

**COMMUNITY SERVICES BLOCK GRANT (CSBG)
ECONOMIC STIMULUS RECOVERY FUNDS
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 funds provide a range of services and activities to assist the needs of low-income individuals including the homeless, migrants and the elderly. Grantees receiving funds under the CSBG program are required to provide services and activities addressing employment, education, better use of available income, housing, nutrition, emergency services and/or health.

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 RECOVERY FUNDS PROGRAM FOCUS

- Innovative Employment – related services & activities
- Meet the short-term & long –term economic & employment needs (individuals, families, communities)
- Make meaningful & measurable progress toward the reform goals of the Recovery Act with special attention to creating & sustaining economic growth & employment opportunities
- Migrant & seasonal farm worker organizations are encouraged to focus their efforts on creating sustainable economic resources in communities.

PROGRAM REQUIREMENTS CONSISTENT WITH INTENT OF RECOVERY ACT

- Develop plans to respond quickly to economic crisis
- Address unusual economic needs of individuals, families & communities through planning & implementing economic relief & recovery projects
- Short & long term activities directed towards new & innovative projects that help target populations to achieve economic self-sufficiency

REQUEST FOR PROPOSALS

The City of Jersey City is requesting proposals from qualified and capable agencies for the use of CSBG stimulus 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 recovery program focus and program requirements that are consistent with the Recovery Act. This Request for Proposals (RFP) process is competitive; therefore, 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	Use	City's Proposed Use
Innovative Employment	Services and activities related to skill enhancement, job training and the creation of green jobs.	Services and activities related to skill enhancement, job training and the creation of green jobs.
Individual Development Accounts/ Financial Education	IDA – Special savings account program aimed towards low-income individuals and families where accumulated savings are matched in order to encourage asset building.	IDA program for low-income adults and youth.
Housing	Seminars and classes focused on areas such as foreclosure prevention, homeownership, budgeting, etc.	Education of foreclosure prevention.
Health Care	Treatment and management of illness and the preservation of health through services offered by medical, dental, pharmaceutical, and various professionals.	Medical care for low-income persons.
Nutrition	Provide and educate low-income individuals and families with healthy foods, dietary supplements and healthy living choices.	Nutritious meals and/or food supplies for low-income families.

FUNDING AVAILABLE

The City of Jersey City proposes to target services as noted below:

Service Category	% of Total Funds	Total
Nutrition	34%	\$ 541,075.00
Housing/Credit Counseling	11%	\$ 175,000.00
Individual Development Accounts (IDA)/Financial Education	6%	\$ 100,000.00
Health Services	28%	\$ 450,000.00
Employment	16%	\$ 251,632.00
DCD Administration	5%	\$ 79,003.00
Total	100%	\$1,596,740.00

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, stating the amount of the funds being requested and indicating 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@jcnj.org. Please identify CSBG Stimulus - RFP Question in the subject line.
- C. Attachments. Please submit all applicable attachments in accordance with the application (see page 11)

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. **Responses must be received by 4:30 P.M. on June 12, 2009.** 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 F – Certification Regarding Debarment and Suspension
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schedule G – Certification Regarding Lobbying
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Articles of Incorporation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Organizational Chart
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agency Annual Report
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agency By-Laws
<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 F – Certification Regarding Debarment and Suspension
16. Schedule G – 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 F – Certification Regarding Debarment and Suspension
- Schedule G – 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:

PROGRAM FOCUS	CORRESPONDING LOGIC MODEL	PAGE
Employment	Employment Readiness	15
Health Services	Health Services	19
Housing/Credit Counseling	Housing Counseling	20
	Financial Literacy	16
Individual Development	Financial Literacy	16
Accounts/Financial Education	Individual Development Accounts (IDAs)	21, 22
Nutrition	Food Bank	17
	Food Pantry	18

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 – Officers and Directors List
- Schedule F – Certification Regarding Debarment and Suspension
- Schedule G – 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) – Economic Stimulus Recovery Funds

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:

Nutrition Housing/Credit Counseling
 IDAs/Financial Education Health Services Employment

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 individuals 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 % employed individuals obtained an increase in salary.

of or % obtained medical insurance coverage through their employer.

of or % achieved employment that provides a living wage.

