NEW JERSEY DEPARTMENT OF STATE
OFFICE OF FAITH-BASED INITIATIVES
FISCAL YEAR 2010
REQUEST FOR PROPOSAL
Direct Service (DS)

NJ Office of Faith-based Initiatives Mission:

The mission of the Office of Faith-based Initiatives is to eliminate all barriers to funding and other resource opportunities, create greater access for partnership and enhance the capacity of faith and community-based organizations to effectively design, implement successful programming and efficiently manage the day-to-day operations of their organizations.

Direct Service Grants

Program Overview:
The New Jersey Office of Faith-based Initiatives (OFBI) is proud to announce the availability its 2010 **Direct Service (DS) grants.** The DS grants will provide funds to faith-based and community-based organizations that afford social services to low to moderate income NJ residents. The program is geared to build the capacity of New Jersey faith and community-based organizations and enhance their ability to implement effective community programming. The DS grant program is competitive and grant awards are dependent upon available funding. **In order to be eligible to submit a grant application, prospective applicants must attend a mandatory technical assistance session on September 15, 2009 from 10:00 a.m. to 12:00 p.m. (see attached registration form).**

Eligibility Criteria:
To be eligible to receive a grant under this program, an applicant must submit a joint application as the lead agency in conjunction with a minimum of three collaborating organizations.

- The Lead Agency must:
  - Be a faith-based non-profit and/or community-based organization;
  - Be incorporated in the State of New Jersey as a non-profit corporation or a foreign non-profit corporation. A foreign non-profit corporation must provide a copy of the corporation's "Certificate of Authority";
  - Be tax-exempt by determination of the Internal Revenue Service in accordance with Section 501(c)3;
  - Be in good standing with the Department of Treasury, Business Service Center;
  - Be registered with the New Jersey Division of Consumer Affairs, Charitable Registration and Investigation Section.

The organization must provide its charitable registration number or proof of registration;

- Provide a 25 percent match;
- Provide evidence that the program has been in existence for two consecutive years; 2008 & 2009
- Lead organizations approved for funding must submit a formal Memorandum of Understanding (MOU) with collaborative partners within 180 days of contract execution;
- Must provide letters of support from all collaborating partners with the application. The letter must detail the collaborating organization's responsibilities with the lead organization. The letter must also indicate if the lead agency will be subcontracting with the collaborating organization;

- **Houses of Worship are not eligible to apply as lead agencies**.

- Collaborating Organizations:
  - May not partner with the lead organization's sister organization and/or for profit and non-profit organizations lead by the same person or governing entity;
  - Houses of Worship are eligible to partner as a collaborating organization, but cannot receive state funds that are granted to lead organizations.

Funding Categories:
Applicants will apply and compete within the funding categories listed below. The amount of funding available in each category is indicated. No award in any category will exceed $50,000. **Awards are subject to the availability of funding.**

Service Category	Maximum Request	Total Funding Available
Service to Seniors	$25,000	$200,000
Services to At Risk Youth	$50,000	$500,000
English as a Second Language	$25,000	$200,000

Total $900,000

Application Due Date:

- October 9, 2009

PROGRAM FUNDING PROVISIONS

All grant recipients will be required to comply with all items listed below.

- Nondiscrimination by Religious Organizations and Entities
  Applicants agree that if provided funds for the expansion or development of a specific program from the New Jersey Department of State Office of Faith-based Initiatives, they will not discriminate against any employee or applicant for

services or participation in the proposed program on the basis of religion, race, gender and/or physical disabilities.

- Recognition of Cultural Sensitivity
  Applicants must assure programs are linguistically appropriate and culturally relevant to groups within the community. Appropriate accommodations for services will be developed and maintained for those individuals who are deprived of reasonable access to those services due to language barriers or ethnic and cultural differences. All programs and services *must* be reflective of the demographic needs of the community, while providing all people the opportunity to experience any and all available services irrespective of their ethnic or cultural heritage.

- Reporting Requirements
  All funding recipients are required to submit programmatic and fiscal reports at midterm and at the conclusion of the grant. Schedules of due dates for reporting periods and program terms will be provided upon notification of preliminary approval of award. Funding recipients must adhere to a schedule determined by the New Jersey Department of State. Financial penalties will be applied when time lines are not adhered to as required.

- Training
  All funding recipients are required to attend technical assistance and training sessions scheduled throughout the fiscal year as coordinated by the New Jersey Department of State Office of Faith-based Initiatives

Program Procedures:

Applications are submitted to the OFBI and reviewed by an outside independent panel. The Advisory Commission on Faith-based Initiatives reviews the panel's recommendations for funding. Recommendation for funding is based solely on the merit of the application. Award and denial letters are mailed to the appropriate organizations. OFBI funding period is from January 2010 to December 2010. Once the contracts are executed, the grantees will receive 75 percent of the grant. The final payment will be released upon the timely submittal of grantees mid-term and final reports.

