

**YOUTH CORPS
URBAN GATEWAY ENHANCEMENT PROGRAM
APPLICATION - 2015**

SECTION I: GENERAL INFORMATION

Name of Organization/Collaborative: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____ Email: _____

Please describe your agency/organization's existing youth programs: _____

Please provide information regarding liability and/or insurance coverage of your agency/organization's youth participants:

Please provide the following documentation as an attachment to this application:

- Organizational Chart
- Annual Report or Business Plan
- Letter of Support from local official approving/supporting organization's participation

SECTION II: THE GATEWAY ENHANCEMENT

A. Program Goals

Please discuss how at risk youth will be targeted for participation in the project. Note that grantees who recruit youth participants must make a good faith effort to ensure that all eligible persons have an equal opportunity to apply for available positions.

Describe your project goals for the urban gateway enhancement site and how the community and youth participants will benefit.

B. Possible Project Sites* for Enhancement

(Include at least three sites and a map or detail of the location(s))

Site 1: _____

Site 2: _____

Site 3: _____

***Please note that “Gateways” must be located on state or local property adjacent to state roadways. A “gateway” is the entrance to a city or neighborhood. NJDOT reserves the right to recommend a location which connects with its roadways, projects and goals.**

C. Program Description

Supervisor(s) or Project Team Leader(s) of the project: _____

How will the participants be trained in the following?

Landscaping: _____

Streetscaping: _____

Safety: _____

Life Skills: _____

Employment Skills: _____

Other: _____

If landscaping equipment is not available, how will the organization obtain the equipment?
Please provide any rental cost in the budget.

How will participants be transported to the project site; and project safety be addressed? _____

How will the program ensure the maintenance of the final/completed project? _____

D. Budget

Supervisor

Hours Per Week _____ X Hourly Rate \$ _____ = \$ _____ per week
Total No. of _____ Weeks\$ _____

Youth Participants

Hours Per Week _____ X Hourly Rate \$ _____ = \$ _____ per week
Total No. of _____ Weeks\$ _____

Equipment

- a. _____ X _____ no. of items = \$ _____
- b. _____ X _____ no. of items = \$ _____
- c. _____ X _____ no. of items = \$ _____
- d. _____ X _____ no. of items = \$ _____
- e. _____ X _____ no. of items = \$ _____
- f. _____ X _____ no. of items = \$ _____
- g. _____ X _____ no. of items = \$ _____
- h. _____ X _____ no. of items = \$ _____

Total Equipment\$ _____

Supplies (i.e., anti-graffiti paint, graffiti removal tools, shrubs, paints, etc.)\$ _____

Miscellaneous\$ _____

TOTAL BUDGET (not to exceed \$32,000)\$ _____

Return Applications to: **New Jersey Department of Transportation**
 Division of Civil Rights and Affirmative Action
 Attention: Urban Gateway Enhancement Program
 1035 Parkway Avenue
 P.O. Box 600
 Trenton, New Jersey 08625-0600
 Phone: 609-530-3009 / Fax: 609-530-4030

DEADLINE: MAY 4, 2015