

**BERGEN COUNTY**  
Division of Community Development



**Community Development Block Grant Application FY 2011**

**I. APPLICANT**

Municipality/Agency:		Mayor/Executive Director:	
Grants Contact Person:		Title:	
Address:	City:	State:	Zip Code:
Telephone:	Fax#:	Email Address:	DUNS Number:(Required) CCR CAGE CODE#: (Required) <b>EXP. DATE:</b>

**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>	<b>\$ _____</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:		
Location of Project:	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

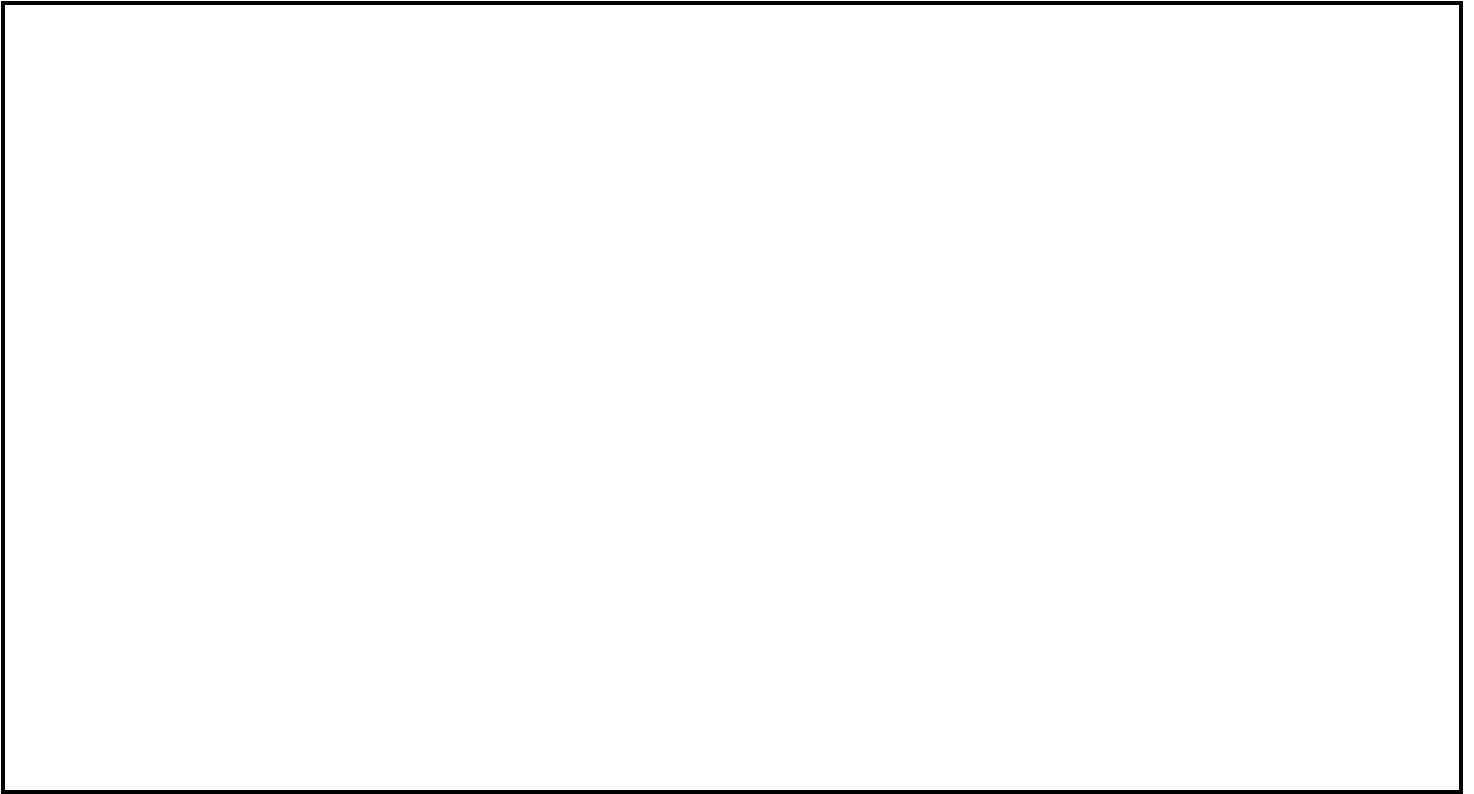
**V. COMPLETION CHECKLIST**

	Yes	No	N/A
Application Completed & Certification Signed	_____	_____	_____
Most Recent audit attached *	_____	_____	_____
Municipal endorsing resolution attached	_____	_____	_____
Job descriptions attached	_____	_____	_____
Pro forma on Operations attached	_____	_____	_____
Project Location map attached	_____	_____	_____
Architect/Engineer Cost Estimates	_____	_____	_____