The New Jersey Department of State Office of Faith-based Initiatives will be guided by OMB Circular Letter 07-05 Grant Agreement Agency Contracts as it relates to funding guidelines and agency contracts. To view OMB Circular Letter 07-05 go to: http://www.state.nj.us/infobank/circular/cir0705b.pdf

General Information

Applicants can only apply for one funding category. If an applicant submits multiple proposals, all proposals involved will be disqualified from review. **Awards are subject to the availability of funding.**

Mandatory Technical Assistance Session:

In order to be eligible to submit an application, attendance at the technical assistance session by the lead agency is mandatory.

When: September 15, 2009
10:00 a.m. – 12:00 p.m.
Registration 9:30 a.m. – 10:00 a.m.
Technical Assistance session will begin promptly at 10:00am

Where: First Baptist Light House Outreach Center
715 Bellevue Ave
Trenton, NJ 08618

For Directions, go to: Yahoo Maps and/or Map Quest

Registration: Please complete the attached registration form and fax it to the OFBI at: 609-633-7141, Attn: Sharon Iphill.

APPLICATION REQUIREMENTS

Submit one original and three copies of the proposal to the Department of State Office of Faith-based Initiatives **no later than Friday, October 9, 2009 12:00 p.m.**

Mail to: State of New Jersey Department of State
Office of Faith-based Initiatives
Post Office Box 456
Trenton, New Jersey 08625-0456

Attention: Edward LaPorté, Executive Director

APPLICATIONS CAN BE HAND DELIVERED TO 225 WEST STATE ST. 4th FLOOR, PRIOR TO THE SUBMISSION DATE AND ON THE SUBMISSION DATE

APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE REVIEWED FOR FUNDING

FAXED APPLICATIONS WILL NOT BE ACCEPTED

All applications must consist of and include the following items in order to be considered complete:

- Proposals must be clamped not stapled,
- All pages must be numbered,
- Proposals submitted in binders, folders, etc., will not be reviewed for funding, and
- Application margins must be one inch, font must be 12, and double spaced.

APPLICATION FORMAT & SCORING

SECTION 1	**Table of Contents**	**5 points**
SECTION 2	**Executive Summary** **(Not to exceed one page)**	**5 points**

- Overall statement of your case and summary of the entire proposal

SECTION 3	**Organizational Information** **(not to exceed one page)**	**15 points**

- Indicate a brief history and governing structure of the organization, target population(s), and services provided

SECTION 4	**Statement of Need** **(Not to exceed two pages)**	**10 points**

- Must indicate why this project is necessary. Utilize facts and statistics that best support the need for the project. Assure that the program addresses the need differently or better than other projects that preceded it.

SECTION 5	**Project Description** **(Not to exceed six pages)**	**20 points**

- Nuts and bolts of how the project will be implemented and evaluated. Include goals and objectives (attachment C see attached).
- **Method:** The method used for implementation (how, when, and why). The method section should allow for a visualization of the implementation of the project and it should mention staffing. It should be able to show that the agency knows what its doing.
- **Staffing/Administration:** How many staff persons will be needed to successfully implement the program. Staffing may refer to volunteers, consultants, as well as paid staff.
- **Evaluation:** Describe the type of evaluation that will be used and explain how information will be collected and how the data will be analyzed.
- **Sustainability:** Indicate the long term financial viability of the project to be funded and of the organization. What are the current and projected funding streams (grants, fundraised).

SECTION 6	**Statement of Collaboration** **(Not to exceed two page)**	**10 points**

- Applicant must collaborate with three organizations to expand their reach into the community.
- Provide a brief description of each collaborator and describe how each will contribute to the programs success.

SECTION 7	**Budgets** **(See attached budget forms)**	**25 points**

- On separate cover include a budget narrative justifying the budget
- Budget narrative not to exceed two pages

SECTION 8 **Required Appendices** **10 points**

- Job description and resume of key personnel (executive leadership, fiscal management, program staff)
- Copy of current Board of Trustees
- Copy of Certificate of Incorporation
- Copy of IRS 501 (c) 3 Status Determination Letter
- Completed Agency Data Form
- State of New Jersey W-9 Questionnaire
- Board Resolution
- List of all contracts and grants
- Three Letters of Support
- Copy of Most Current Certificate of Standing

  The Certificate of Standing may be ordered on line for a fee.

  - Go to www.nj.gov/njbgs
  - Go to "I Want To" click on "Obtain Standing Certificate"
  - Scroll down to "Service Options" click "Online"
  - Click "Order Certificate"

Applications that are missing requested information will be disqualified from review

Department of State Office of Faith-based Initiative, **Attachment B**

FY'10 Budget Form

Lead Organization Name:
Funding Category:

Budget Category	State Requested Amount	In-Kind Match	Cash Match	Total
Salaries & wages **(complete personnel detail form)**				
Fringe **(complete personnel detail form)**				
Professional services (contracted services, non-staff) **Complete consultant form.**				
Travel (include an itemized sheet)				
Space rental (include an itemized sheet)				
Equipment rental/purchase				
Consumable Supplies				
Other (include an itemized sheet)				
Total				

We certify that the foregoing budgetary information is true and correct, and that all expenditures are to be incurred solely for the purpose of the above grant

