



# BERGEN COUNTY

## Division of Community Development

### Community Development Block Grant Application FY 2017

#### I. APPLICANT

Municipality/Agency:		Mayor/Executive Director:	
Address:	City:	State:	Zip Code:
<b>GRANTS CONTACT:</b>	TITLE:	EMAIL:	TELEPHONE:
<b>Fax #:</b>	<i>DUNS #:(Required)</i>	<i>CCR CAGE CODE# AND</i>	<i>EXP. DATE:: Required</i>

#### II. PROJECT FUNDING

CDBG REQUEST	\$
CDBG PRIOR YEARS	
LOCAL FUNDS	
STATE FUNDS	
PROGRAM INCOME	
OTHER	
<i>(For CD Use only)</i>	
<b>AMOUNT AWARDED</b>	\$

#### III. CDBG ELIGIBILITY

Activity Category	National Objective
<input type="checkbox"/> Acquisition	<input type="checkbox"/> L/M Area Benefit
<input type="checkbox"/> Public Facilities & Improvements / Barrier Free	<input type="checkbox"/> L/M Limited Clientele
<input type="checkbox"/> Public Service	<input type="checkbox"/> L/M Housing
<input type="checkbox"/> Housing Rehabilitation	<input type="checkbox"/> L/M Jobs
<input type="checkbox"/> New Construction Housing	
<input type="checkbox"/> Planning Administration	
<input type="checkbox"/> Economic Development	

#### IV. PROJECT INFORMATION

Name of Project:		
Project Location:	City:	
County:	State:	Zip Code:

Project Schedule			Housing/Land Acquisition Projects		
	Month	Year			
Plans & Specs Completed	_____	_____	Land Area:		Block:
Estimated Bid Date	_____	_____	Building Area:		Lot:
Estimated Start Up	_____	_____	Dwelling Units:		Located in Wetlands
Estimated Completion	_____	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No

#### V. COMPLETION CHECKLIST

	Yes	No	N/A
Application Completed & Certification Signed	_____	_____	_____
Most Recent audit attached *	_____	_____	_____
Municipal endorsing resolution attached	_____	_____	_____
Job descriptions attached	_____	_____	_____
Copy of 501( C ) 3 Certification (Nonprofits)	_____	_____	_____
Project Location map attached	_____	_____	_____
Architect/Engineer Cost Estimates	_____	_____	_____

#### VI. FINANCIAL INFORMATION

Authorized Signatory: _____
Name of Bank: _____
Address: _____
Account #: _____
<i>♦Please include a copy of your most recent financial audit. (Only 1 audit is required for multiple applications submitted)</i>

**VII. FULL PROJECT DESCRIPTION (*Detail use of funding*)**

**PROJECT DETAILS: (BE SPECIFIC)**

**PROJECT PERFORMANCE GOALS / OUTCOMES:**

**( # of persons benefitting from project / # of person project will serve)**

**VIII. APPLICANT PROFILE**



## XI. CERTIFICATION OF ELIGIBILITY (REQUIRED)

### Performance Measures:

1. **Number** of Low/Moderate Income persons benefiting from Project: \_\_\_\_\_

3. **Percentage** of Low/Moderate Income Persons benefiting from Project: \_\_\_\_\_ %

**Mandatory Information Required**

2. **PUBLIC SERVICE PROJECTS ONLY!!!!**

Income levels of persons benefitting from project:

(Per HUD Section 8 Income Limits)

Number of persons at the following Income levels:

30% \_\_\_\_\_

50% \_\_\_\_\_

80% \_\_\_\_\_

TOTAL: \_\_\_\_\_

4. DATA SOURCE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Total must equal number of persons declared in #1)*

## XII. CERTIFICATION (REQUIRED)

I hereby certify that all information contained herein and attached hereto is accurate to the best of my knowledge.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## ELIGIBILITY VERIFICATION

Activity		Claim (ref. Subpart of Regulations)		Verification
HUD Eligibility Review Reg. #	Description (Type of activity) HUD Matrix Code	HUD National Objective Reg.#	Amount Funded (\$)	Description (Clientele project will served) <b>(CHECK ONE)</b>
				<input type="checkbox"/> <i>Limited Clientele</i>
				<input type="checkbox"/> <i>Area Benefit</i>
				<b>1. Number in L/M Universe:</b>
				<b>2. Number of L/M Persons :</b>
				<b>3. Percentage- L/M Persons:</b>