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 FINANCIAL LITERACY

Need: Low-income individuals do not have basic financial literacy skills. They have poor credit or credit issues that make it difficult and/or impossible to qualify for financing. They have no savings or capital and are unable to accumulate assets. They need to demonstrate ability to save on a regular basis in order to gain access to capital.

Service/Activity (please select all that apply):

- Teach clients basic financial literacy skills.
- Assist clients with budgeting their income to meet expenses.
- Teach clients how to become “banked” and save money.
- Teach clients about credit, credit reports, and implications of bad credit.
- Provide clients with individual credit counseling and budgeting
- Assist clients in working towards improving their credit scores.

Benchmarks or Milestones (please complete all that apply):

- _____ of _____ or _____ % attended financial literacy classes.
- _____ of _____ or _____ % developed a monthly household budget.
- _____ of _____ or _____ % opened a checking account for the first time.
- _____ of _____ or _____ % opened a savings account for the first time.
- _____ of _____ or _____ % participated in individual credit counseling.
- _____ of _____ or _____ % ordered their credit reports.

Outcomes (please complete all that apply):

- _____ of _____ or _____ % completed the financial literacy classes and increased their financial literacy skills
- _____ of _____ or _____ % maintained a monthly household budget for 90 days or more and increased their ability to manage income.
- _____ of _____ or _____ % made a deposit into their savings account monthly for at least three months in a row and increased their ability to accumulate savings.
- _____ of _____ or _____ % paid minimum payments due on credit cards and consumer debt on time for at least three months in a row and increased their ability to accumulate assets.
- _____ of _____ or _____ % improve their credit scores.

Evaluation (please select all that apply):

- Class attendance sign-in sheets
- Monthly household budget
- Bank statements
- Credit reports
- Credit scores
- Other (please specify): _____

ROMA LOGIC MODEL CHECKLIST FOOD BANK

Need: Direct service agencies require an adequate supply of food for distribution to their service population.

Service/Activity (please select all that apply):

- Secure food through various sources to be distributed to local food pantries.
- Provide an adequate supply of food to direct service agencies that engage in food distribution to individuals.

Benchmarks or Milestones (please complete all that apply):

- _____ (#) Non-profit agencies secure food for the charitable feeding organizations.
- _____ (#) Local feeding charities receive food for distribution to their service population

Outcomes (please complete all that apply):

- _____ (#) Direct service agencies have an adequate amount of nutritious food for distribution to their service population.
- _____ (#) of pounds of food were distributed to needy feeding charities saving them \$ _____ in food costs.

Evaluation (please select all that apply):

- Data is collected each time a direct service agency places a food order.
- Food Bank computer system
- Agency/Operations Coordinator
- Other (please specify): _____

ROMA LOGIC MODEL CHECKLIST FOOD PANTRY

Need: Low-income families/individuals do not have adequate resources to purchase food to meet their dietary requirements.

Service/Activity (please select all that apply):

Provide a balanced food package to low-income individuals and families.

Provide vouchers for purchase of a balanced food package.

Outcomes

(#) Individuals/Families have an adequate supply of nutritional food to prevent hunger on a temporary basis.

Evaluation (please select all that apply):

Food Pantry intake

Proof of Residency

Other (please specify): _____

ROMA LOGIC MODEL CHECKLIST HEALTH SERVICES

Need: Low-income individuals and families are unable to afford proper healthcare to maintain a healthy life.

