**Local Government Emergency Fund (CRF)**

### GRANT APPLICATION

**Application Instructions**

Counties and municipalities excluded from the federal government’s direct CRF allocation plan, as well as those counties and municipalities that are currently the most impacted in comparison to their available resources, are eligible for Local Government Emergency Funds. Each Local Unit’s maximum distribution is determined by formula. Program details, including application requirements and the grant funding process, are set forth in the [Program Description and Guidelines](https://www.nj.gov/dca/divisions/dlgs/pdf/LGEF%20%28CARES%29%20-%20Program%20Guidelines.pdf) document. A total of $60 million is currently being made available under the Program. All awards are subject to the availability of funds. Please consult the guidelines before preparing a grant application.

**Applicant Information**

New Jersey counties and municipalities excluded from the federal government’s direct CRF allocation plan, as well as those counties and municipalities that are currently the most impacted in comparison to their available resources, are eligible to apply.

**Application Submission**

All Local Government Emergency Fund applications must be received no later than November 10, 2020, and all reimbursement requests must be submitted by no later than December 10, 2020. Strict adherence to this deadline is compelled by the December 30, 2020 expenditure deadline established within the CARES Act. A completed application package must be submitted electronically to DLGS at LGEF@dca.nj.gov. The date of email submission shall constitute the date filed. Two hard copies of the completed application package must be received no later than seven (7) calendar days following email submission and mailed to:

 Attn: Local Government Emergency Fund

 New Jersey Department of Community Affairs

 Division of Local Government Services

 P.O. Box 803

 Trenton, NJ 08625-0803

**Please review the Application Checklist to ensure that your application is complete.** Incomplete applications will not be considered for funding. Rejected applications may be refiled prior to the November 10, 2020 deadline.

### Authorizing Resolution (See Sample)

Every applicant must submit a certified governing body resolution authorizing participation in the program and submission of the application and affirming its intention to conform to the applicable Program and CARES Act expense eligibility requirements.

**Applicant Identification and Planned Expenditures (LGEF-1)**

Complete the data page (s): Identify the applicant entity, the contact information for the chief financial officer, proposed grant program administrator, and any key personnel assigned to supervise or participate in the implementation grant program; the applicant’s total allocation and the amount of grant requested. Additionally, include each line item (along with the corresponding FCOA code) for which the applicant expects the grant to be allocated, and the projected amount needed for each line item.

**Project Narrative (LGEF-2)** For each line item referenced in LGEF-1, detail what amount is being sought for reimbursement and explain the expense’s eligibility under the Program Guidelines. Insert supplemental sheets as necessary (numbered 2a, 2b et al.).

**Duplication of Benefits Analysis (LGEF-3)**

The applicant must describe each grant, loan, or other source of COVID-19 related assistance applied for and/or awarded to the applicant, including identifying each funding source of the assistance, and list all line items (including FCOA code) to which said COVID-19 related assistance is to be applied. For each line item, applicant must also explain what the assistance is to be used for and why the other funds would not duplicate assistance provided through a Local Government Emergency Fund grant.

**CFO Certification of Anticipated Need (LGEF-4)**

The chief financial officer of the municipality or county must certify that the items being sought for reimbursement are eligible for reimbursement under the Local Government Emergency Fund (LGEF) Program Guidelines.

**ASSISTANCE**

For questions about the Local Government Emergency Fund, the application, or the grant process, contact us at LGEF@dca.nj.gov. You can also obtain additional information and copies of the application form at the following link: <https://www.nj.gov/dca/divisions/dlgs/programs/lgef.html>.

**Local Government Emergency Fund (CRF)**

# **APPLICATION CHECKLIST**

# **PLEASE ENSURE THAT eACH of THE FOLLOWING ITEMS IS in your application PACKAGE.**

# **Please note that, IN ADDITION TO E-MAIL SUBMISSION, two hard copies of the application package MUST BE submitted by regular mail:**

Application Checklist

Certified Governing Body Resolution

Applicant Identification & Planned Expenditures Form (LGEF-1)

Project Narrative (LGEF-2)

Duplication of Benefits Analysis (LGEF-3)

CFO Certification of Anticipated Need (LGEF-4)

### APPLICANT IDENTIFICATION & PLANNED EXPENDITURES FORM - LGEF 1

|  |  |
| --- | --- |
| Entity Name: | County: |
| Address: |
| **Program Contact Information** |
| *Chief Financial Officer* | *Grant Administrator (if different from CFO)* |
| Voice phone: | Voice phone: |
| Fax: | Fax: |
| E-mail: | E-mail: |
| Other personnel: |
|  |

|  |  |
| --- | --- |
| **Total Allocation:** | $  |
| **Total Grant Amount Requested:** | $  |

**PROJECTED APPROPRIATION LINE ITEMS & REIMBURSEMENT AMOUNTS**

 **(Please refer to the Program Guidelines for eligible activities)**

|  |  |
| --- | --- |
| **PROJECTED LINE ITEMS (including FCOA code)** | **Projected Total** |
|  | **$** |
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| **TOTAL PLANNED EXPENDITURES** | **$** |

**PROJECT NARRATIVE– LGEF-2**

 **PROJECT NARRATIVE**: For each line item, detail what is being sought for reimbursement and explain their eligibility under the Program Guidelines. Insert supplemental sheets as necessary (numbered 2a, 2b et al.).

