

**New Jersey Department of Community Affairs
APPLICATION FOR GRANT FUNDS**

STANDARD GRANT COVER SHEET

1. DCA Program to Which Applicant is Applying:			
2. Name of Applicant Agency			
3. Street Address			
City	State	Zip Code	County
4. Official Contact Person	Title		Phone number
5. Program Contact Person	Title		Phone Number
6. Proposed Project/Grant Title			
Program Type			
7. Total Cost of the Project	8. Requested Amount	9. Funds from Other Sources	
10. Project Location (if Different from Applicant Agency)			
Street Address			
City	State	Zip	Room Number
11. Vendor Number	12. Employer ID	13. Tax Exempt ID	
14. Area(s) Benefiting:			
15. Briefly describe the project for which you are seeking funds.			

16. a. Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant?

Yes No

b. Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or task force which has regulatory or advising influence on the funding program? Yes No

If yes, please describe:

17. Fiscal Contact Person

Title

Phone Number

18. Agency Fiscal Year
to

19. Name of CPA Firm Appointed by Grantee

20. **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

Scope of Services

Neighborhood Stabilization 2009
STATEMENT OF MAYOR/COUNTY OFFICIAL

I have reviewed and/or discussed the above proposed grant application with the Named Applicant and make the following statement:	
<input type="checkbox"/>	I am in support of this application and will work to integrate this service with others in this community, county and/or region.
COMMENTS	
Name:	
Title:	
Address:	
Zip:	
Mayor or County Officer:	
<input type="checkbox"/> I will/have mailed this attachment	<input type="checkbox"/> I will/have hand delivered this attachment

Neighborhood Stabilization 2009

Statement of Board President

I have reviewed and/or discussed the above proposed grant application with the Named Applicant and make the following statement:	
<input type="checkbox"/>	I am in support of this application.
COMMENTS	
AGENCY DESCRIPTION	
Name of Board President/Chair:	
Title:	
Address:	
Address 2:	
City:	
Zip:	
<input type="checkbox"/>	I will/have mailed this attachment
<input type="checkbox"/>	I will/have hand delivered this attachment

Neighborhood Stabilization 2009

Project Description

PROVIDE A DETAILED DESCRIPTION OF THE PROJECT FOR WHICH NSP FUNDING IS REQUESTED. IF THE PROJECT INVOLVES MORE THAN ONE ACTIVITY, DESCRIBE EACH ACTIVITY.

Neighborhood Stabilization 2009
 Census Tracts & Blocks

Census Tract #:		<input type="checkbox"/>	Entire Tract	<input type="checkbox"/>	Partial Tract		
					NSP Approved Target Area		
Block #:		Block #:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Block #:		Block #:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Block #:		Block #:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Block #:		Block #:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Neighborhood Stabilization 2009

Neighborhood Inventory

Name of Neighborhood:		
Boundaries:		
Structural Uses		
	Number of structures	Percentage of Structures
Housing:		%
Commercial:		%
Other:		%
Total number of structures:		
Unit Occupancy		
	Number of residential units	Percentage of housing units
Owner-Occupied:		%
Renter-Occupied:		%
Vacant Units:		%
Total Units:		
Number of foreclosed units (vacant and occupied):		

List and Prioritize up to five (5) major assets of the neighborhood, including special characteristics.

Neighborhood Stabilization 2009

Neighborhood Inventory

List and describe in order of severity problems in the neighborhood that threaten its future viability. Indicate why this neighborhood was selected as a Neighborhood Stabilization Program area.

Neighborhood Stabilization 2009

Neighborhood Population

DESCRIPTION OF TARGET POPULATION INCOME - Describe the population to be served by this specific program/project. (see Application Instructions)*

Households with Income between:	# of Household	% of Households
0% and 50% of Median Income		%
51% and 80% of Median Income		%
81% and 120% of Median Income		%
L/M Income (0% to 120%) Total		%
121% and above of Median Income		%
TOTAL POPULATION:		%

Neighborhood Stabilization 2009

Neighborhood Population

TOTAL POPULATION NARRATIVE - Describe the population that will benefit from this program.

Neighborhood Stabilization 2009

Neighborhood Description

Provide information about the neighborhood where the project activities will be implemented. Describe: physical conditions, economic conditions, social conditions. Include statistics with descriptions, as relevant. How will the proposed activities contribute to improving and revitalizing the neighborhood?

Does The Municipality Have The Following Ordinances?				
Item	No	Yes	If yes indicate date last revised	Describe briefly how the ordinance is enforced
Zoning	<input type="checkbox"/>	<input type="checkbox"/>		
Property Maintenance	<input type="checkbox"/>	<input type="checkbox"/>		
Housing Code	<input type="checkbox"/>	<input type="checkbox"/>		

Does the municipality have a full-time building inspector? *If no, please explain.*

Yes No

Neighborhood Stabilization 2009
Municipal Government Profiles

An adopted comprehensive master plan?

