

NPP COVID-19 Relief Program Application

Neighborhood District:

Municipality:

Name of Applicant Organization/Municipality:

Executive Director/Mayor:

Address:

City:

State:

Zip code:

NJ Charities Registration Number if applicable:

Contact Person for this Application:

Phone:

E-Mail:

Cell Number (optional):

Track Record

Has your Organization ever administered grant or loan funds to local businesses?

YES

NO

Provide a brief summary of your Organization's current COVID-19 response activities (if any)?

Assessment of Need

Describe the current need for the activities

Explain why award would not constitute a duplication of benefits

Project Description

Provide a detailed description of the proposed activities and how they aid in the recovery and transition from COVID-19.

List the amount(s) of any paid staff time that is dedicated to the project (if any).

List the amount(s) and source(s) of any matching funds and in-kind sources.

Certifications

I certify that this agency is not delinquent on any Federal or State debt.

YES **NO** **N/A**

I certify that I understand that payments from NJDCA will depend on our submission of all required grant reports.

YES **NO** **N/A**

I certify that my organization's Certification of System for Award Management (SAM) is valid and current.

YES **NO** **N/A**

I certify that neither members of our organization's governing body nor members of their families will receive any direct or indirect personal or monetary gain from the funding of this grant.

YES **NO** **N/A**

I certify that neither members of the organization's governing body nor members of their families serve on any board, council, commission, committee, or task force that has regulatory authority or advising influence on the funding program.

YES **NO** **N/A**

Certification: **To the best of my knowledge and belief, the data in this application are true and correct. The governing body of the applicant has duly authorized the document.**

Name

Title

Signature of Executive Director/Mayor

Date