

## Neighborhood Revitalization Tax Credit COVID-19 Relief Program Application

Municipality:

Name of Applicant Organization:

Executive Director/Mayor:

Address:

City:

State:

Zip code:

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

If YES, please provide a description of your past grant or loan activities to businesses.

Number of years Organization has served in the neighborhood:

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

### **Assessment of Need**

Describe the current need for the proposed COVID-19 response activities.

Explain why the requested funds would not duplicate any funding received from other state, federal or foundation sources.

## Budget and Financial Information

Provide a budget including all project costs.

Budget Item	Requested Funds
TOTALS:	

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 Board Chairperson**

**Date**

**This pre-application must be saved and uploaded as an attachment with your application in SAGE.**

Please contact Bradley Harrington with any questions at [Bradley.Harrington@dca.nj.gov](mailto:Bradley.Harrington@dca.nj.gov)