Yes No

Year Completed:

Date adopted:

Date revised:

Please describe the municipality's efforts to comply with the State's Fair Housing Act, including the status of COAH or court compliance and the number of affordable units produced.

Has the municipality received center designation or plan endorsement from the New Jersey Office of Smart Growth or the State Planning Commission?

Yes No

If yes, indicate date of action. If the municipality is currently part of an application for plan endorsement or is participating in a Smart Growth or similar planning effort.

Neighborhood Stabilization 2009
Municipal Government Profiles

Does the municipality have a Community Development office?

Yes No

If so, what role will that office play in managing the proposed program? If no, please explain.

Please describe any State, Federal or private investment which has been completed (within the preceding five years), are underway or are proposed within the targeted area.

Neighborhood Stabilization 2009

Municipal Support Worksheet

MUNICIPALITY		
PROJECT NAME		
DEVELOPER		
1. Is this project included in a Municipally adopted Fair Share Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the Municipality seeking COAH credits for this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the Municipality have a Housing Trust Fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If YES, what is the current balance?		
5. Is this project part of a Municipally endorsed Spending Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If NO, explain why this project is not eligible to receive funding from the Municipality's Housing Trust Fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate all Municipal support for this project and the amount if applicable:	
Housing Trust Funds	
Regional Contribution Agreements	
Waiver of local permit fees	
Waiver of local utility hook-up fees	
Municipal Tax Abatement	

Neighborhood Stabilization 2009
Municipal Support Worksheet

Other (please list)

Municipal Representative	Developer Representative
Name:	Name:
Title:	Title:
Date:	Date:
<input type="checkbox"/> I will/have mailed this attachment	

Neighborhood Stabilization 2009
Organizational Description

Provide the following information:

- Evidence of your agency's capacity to manage the proposed project activities, including a description of your agency's financial management and administrative systems.
- Your agency's track record of successfully carrying out activities similar to those proposed in this application.

Neighborhood Stabilization 2009
Capacity
Housing Development Experience

Housing Programs

Select Professional Type							
If "Other", please specify Professional Type:							
Name of Development Consultant:							
Firm Name							
Street Address:							
City:				State:		Zip Code:	
Phone:			Ext.				
Fax:							
Email:							
Required Attachments:							
a). Resume							
<input type="checkbox"/>	I am mailing this attachment			<input type="checkbox"/>	I am uploading this attachment		
b). Description of relevant experience							
<input type="checkbox"/>	I am mailing this attachment			<input type="checkbox"/>	I am uploading this attachment		

Neighborhood Stabilization 2009

Projecte Schedule

Data Collection	Organization Responsible	Date	Estimated Cost
Build Out Analysis			
Community Survey			
Baseline Data			
Questionnaires			
Walkability Survey			
Demographic Data			
Other			
Data Analysis			
Trend			
Capacity			
Surveys			
Marketing Study			
Feasibility			
911 Mapping			
DBase Management			
Other			
Public Participation			
Focus Groups			
Visionism			
Visual Preference			
Hearings			
Workshops			

Neighborhood Stabilization 2009

Projecte Schedule

Charrette			
Outreach			
Education			
Other			
Plan Development			
Plan Preparation			
Design Guidelines			
Printing and Binding			
CD Burning			
Other			
Other			

Neighborhood Stabilization 2009
Project Unit Breakdown - For Sale

a. No. of Bedrooms	b. No. of Units	c. Type	d. Sale Price	= Total Sales Price	e. Per Unit Square Footage	f. Principal and Interest	g. Real Estate Taxes, Insurance, Condo Fee, if applicable	h.ROA*	i. AVERAGE ROA
Total Range of Affordability									
Total Number of Affordable Units									
Average Range of Affordability for all Units									

1. ANNUAL PROJECT INCOME

Type: (List only utilities paid by Tenant)

Add Monthly Allowance by Bedroom size

	<u>0 BR</u>	<u>1 BR</u>	<u>2 BR</u>	<u>3 BR</u>	<u>4 BR</u>
Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil					
Cooking: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil					
Hot Water: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil					
Electricity:					
Water and Sewer:					
Trash:					
Air Conditioning:					
Monthly Parking Fee:					
Total Tenant-paid Utility Allowance by Bedroom:					

2. Project Unit Breakdown:

a. No. of Bedrooms	b. No of Units	c. Types*	d. Per Unit Square Footage	e. Monthly Net Rent (w/o Utilities)	f. Monthly Utility	g. Monthly Gross	h. ROA%**	i. Total Annual Monthly Income
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Sub-Total Gross Income

TOTAL ANNUAL GROSS INCOME FROM ALL UNITS (Sub-Total Gross Income x 12)

Total Number of Affordable Units:

Average range of affordability

Neighborhood Stabilization 2009

Construction Sources

Sources	Interest Rate	Amount
Construction Loan (Name of Bank)		
Commitment Letter for Construction Loan <input type="checkbox"/> Mail <input type="checkbox"/> N/A		
Neighborhood Stabilization Program		
Regional Contribution Agreement		
Federal Home Loan Bank		
Municipal Funds: (From)		
Developer Fee (Pledge) (must not exceed 8% of the requested grant amount)		
Other:		
Other:		
Other:		
Other:		
Total		