Service/Activity (please select all that apply):

Individuals will receive proper health care through information and referrals from social service providers

Benchmarks or Milestones (please complete all that apply):

_____ of _____ or _____% individuals will receive free prescriptions.

_____ of _____ or _____% individuals will receive access to health screenings.

_____ of _____ or _____% individuals will receive access to mental health screenings

_____ of _____ or _____% individuals will receive access to substance abuse treatment and services

Outcomes (please complete all that apply):

_____ (#) Individuals that treat and manage illness through various medical and treatment services

_____ (#) Individuals that preserve overall health through various medical and treatment services

Evaluation (please select all that apply):

Client case files

Counselor/Case Manager

Health screenings/monitoring

Other (please specify): _____

ROMA LOGIC MODEL CHECKLIST HOUSING COUNSELING

Need: Low to moderate income individuals and families often have financial problems and need assistance in budgeting their finances. They need assistance in locating and renting and/or purchasing a place to live. They need assistance in maintaining decent, safe and affordable housing, including rental housing.

Service/Activity (please select all that apply):

- Provide housing information and referral
- Provide budget management
- Provide mortgage default counseling
- Provide rental delinquency counseling
- Provide advocacy with landlords and mortgage companies
- Provide fair housing counseling
- Provide counseling on reverse mortgages

Benchmarks or Milestones (please complete all that apply):

- _____ of _____ or _____% received housing information and referrals
- _____ of _____ or _____% prepared a budget
- _____ of _____ or _____% received mortgage default counseling
- _____ of _____ or _____% received rental delinquency counseling
- _____ of _____ or _____% received fair housing counseling
- _____ (#) elderly households received information and assistance in converting home equity into cash through a HUD insured home equity conversion mortgage.

Outcomes (please complete all that apply):

- _____ of _____ or _____% avoided eviction and remained in their homes
- _____ of _____ or _____% secured safe and affordable housing
- _____ (#) elderly households maintained their homes and had additional funds for life expenses by receiving a Home Equity Conversion Mortgage (HECM)

Evaluation (please select all that apply):

- Client case files
- Client budget sheets
- Housing applications
- Housing eligibility guidelines
- Actual leases/deeds
- Certificates of occupation
- Other (please specify): _____

ROMA LOGIC MODEL CHECKLIST INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAs)

Need: Low-income individuals often lack basic financial literacy skills. They have no savings or capital for asset purchase. They need to demonstrate ability to save on a regular basis to gain access to capital. They may have credit issues that make it difficult and/or impossible to qualify for financing. They want to have a home, an education and/or become an entrepreneur. They want to be successful and own assets. They need knowledge and skills to prepare them for these dreams.

Service/Activity (please select all that apply):

- Teach clients how to become “banked” and save money.
- Assist clients with budgeting their income to meet expenses.
- Teach clients basic financial literacy skills.
- Teach clients about credit, credit reports, and implications of bad credit.
- Provide services to low-income individuals to help them to buy a vehicle, further their education, buy a home, or start a business.

Benchmarks or Milestones (please complete all that apply):

- _____ of _____ or _____% IDA participants opened a savings account
- _____ of _____ or _____% IDA participants attended financial literacy classes.
- _____ of _____ or _____% made monthly deposits
- _____ of _____ or _____% reduce their credit card debt.
- _____ of _____ or _____% attend Homebuyer education class.
- _____ of _____ or _____% receive pre-approval for a mortgage.
- _____ of _____ or _____% apply for a mortgage.
- _____ of _____ or _____% attend asset specific training for education.
- _____ of _____ or _____% develop an education plan.
- _____ of _____ or _____% apply to attend post-secondary schooling.
- _____ of _____ or _____% attend asset specific training for microenterprise.
- _____ of _____ or _____% develop a business plan.

ROMA LOGIC MODEL CHECKLIST INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAs)

Outcomes (please complete all that apply):

_____ of _____ or _____% IDA participants attended post-secondary schooling.

_____ of _____ or _____% IDA participants purchased a home

_____ of _____ or _____% IDA participants started a business.

_____ of _____ or _____% IDA participants purchased a vehicle.

_____ (#) participants accumulated savings in the aggregate amount of

\$ _____.

