

**Local Efficiency Achievement Program (LEAP)**

### Application for a

### COUNTY COORDINATOR FELLOWSHIP GRANT FY2024

**Application Instructions**

LEAP Grants support local units’ study, development, and implementation of shared services projects across New Jersey. Program details, including application requirements and evaluation criteria, are set forth in the LEAP County Coordinator Fellowship Grant Guidelines. An amount up to $75,000 is available for each county. Consult the guidelines before preparing a grant application.

**Applicant Information**

New Jersey counties may apply.

**Application Submission**

This is a rolling application process. Applicants are reminded that limited funding is available under the applicable FY2024 appropriation, and awards under the FY2024 funding cycle must be made on or before June 30, 2024. Applicants are also encouraged to submit a completed application package by June 1, 2024, to ensure consideration for the FY2024 funding cycle. Completed applications must be submitted electronically to DLGS at [dlgs.leapgrant@dca.nj.gov](mailto:dlgs.leapgrant@dca.nj.gov). The date of the email submission shall constitute the date filed.

Incomplete applications will not be considered for funding.

**Please review the Application Checklist to ensure that your application is complete.**

### Authorizing Resolution (See Sample)

Every applicant must submit a certified governing body resolution identifying the application’s purpose and authorizing participation in the program.

**Applicant Identification and Project Narrative Form (LEAP-1)**

Complete the data page: Identify the applicant; provide contact information for the proposed grant program administrator and any key personnel assigned to supervise or participate in the fellowship program.

**In the space provided on LEAP-1**, present a brief (150-200 word) narrative describing the applicant’s interest in the fellowship, proposed fellowship projects, and/or the fellow’s proposed job duties, the department to which the Fellow will be assigned, and the title of the individual responsible for supervising the Fellow. The narrative must describe the organizational approach to the project and summarize the anticipated results.

**Planned Expenditure and Funding Report (LEAP-2)**

Use the Planned Expenditures and Funding Report Form (LEAP-2) to estimate the type and value of fringe benefits the county will provide for the Fellow and the department to which that obligation will be allocated.

If funds from other sources will also be used as part of the fellowship program or a planned project to be implemented thereby, identify the source, amount, and projected use of these funds. All proposed expenditures, including any contingencies, must be clearly and directly related to the Fellow’s shared service initiatives and essential to accomplishing the project initiatives. Applicant indirect costs are the costs associated with providing oversight and supervision. The total grant funds requested must also be shown on the Applicant Identification and Project Narrative Form (LEAP-1).

**Project Reports**

Interim and final project progress reports prepared by the fellow will be required from all county governments receiving LEAP Fellowship Grant funding.

Report submission dates will be scheduled as part of the grant agreement. Reports will be reviewed to determine the degree of project progress within the scope of the work, identify needs, and ensure the fellowship program remains in conformance with grant requirements. **Accurate and timely submission of reports is required.**

The applicant will be responsible for all administrative and fiscal requirements of the grant.

**ASSISTANCE**

For questions about the LEAP, the application, or the grant process, please contact us at (609) 913-4398.

**Local Efficiency Achievement Program (LEAP)**

# **County Coordinator Fellowship Grant FY2024**

# **APPLICATION CHECKLIST**

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

Application Checklist

Resolution approved by the governing body

Applicant Identification and Project Narrative Form (LEAP-1)

Planned Expenditure and Funding Report Form (LEAP-2)

### APPLICANT IDENTIFICATION AND PROJECT NARRATIVE FORM - LEAP 1

**Applicant**

|  |  |
| --- | --- |
| County Name: | |
| Address: | |
| **Program Contact Information** | |
| *Program Administrator:* | *Secondary Contact Person & Title:* |
| Voice Phone/Extension #: | Voice Phone/Extension #: |
| Fax: | Fax: |
| E-mail: | E-mail: |

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

**Required:**

|  |
| --- |
| New Jersey State Vendor ID Number: |

**PROJECT NARRATIVE**: Describe how the organization will administer the program, oversee the Fellow, and describe anticipated results:

|  |
| --- |
|  |

**PLANNED EXPENDITURE AND FUNDING REPORT - LEAP 2**

|  |
| --- |
| **Applicant:** |
| Please indicate whether the Fellow will be dedicated to full-time or part-time shared service initiatives.  \_\_\_\_\_\_\_\_\_Full-time  \_\_\_\_\_\_\_\_\_Part-time - 20 hours per week  Please indicate how many hours per week, the Fellow will dedicate to shared service initiatives.  \_\_\_\_\_\_\_\_ hours per week  Please describe other responsibilities: |

**PLANNED EXPENDITURES**

|  |  |
| --- | --- |
| **Estimated Cost of Fringe Benefits** | **Project Total** |
|  | **$** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL ESTIMATED FRINGE BENEFITS** | **$** |

**PARTICIPANT CONTRIBUTION BREAKDOWN**

|  |  |
| --- | --- |
| **Program Costs** | **Amount** |
| Grant funds**[[1]](#footnote-1)** | **$** |
| Applicant cash match – if any |  |
| Estimated Fringe Benefits |  |
| Applicant indirect costs |  |
| Other costs |  |
| **TOTAL PROGRAM COST** |  |

|  |
| --- |
| **Explanation of Applicant Costs:** |
|  |

# Applicant Acknowledgement

By signing this application form, the applicant county signatory attests to the express authority to sign on behalf of the county he or she represents and to the accuracy of the information contained in the application.

Date:

Signature

(Print) Name and Title:

**SAMPLE**

**APPLICANT RESOLUTION**

**LEAP COUNTY COORDINATOR FELLOWSHIP GRANT**

WHEREAS, the State of New Jersey has allocated up to $75,000 in Local Efficiency Achievement Program (LEAP) funds to support each New Jersey County hiring a Shared Services County Coordinator Fellow; and

WHEREAS, the Department of Community Affairs, Division of Local Government Services (DLGS) administers the LEAP Grant; and

WHEREAS, the LEAP County Coordinator Fellowship Grant exists to enhance focus on and interest in the procurement of shared services opportunities across local units; and

WHEREAS, the County of \_\_\_\_\_\_\_ is committed to continuing to identify and achieve greater efficiencies and enhancing the quality of shared services within its borders.

NOW, THEREFORE, BE IT RESOLVED that the BOARD OF COMISSIONERS of the County of \_\_\_\_\_\_\_\_\_\_ supports applying to the New Jersey Department of Community Affairs, Division of Local Government Services for a County Coordinator Fellowship Grant up to $75,000, through the LEAP and if awarded and upon execution of said Agreement, the County of \_\_\_\_\_\_\_\_\_\_ does accept the Terms and Conditions specified in the Agreement in connection to this grant award.

**CERTIFICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Clerk of the Board of Chosen Commissioners) of 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 Board of Chosen Commissioners at its meeting of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Insert Amount from LEAP Form 1 [↑](#footnote-ref-1)