Neighborhood Stabilization 2009
Marketing Strategy & Management Plans

Describe your marketing strategy for the project:

Neighborhood Stabilization 2009

Attachment List

Provide the following items as attachments to the application. Items marked with an asterisk (*) are required.						
Municipal Resolution	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment		
Affirmative Fair Marketing Plan	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Neighborhood Map (tax map)	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Provide the following attachments, if applicable.						
Any governmental commitments of non-federal funds to the project	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Any governmental commitments of other funds going into that neighborhood	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Municipal Consolidated Plan if applicable	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Copies of any neighborhood plans in effect (NPP, NRTC, Municipal Redevelopment)	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Neighborhood Map	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Digital Photos	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Municipal/County Neighborhood Environmental Reviews	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Corporate Resolution from Developer	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Organizational Chart of development entity	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Development Sources and Uses Budget (spreadsheet) to be uploaded	<input type="checkbox"/>	I will upload this attachment			<input type="checkbox"/>	N/A
Any lender commitments for acquisition/construction financing	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Operating Proforma (spreadsheet) to be uploaded- Rental Component only	<input type="checkbox"/>	I will upload this attachment			<input type="checkbox"/>	N/A
Appraisals (if available)	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Cost estimates (if available)	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Site Control (if available)	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Affirmative Fair Marketing Plan	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Property Management Plan (if applicable)	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A
Housing Counseling Description	<input type="checkbox"/>	I will mail this attachment	<input type="checkbox"/>	I will upload this attachment	<input type="checkbox"/>	N/A

Neighborhood Stabilization 2009
Certification Sheet

Certifications of Terms and Conditions - Schedule F

1.	I certify that this agency is not delinquent on any Federal or State debt.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
2.	I understand that payments from NJDCA will depend on our submission of all required grant reports.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
3.	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.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
4.	I certify that neither members of our 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.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A

If no, please explain:

Non-government Agencies only—

5.	If our agency has not received funds from NJDCA for the current State Fiscal Year, I will submit our organization's most recent audit.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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<input type="checkbox"/>	I will/have mailed this attachment	<input type="checkbox"/>	I will/have hand delivered this attachment
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Government Agencies only—

6.	I certify, that in compliance with Executive Order 134 , this agency has not made political contribution to a candidate committee and/or election fund of any candidate or holder of the public office of Governor, or to any State or County political party committee.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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ATTACHMENTS

Certification Regarding Debarment and Suspension - Schedule G

<input type="checkbox"/>	I will/have mailed this attachment	<input type="checkbox"/>	I will/have hand delivered this attachment	<input type="checkbox"/>	Not applicable
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Certification Regarding Lobbying - Schedule H

<input type="checkbox"/>	I will/have mailed this attachment	<input type="checkbox"/>	I will/have hand delivered this attachment	<input type="checkbox"/>	Not applicable
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Resolution - Schedule I

<input type="checkbox"/>	I will/have mailed this attachment	<input type="checkbox"/>	I will/have hand delivered this attachment	<input type="checkbox"/>	Not applicable
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Neighborhood Stabilization 2009
Certification Sheet

IRS Determination Letter (New Applicants, Non-profit, Non-government only)					
<input type="checkbox"/>	I will/have mailed this attachment	<input type="checkbox"/>	I will/have hand delivered this attachment	<input type="checkbox"/>	Not applicable
Organizational Chart					
<input type="checkbox"/>	I will/have mailed this attachment	<input type="checkbox"/>	I will/have hand delivered this attachment	<input type="checkbox"/>	Not applicable
Director's List					
The information contained in the Director's list under Agency Information is adequate and up to date as of the time of this application.					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Generate Cover Page PDF					
<input type="checkbox"/>	I will/have mailed this attachment				

New Jersey Department of Community Affairs
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
<p>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:</p> <p>List of <i>parties excluded</i> 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.</p>	

**New Jersey Department of Community Affairs
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

SCHEDULE I: RESOLUTION

Whereas, the _____ (formal name of organization) desires to apply for and obtain a grant from the New Jersey Department of Community Affairs for approximately \$ _____ (dollar amount of request) to carry out a project to _____ (briefly describe the project).

Be it therefore RESOLVED,

1) that the _____ (formal name of organization) does hereby authorize the application for such a grant; and,

2) recognizes and accepts that the Department may offer a lesser or greater amount and therefore, upon receipt of the grant agreement from the New Jersey Department of Community Affairs, does further authorize the execution of any such grant 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 the agreement between

_____ (formal name of organization) and the New Jersey Department of Community Affairs.

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:

(signature)

(type or print name)

(title)

(signature)

(type or print name)

(title)

CERTIFICATION:

I, _____, the _____,
(name of Board Secretary / Government Clerk) (title of position - Board Secretary or Government Clerk)
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 Secretary of the Board of Directors or Government Clerk)