	Funds From Other Sources	DCD USE ONLY
A.					
B.					
C.					
D.					
E.					
TOTAL COSTS					

SCHEDULE C: OTHER COST JUSTIFICATION

Name of Applicant	Proposed Grant Title	Date of Application
	FY10 Community Services Block Grant (CSBG)	

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 **Community Services Block Grant (CSBG) Recovery Funds**	Date of Application

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

ATTACH ADDITIONAL SHEETS IF NEEDED.

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

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SCHEDULE E

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

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:

List of *parties excluded* 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.

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SCHEDULE F

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

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Dec 04

New Jersey Community Action Association, Inc.
227 East Hanover Street ◆ Trenton, New Jersey 08608
609.392.1110 ◆ Fax 609 392.1397

Wayne R. Griffith
Executive Director/CEO

POVERTY GUIDELINES – 2009

Family Size	100%	125%	150%	175%	185%	200%	225%
1	10,830	13,538	16,245	18,953	20,036	21,660	24,368
2	14,570	18,213	21,855	25,498	26,955	29,140	32,783
3	18,310	22,888	27,465	32,043	33,874	36,620	41,198
4	22,050	27,563	33,075	38,588	40,793	44,100	49,613
5	25,790	32,238	38,685	45,133	47,712	51,580	58,028
6	29,530	36,913	44,295	51,678	54,631	59,060	66,443
7	33,270	41,588	49,905	58,223	61,550	66,540	74,858
8	37,010	46,263	55,515	64,768	68,469	74,020	83,273
Each additional member	3,740	4,675	5,610	6,545	6,919	7,480	8,415

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