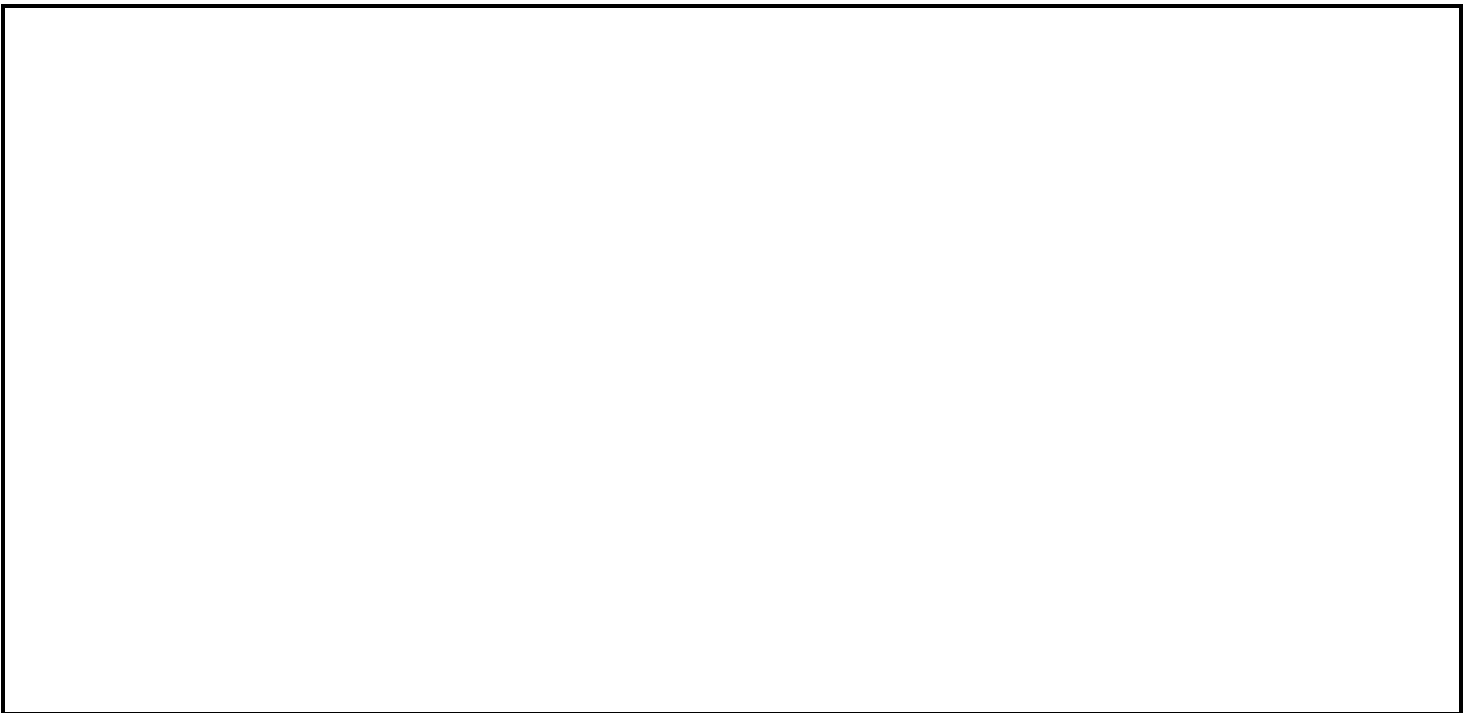
**VI. FINANCIAL INFORMATION**

Authorized Signatory: _____
Name of Bank: _____
Address: _____
Account #: _____
<i>◆Please include a copy of your most recent financial audit</i>

**VII. PROJECT DESCRIPTION**

A large, empty rectangular box with a black border, intended for the applicant to provide a detailed description of their project.

**VIII. APPLICANT PROFILE**

A large, empty rectangular box with a black border, intended for the applicant to provide information about their background, qualifications, and experience.



## XI. CERTIFICATION OF ELIGIBILITY

1. <b>Number</b> of Low/Moderate Income persons benefiting from Project: _____	3. <b>Percentage</b> of Low/Moderate Income Persons benefiting from Project: _____
<b><i>(Mandatory Information Required)</i></b>	
<b>2. PUBLIC SERVICE PROJECTS ONLY!!!!</b> Income levels of persons benefiting from Project: (Per HUD Section 8 Income Limits)	4. DATA SOURCE: _____ _____ _____
<b>Number of persons at the following Income levels:</b> 30% _____ 50% _____ 80% _____ <b>TOTAL:</b> _____	
<i>(Total must equal number of persons declared in #1)</i>	

## XII. CERTIFICATION

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	Amount Funded (\$)	HUD National Objective Reg. #	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 Tract	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"/>	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> <i>(check one)</i>	<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>