_____ (#) participants obtained asset purchases valued at

\$ _____.

Evaluation (please select all that apply):

_____ Client case files

_____ Class attendance sign-in sheets

_____ Monthly household budget

_____ Bank statements

_____ Credit reports

_____ Mortgage paperwork

_____ HUD Closing Statement

_____ Education plan

_____ School tuition bills

_____ Business plan

_____ Other (please specify): _____

SERVICES AND OPERATIONS COST SUMMARY

Name of Applicant		Proposed Grant Title Community Services Block Grant (CSBG) Recovery Funds		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 Community Services Block Grant (CSBG) Recovery Funds	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	\$	

FS-40
DEC 04

SCHEDULE A: PERSONNEL COSTS

Name of Applicant	Proposed Grant Title Community Services Block Grant (CSBG) Recovery Funds	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
Sub-Totals								
_____ % Fringe Benefits								
TOTAL PERSONNEL COSTS								

SCHEDULE A: PERSONNEL JUSTIFICATION

Name of Applicant	Proposed Grant Title Community Services Block Grant (CSBG) Recovery Funds	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 Community Services Block Grant (CSBG) Recovery Funds	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
TOTAL CONSULTANT SERVICES COSTS					

SCHEDULE B: CONSULTANT SERVICES JUSTIFICATION

Name of Applicant	Proposed Grant Title Community Services Block Grant (CSBG) Recovery Funds	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 Community Services Block Grant (CSBG) Recovery Funds	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.					
TOTAL COSTS					

SCHEDULE C: OTHER COST JUSTIFICATION

Name of Applicant	Proposed Grant Title Community Services Block Grant (CSBG) Recovery Funds	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

TRIPARTITE BOARD REQUIREMENTS

In order to receive Community Services Block Grant (CSBG) funding, all agencies must be in compliance with the tripartite board requirements as follows:

a) PRIVATE NONPROFIT ENTITIES

(1) BOARD- In order for a private, nonprofit entity to be considered to be an eligible entity for purposes of section 673(1), the entity shall administer the community services block grant program through a tripartite board described in paragraph (2) that fully participates in the development, planning, implementation, and evaluation of the program to serve low-income communities.

(2) SELECTION AND COMPOSITION OF BOARD- The members of the board referred to in paragraph (1) shall be selected by the entity and the board shall be composed so as to assure that--

(A) 1/3 of the members of the board are elected public officials, holding office on the date of selection, or their representatives, except that if the number of such elected officials reasonably available and willing to serve on the board is less than 1/3 of the membership of the board, membership on the board of appointive public officials or their representatives may be counted in meeting such 1/3 requirement;

(B)(i) not fewer than 1/3 of the members are persons chosen in accordance with democratic selection procedures adequate to assure that these members are representative of low-income individuals and families in the neighborhood served; and

(ii) each representative of low-income individuals and families selected to represent a specific neighborhood within a community under clause (i) resides in the neighborhood represented by the member; and

(C) the remainder of the members are officials or members of business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served.

(b) **PUBLIC ORGANIZATIONS-** In order for a public organization to be considered to be an eligible entity for purposes of section 673(1), the entity shall administer the community services block grant program through--

(1) a tripartite board, which shall have members selected by the organization and shall be composed so as to assure that not fewer than 1/3 of the members are persons chosen in accordance with democratic selection procedures adequate to assure that these members--

(A) are representative of low-income individuals and families in the neighborhood served;

(B) reside in the neighborhood served; and

(C) are able to participate actively in the development, planning, implementation, and evaluation of programs funded under this subtitle; or

(2) another mechanism specified by the State to assure decision making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs funded under this subtitle.

SCHEDULE D: OFFICERS AND DIRECTORS LIST

Name of Applicant	Proposed Grant Title Community Services Block Grant (CSBG) Recovery Funds	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	

The above listed members of the Board of Director's complies with the mandated tripartite board requirement (see pg. 31): _____ Yes _____ No

**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.

**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