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| --- |
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**PROJECT NARRATIVE– LGEF-2a**

**PROJECT NARRATIVE**: For each line item, detail what is being sought for reimbursement and explain their eligibility under the Program Guidelines.

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**DUPLICATION OF BENEFITS ANALYSIS– LGEF-3**

**OTHER COVID-19 RELATED ASSISTANCE APPLIED FOR BY APPLICANT**

|  |  |
| --- | --- |
| Funding Source | Amount |
| Grant Funds | **$** |
| Loan Proceeds  |  |
| Value of In-Kind Resources |  |
| Other funds |  |
| **TOTAL DOLLAR VALUE** |  |

**OTHER COVID-19 RELATED ASSISTANCE AWARDED TO APPLICANT**

|  |  |
| --- | --- |
| Funding Source | Amount |
| Grant Funds | **$** |
| Loan Proceeds  |  |
| Value of In-Kind Resources |  |
| Other funds |  |
| **TOTAL DOLLAR VALUE** |  |

**DUPLICATION OF BENEFITS NARRATIVE**

Please describe each grant, loan, or other source of COVID-19 related assistance applied for and/or awarded to the applicant, including identifying each funding source of the assistance, and list all line items (including FCOA code) to which said COVID-19 related assistance is to be applied. For each line item, explain what the assistance is to be used for and why the other funds would not duplicate assistance provided through a Local Government Emergency Fund grant. Insert supplemental sheets as necessary (numbered 3a, 3b et al.).

**DUPLICATION OF BENEFITS ANALYSIS– LGEF-3**

**DUPLICATION OF BENEFITS NARRATIVE**

|  |
| --- |
|  |

**CFO CERTIFICATION OF ANTICIPATED NEED (LGEF-4)**

I <*insert name*>, chief financial officer of the <*name of municipality or county*>, hereby certify that the items being sought for reimbursement are eligible for reimbursement under the Local Government Emergency Fund (LGEF) Program Guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chief Financial Officer

**SAMPLE**

**APPLICANT’S RESOLUTION**

 **LOCAL GOVERNMENT EMERGENCY FUND (CRF) GRANT**

WHEREAS, as the public health emergency associated with the COVID-19 pandemic continues, the most significant negative financial impacts faced by county and municipal governments throughout New Jersey result from extreme economic contraction, deficits in tax and fee revenues, and extraordinary increases in public safety and health and human services expenditures; and

WHEREAS, severe fiscal stress limits the ability of counties and municipalities to maintain essential services and take the steps necessary to fight COVID-19; and

WHEREAS, without substantial federal assistance, residential taxpayers would absorb the primary impact of meeting these extraordinary needs and closing any associated operating deficits; and

WHEREAS, the Department of Community Affairs (“DCA”), through the Division of Local Government Services (“DLGS” or “Division”), has been deemed the lead agency for the distribution of the Local Government Emergency Fund (the “LGEF” or “Program”), provided through an allocation of the State of New Jersey’s CARES Act Coronavirus Relief Fund (CRF Funds); and

WHEREAS, counties and municipalities excluded from the federal government’s direct CRF allocation plan, as well as those counties and municipalities that are currently the most impacted by COVID-19 in comparison to their available resources, are eligible for LGEF funds pursuant to a maximum distribution determined by formula; and

WHEREAS, a total of $60 million is currently being made available under the Program, with a potential $60 million more to be allocated; and

WHEREAS, LGEF Grants exist to support costs incurred as part of a local unit’s response to COVID-19.

NOW, THEREFORE, BE IT RESOLVED by the (*name of governing body of the county or municipality*), that the (*name of* *county or municipality*) will apply for a LGEF Grant in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**CERTIFICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Clerk/Secretary of the Local Unit) of the (Name of Local Unit) in the County of \_\_\_\_\_\_\_\_\_\_\_\_, and the State of New Jersey do hereby Certify that the foregoing Resolution is a true copy of the Original Resolution duly passed and adopted by a majority of the full membership of the (Name of Governing Body) at its meeting of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.