Indicate how the number and the % of the L/M were verified, or any other type of verification:

Census Track	Block Group	LOW/MODERATE %

Sources of Verification:

## PERFORMANCE OUTCOME MEASUREMENT

### *OBJECTIVES (check one)*

1. <input type="checkbox"/> Suitable Living Environment	2. <input type="checkbox"/> Decent Affordable Housing	3. <input type="checkbox"/> Creating Economic Opportunities
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### *OUTCOMES (check one)*

1. <input type="checkbox"/> Accessibility/Availability	2. <input type="checkbox"/> Affordability	3. <input type="checkbox"/> Sustainability/Livability Promoting Livable/Viable communities
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**CHOOSE PROGRAM ACTIVITY** (check one)

<input type="checkbox"/> Acquisition (01)	<input type="checkbox"/> Youth Services (05D)
<input type="checkbox"/> Public Facilities & Improvements (03)	<input type="checkbox"/> Transportation Services (05E)
<input type="checkbox"/> Senior Centers (03A)	<input type="checkbox"/> Battered & Abused Spouses (05G)
<input type="checkbox"/> Handicapped Centers (03B)	<input type="checkbox"/> Tenant /Landlord Counseling (05K)
<input type="checkbox"/> Homeless Facilities (03C)	<input type="checkbox"/> Child Care Services (05L)
<input type="checkbox"/> Youth Centers (03D)	<input type="checkbox"/> Health Services (05M)
<input type="checkbox"/> Neighborhood Facilities (03E)	<input type="checkbox"/> Mental Health Services (05O)
<input type="checkbox"/> Parks, Recreational Facilities (03F)	<input type="checkbox"/> ED Direct Financial Assistance for Profits (18A)
<input type="checkbox"/> Parking Facilities (03G)	<input type="checkbox"/> ED Technical (18B) Assistance
<input type="checkbox"/> Flood Drain Improvements (03I)	<input type="checkbox"/> General Program Administration (21A)
<input type="checkbox"/> Water/Sewer Improvements (03J)	<b>HOUSING ACTIVITIES</b>
<input type="checkbox"/> Street Improvements (03K)	<input type="checkbox"/> Rental Housing Subsidies (05S)
<input type="checkbox"/> Sidewalks (03L)	<input type="checkbox"/> Security Deposits (05T)
<input type="checkbox"/> Child Care Centers (03M)	<input type="checkbox"/> Construction of Housing (12)
<input type="checkbox"/> Tree Planting (03N)	<input type="checkbox"/> Direct Homeownership Assistance (13)
<input type="checkbox"/> Fire Station Equipment (03O)	<input type="checkbox"/> Rehab-Single-Unit Residential (14A)
<input type="checkbox"/> Health Facilities (03P)	<input type="checkbox"/> Rehab-Multi-Unit Residential (14B)
<input type="checkbox"/> Operating Cost at Homeless/AIDS patients Program (03T)	<input type="checkbox"/> Public Housing Modernization (14C)
	<input type="checkbox"/> Rehab Other Public- Owned Residential Building (14D)
<input type="checkbox"/> Public Services (05)	<input type="checkbox"/> Fair Housing Activities (21D)
<input type="checkbox"/> Senior Services (05A)	<input type="checkbox"/> HOME Security Deposits (21G)
<input type="checkbox"/> Handicapped Services (05B)	<input type="checkbox"/> HOME CHDO Operating Expenses (21I)

**PROJECT LEVEL ACCOMPLISHMENTS**

<b>Accomplishment Type</b> (check one)	<b>Proposed Accomplishments</b>	<b>Actual Accomplishments</b>
<input type="checkbox"/> PERSONS		
<input type="checkbox"/> HOUSEHOLDS		
<input type="checkbox"/> BUSINESSES		
<input type="checkbox"/> ORGANIZATIONS		
<input type="checkbox"/> HOUSING UNITS		
<input type="checkbox"/> PUBLIC FACILITIES		
<input type="checkbox"/> JOBS		
<input type="checkbox"/> COMMUNITIES / NEIGHBORHOODS		
<b>PREPARED BY:</b>	<b>DATE:</b>	<b>REVIEWED BY:</b>