Grantee (authorized signature) Title Date

Chief financial officer Title Date

FY' 10 Consultant/Contract Form

Lead Organization Name:

Funding Category:

Name of Consultant or Firm	Federal ID or Social Security Number	Description of Service(s) to be Provided	Requested Budget Amount

Total	

FY' 10 Personnel Detail Form

Lead Organization Name:
Funding Category:

Staff Name	Position/Title	Amount Funded By This Grant

Total	

Fringe Cost

Category	Percent of Salary Expense	Grant Amount
Social Security		
Unemployment		
Workers Comp.		
Disability		
Medical		
Other (itemize on separate cover)		

Total		

STATE OF NEW JERSEY
DEPARTMENT OF STATE
OFFICE of FAITH-BASED INITIATIVES
Attachment -C

PROGRAM INFORMATION AND SPECIFICATIONS

LEAD ORGANIZATION NAME:

PROJECT TITLE:

OFBI REQUESTED AMOUNT:

A. PROJECT SUMMARY:

B. PROJECT GOALS & OBJECTIVES:

C. PROJECT OUTCOME OBJECTIVES:

D. TARGET POPULATION AND PROJECTED NUMBER OF CLIENTS TO BE SERVED:

E. PROJECT TIMETABLE & DAYS and HOURS OF OPERATION

Agency Data Form OFBI FY'10 Funding – Type or Print all Data

1. Name of Applicant (Lead Organization)					
2. Street Address	City	County	Legislative District	State	Zip
3. Mailing Address	City	County	State	Zip	
4. Name and Title of Fiscal Contact	Telephone No.	Fax No.	Email		
Street Address	City	County	State	Zip	
5. Name of Executive Director	Phone No.	Fax No.	Email		
6. Name of Program Contact	Phone No.	Fax No.	Email		
7. Name of Board President	Phone No.	Fax No.	Email		
Employer ID No. EIN (9 digits)	8. NJ Charity Registration No.	9. NJ 10 digit filing #			

10. Data Universal Numbering System (DUNS) Number

11. Date of Fiscal Year End

12. Type of Agency (check one)
☐ Faith-based Non-profit ☐ Community-Based Organization ☐ Other specify)

13. Type of Request
☐ New ☐ Renewal of Grant No.: _____
☐ Modification to Grant No.:_____

Cost of Project

14. Funds Requested from State	15. 25 percent in Cash and/or In-Kind Match Amount	

16. **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, regulations, and rules issued by the New Jersey Department of State which include provisions described in application instructions.

Name and Title of Applicant (Print)	Signature of Applicant	Date of Application

New Jersey Department of State Office of Faith-based Initiatives
BOARD RESOLUTION
FY 2010

Whereas, the **(formal name of organization)**

Has agreed to receive a grant/loan from the New Jersey Department of State for approximately $ (dollar amount requested) **to carry out a project to .**

Be it further *Resolved, that the* **(formal name of organization)**

If approved funding will agree to actively participate in MANDATORY training sessions as identified by the Office of Faith-based Initiatives

If approved funding will agree to meet with the ProBono Partnership to assess the organization's legality (review all paperwork to assure that the organization is in compliance with federal and state non-profit regulations).

(formal name of the organization)
does hereby authorize the application for such a grant/loan; and upon receipt of the grant/loan agreement from the New Jersey Department of State, does further authorize the execution of the grant/loan agreement; and also, upon receipt of the fully executed agreement from the Department, does further authorize the expenditure of funds pursuant to the terms of said agreement between (**formal name of organization**) and the New Jersey Department of State.

Be it further *RESOLVED*, **that the persons whose names, titles, and signatures appear below are authorized to sign the application, and that they or their successors in said titles are authorized to sign the agreement, and any other documents necessary in connection therewith:**

_____	_____
(Authorized Signature)	(Authorized Signature)
(type or print name)	(type or print name)
Title	Title

CERTIFICATION:

I, (name of Board Secretary), the (Title of the Position- ie: Board Secretary) of (formal name of organization)

hereby certify that at a meeting of the Board of Directors/Governing Body held on **(meeting date)** the above *RESOLUTION* was duly adopted.

AFFIX GOV'T CORPORATE OR NOTARY SEAL

_____
(Signature of Board Secretary of the Board of Directors)

_____
Notary Signature

New Jersey Department of State
Office of Faith-based Initiatives

Direct Services

FY' 10 Mandatory Technical Assistance Registration Form

September 15, 2009
First Baptist Light House Outreach Center
715 Bellevue Ave
Trenton, New Jersey 08618
10:00 a.m. – 12:00 p.m.

Mandatory Technical Assistance Registration Due Date September 11, 2009

If you have any questions regarding the MANDATROY T/A, please call Sharon Iphill at 609-292-8286.

Fax completed registration form to 609-633-7141. Confirmation of registration will not be sent. Keep the fax confirmation as proof of registration.

Anyone arriving 45 minutes late from the start of the T/A session will not be allowed into the session

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Registration Form due date September 11, 2009

First Name: **Last Name:** **Title:**

Organization Name

Address:

Phone: **Fax:** **Email:**